

## *Notice of Privacy Practices*

This notice describes how medical and mental health care information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### UNDERSTAND YOUR CASE RECORD INFORMATION

Each time you visit our program a record of your visit is made. Typically, your case record contains the reasons for admission to our program, your symptoms, evaluations and test results, medication information, diagnoses, treatment or service plan, notes that address progress toward your goals, periodic treatment or service plan reviews, and a plan for future care or treatment. At Northside Center, this information, often referred to as your Case Record, serves as a basis for planning your care and treatment and serves as a means of communication among the health professionals who may contribute to your care. Understanding what is in the record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

### YOUR HEALTH INFORMATION RIGHTS:

Unless otherwise required by law, your case record is the physical property of the Northside Center program that compiled it; the information belongs to you. You have the right to request a restriction on certain uses and disclosures of your information, and to request changes or additions to your case record. Your rights include obtaining a paper copy of this Privacy Notice; the right to inspect and obtain a copy of your case record; the right to obtain an accounting of disclosures of your health information; and you can request copies of your health information by alternative means (e.g. by fax, e-mail or another form) or sent to other locations. Also you have the right to revoke your authorization to use or disclose health information except to the extent that action has already been taken. All requests regarding these rights must be in writing.

### OUR RESPONSIBILITIES:

Northside Center is required to maintain the privacy of your health information. In addition, we must provide you with this notice indicating our legal duties and privacy practices regarding the information we collect and maintain about you. This organization must abide by the terms of this notice, notify you if we are unable to agree to a requested restriction, accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations. We reserve the right to change our practices and to make the new provisions effective for all protected health information (PHI) we maintain. Should our privacy practices change, we will provide you with a revised notice. We will also post our new notice on the Northside Center Web site ([www.northsidecenter.org](http://www.northsidecenter.org)) that provides information about our consumer services and benefits.

With the exception of uses and disclosures for treatment, payment, or healthcare operations as described in this notice, we will not use or disclose your health information without your authorization.

### FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions and would like additional information, you may contact the Northside Center Privacy Officer at (212) 426-3400. If you believe your privacy rights have been violated,

you can also file a complaint with our Compliance staff or follow the instructions on the Patient Rights Posters that are posted in all care locations. There will be no retaliation for filing a complaint.

#### EXAMPLES OF USES AND DISCLOSURES PERMITTED FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS

We will use your health information for treatment. For example: Information obtained by Northside staff who provide clinical services will be recorded in your case record and used to determine the course of treatment that should work best for you. By way of example, your clinical staff will document in your record their expectations of the members of your treating team. Members of the team will then record the actions they took and their observations. We will also provide your other clinical staff with copies of various reports that should assist them in treating you.

We will use your health information for payment. For example: A bill may be given to you or a third-party payer, such as Medicaid. The information on or accompanying the bill may include information that identifies you, including your diagnosis and services provided.

We will use your health information for regular health care operations. For example: Members of the clinical staff or the quality assurance staff may use information in your case record to assess the care and outcomes in your case. The information may be used in Program Evaluation studies to assess the care provided and to measure effectiveness of different treatment models. Case record information may be shared with members of the Quality Management Committee in efforts to improve quality of care. Health care operations material will then be used in an effort to continually improve the quality and effectiveness of the services we provide.

Business Associates: There are some services provided in our organization through contracts with Business Associates. Examples include our Insurance Company who we use when making reports of accident/injuries on our property, ). When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information. We provide only the "minimum necessary" information to allow them to perform their jobs..

Communication with family: In accordance with policies and procedures governing consents to release clinical information, professionals may disclose to a family member, other relatives, close personal friends or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. Unless it is an emergency, your consent will be secured prior to these disclosures.

Food and Drug Administration (FDA): As required by law, we may disclose to the FDA health information relative to adverse events with respect to medication and/or product defects

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We may also release information to the NYS Central Registry and may disclose information for emergency medical care.

Correctional institution: Should you become an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals. An inmate does not have the right to the Notice of Privacy Practices.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that an employer or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Notice of Privacy Practices availability: This notice will be prominently posted in the office where screening and/or intake occur; clients will be provided a hard copy; and this notice will be maintained on our Web site for downloading.

#### **CLIENT RIGHTS UNDER HIPAA**

- Access to Protected Health Information (PHI)
- Receive Copy of PHI From Your Case Record
- Amendment and/or Correction of PHI in your Case record
- Request Restrictions on Use and Disclosures
- Accounting of Disclosures beyond treatment , payment, and healthcare operations
- Receive Communications of PHI by Alternative Means or at Alternative Locations
- Copy of this Privacy Practice Notice