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## The Family & Children's Society, Inc. NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR HIPAA COMPLIANCE OFFICER AT: (607) 729-6206 OR (607) 772-9776.**

### *Who will follow this notice?*

We provide a variety of health services to the residents of Broome, Tioga and surrounding counties. The information provided in this notice will be followed by:

- Any professional who treats you at The Family & Children's Society, Inc.
- All departments within The Family & Children's Society, Inc
- All employees or volunteers of The Family & Children's Society, Inc
- Any business associates with whom we share protected health information (PHI).

The Family & Children's Society, Inc is committed to protecting your PHI. We create a record of the services you receive to ensure quality care and to comply with legal requirements. This notice applies to all the records we maintain regarding your care, except when pre-empted by law (i.e., sealed adoption records).

### *By law we are required to:*

- Keep PHI about you private, including physical and mental health information.
- Give you this notice about our legal duties and privacy practices.
- Have you acknowledge your receipt of this notice.
- Follow the terms of the notice that is currently in effect.

### *How we may use and disclose PHI about you:*

- We may use or disclose PHI in our daily operations to obtain payment for treatment, such as sending billing information to your insurance company, Medicaid, Medicare or other third party payors.
- We may use or disclose PHI about you in our daily operations to provide treatment, for example, discussing your case with interdisciplinary teams or in a clinical supervision setting.
- We may disclose PHI about you to support our health care operations, such as quality assurance activities or training of students.
- We will share your PHI with third party "business associates" that perform functions such as medical transcriptions or an interpreter service, if needed. Whenever an arrangement between our agency and a third party involves the use of PHI, we will have a written contract in place that contains terms to protect the privacy of your PHI.
- We may use or disclose PHI about you subject to certain requirements, for public health purposes, incident reporting, abuse or neglect reporting, regulatory agency site reviews or inspections, research studies and emergency situations.
- We also disclose PHI when required by law, such as in response to valid court orders.
- We may be required to disclose PHI for law enforcement purposes, for example, in the event that a crime occurs on the agency premises.
- We may also contact you for appointment reminders, cancellations or rescheduling, or to tell you about possible treatment options, alternatives or other services that may be of benefit to you.
- Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law. You have the option to cancel any authorization by notifying us in writing. This would not effect information disclosed prior to the cancellation.

***Your rights regarding your PHI:***

- In most cases you have the right to look at or receive a copy of your records when you submit a written request. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- If you request copies of your record, we may charge a fee for copying (not to exceed 75¢ per page), mailing or other related supplies. The release of records cannot be denied solely because of inability to pay.
- Under Federal Law, you may not inspect or copy the following: Information collected in anticipation of, or use in, a civil, criminal or administrative action or proceeding.
- You have the right to request restrictions on certain uses and disclosures of PHI, however, we are not required to agree to the requested restrictions, but will consider your request.
- If you believe information in your record is incorrect, or important information is missing, you have the right to request an amendment. You must submit a request in writing that includes your reason. We could deny your request if the information was not created by us; if it is not part of the PHI maintained by us; or if we determine that the information is accurate. You may appeal our decision, in writing, to deny the amendment.
- You have the right to request a list of when we disclosed PHI about you. This does not include disclosures for treatment, payment, health care operations, or when you specifically authorized it in writing. If you request a list, you must do so in writing and you must state the time period desired. It must be less than a six-year time period, and it must be after April 14, 2003. The first list of disclosures in a 12-month period is free of charge. There will be a charge for other requests and we will inform you of this charge at that time.
- You have the right to receive a copy of this notice.
- You have the right to request that PHI about you be communicated to you in a confidential manner, such as sending mail to a different address.
- You may request, in writing, that we not use or disclose PHI about you for treatment, payment, or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency situation. We will consider your request, but we are not legally required to accept it. You will be informed of our decision.

***Changes to this notice:***

We may change our policies at any time. Changes will apply to PHI we already hold, as well as new information after the changes occur. Before we make significant changes to our policies, we will change our notice and post the new notice in our waiting room. You may request the current notice at any time. You will be offered the revised notice when you come to the agency annually.

***All written requests or appeals should be submitted to our HIPAA Compliance Officer.***

***Complaints:***

- If you are concerned that your privacy rights have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Officer or our Executive Director at (607) 729-6206 or (607) 772-9776.
- You may send a written complaint to the following:

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| Office for Civil Rights<br>U.S. Department of Health & Human Services<br>200 Independence Avenue, S.W.<br>Room 509F, HHH Building<br>Washington, D.C. 20201<br>OCR Hotlines-Voice: 1-800-368-1019 | NYS Office of Mental Health<br>44 Holland Avenue<br>Albany, NY 12229<br>(1-800597-8481) |
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- Under no circumstances will we intimidate, threaten, coerce, discriminate against, or take other retaliatory action against you for exercising your rights under the Privacy Rule.

Effective date of this notice: April 14, 2003