



NOTICE OF PRIVACY PRACTICES

This notice describes the privacy practices of Family & Children's Counseling Services (FCCS) and the privacy rights of the people we serve. It describes how information about you may be used and disclosed and how you can get access to this information.

The Health Insurance Portability and Accountability Act (HIPAA) Privacy rule DOES NOT CHANGE the way you get services from FCCS, or the privacy rights you have always had under federal and state laws.

PLEASE REVIEW THIS NOTICE CAREFULLY

Our Privacy Commitment to You:

To protect your privacy and share information only with those who need to know and are allowed to see the information to assure quality services for you. FCCS is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. This notice tells you how FCCS uses and discloses information about you and your rights regarding your personal information. When we use the word "you" in this Notice, we also mean your personal representative. Depending on your circumstances and in accordance with state law, this may mean your guardian, your health care proxy, or your involved parent, spouse, or involved adult family member.

Who will follow this Notice:

All people who work for FCCS will follow this notice. This includes employees, people who FCCS contracts with who are authorized to enter information in your record or need to review your record to provide services to you, and volunteers who FCCS allows to assist you.

What information is protected:

All information that we create or keep that relates to your health or care and treatment, including but not limited to your name, address, birth date, social security number, your medical information, your service or treatment plan, and other information (including photographs or other images) about your care in our programs, is considered protected health information or "PHI". We create and collect information about you, and we keep a record of the care and services you receive through FCCS. The information about you is kept in a record; it may be in the form of paper documents or on a computer. We refer to the information that we create, collect, and keep as a "record" in this Notice.

Your Health Information Rights:

Unless otherwise required by law, your record is the physical property of FCCS, but the information in it belongs to you and you have the right to have your information kept confidential. You have the following rights concerning your PHI:

- To see or inspect your PHI and obtain a copy. Some exceptions apply, such as information compiled for use in court or administration proceedings. NOTE: FCCS requests you to make your request for records in writing to the privacy officer. You may request copies in paper format or in an electronic form such as a CD, portable device, or memory stick. In some instances, we may charge you for large or multiple copies of records on paper; there is no charge for digital versions. In some instances, we may charge others who request copies.
- If we deny your request to see your information, you have the right to request a review of that denial. The CEO/designee will appoint a licensed health care professional to review the record and decide if you may have access to the record.
- To ask FCCS to change or amend information that you believe is incorrect or incomplete. We may deny your request in some cases, for example, if the record was not created by FCCS or if after reviewing your request, we believe the record is accurate and complete.
- To request a list of the disclosures that FCCS has made of your PHI. The list does not include certain disclosures, such as those made for treatment, payment, and health care operations, or disclosures made to you or others with your permission.
- To request a restriction on uses or disclosures of your health information related to treatment, payment, health care operations, and disclosures to involved family. FCCS is not required to agree to your request.



- To request that FCCS communicate with you in a way that will help keep your information confidential. You may ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address. If you request email communication, you will be asked to acknowledge that this format may not be HIPAA secure. We do not recommend the use of email.
- To limit disclosures to insurers if you pay for your services.
- You will be notified if there is a breach of unsecured PHI containing your information; we are required by federal law to provide notification to you.

We ask that you submit your requests in writing to the Privacy Officer listed below.

NOTE: Other regulations may restrict access to HIV/AIDS information, federally protected education records, and federally protected drug and alcohol information. See any special authorizations or consent forms that will specify what information may be released and when or contact the Privacy Officer with questions.

Our Responsibilities to You:

We are required to:

- Maintain the privacy of your information in accordance with federal and state laws.
- Give you this Notice that tells you how we will keep your information private.
- Tell you if we are unable to agree to a limit on the use or disclosure that you request.
- Carry out reasonable requests to communicate information to you by special means or at other locations.
- Get your written permission to use or disclose your information except for the reasons explained in this notice.

We have the right to change our practices regarding information we keep. Any revised Notices will be available at all locations and be posted on our website: www.familycs.org

How FCCS Uses and Discloses Your Health Information:

FCCS may use and disclose information without your permission for the purposes described below. For each of the categories of uses and disclosures, we explain what we mean and offer an example. Not every use or disclosure is described, but all the ways we will use or disclose information will fall within these categories.

- **Treatment:** FCCS will use your information to provide you with treatment and services. We may disclose information to doctors, nurses, psychologists, social workers, and other FCCS personnel, volunteers, or interns who are involved in providing your care. For example, involved staff may discuss your information to develop and carry out your treatment or service plan and other FCCS staff may share your information to coordinate different services you need, such as medical tests, respite care, transportation, etc. We may also need to disclose your information to other providers outside of FCCS who are responsible for providing you with services.
- **Payment:** FCCS will use your information so that we can bill and collect payment from you, a third party, an insurance company, Medicare or Medicaid, or other government agencies. For example, we may need to provide your health care insurer with information about the services you received in our agency or through one of our programs so they will pay us for the services. In addition, we may disclose your information to receive prior approval for payment for services you may need.
- **Health Care Operations:** FCCS will use clinical information for administrative operations. These uses and disclosures are necessary to operate FCCS programs and to make sure all individuals receive appropriate, quality care. For example, we may use information for quality improvement to review our treatment and services and to evaluate the performance of our staff in serving you.

We may also disclose information to clinicians and other personnel for on-the-job training. We will share your health information with other FCCS staff for the purposes of obtaining legal services from our attorneys, conducting fiscal audits, and for fraud and abuse detection and compliance through our Compliance Program. We may also disclose information to our business partners who need access to the information to perform administrative or professional services on our behalf.



Other Uses and Disclosures that Do Not Require Your Permission:

In addition to treatment, payment, and health care operations, FCCS will use your information without your permission for the following reasons:

- When we are **required to do so by federal or state law**.
- For **public health reasons**, including prevention and control of disease, injury or disability, reporting births and deaths, reporting child abuse or neglect, reporting reactions to medication or problems with products, and to notify people who may have been exposed to a disease or are at risk of spreading the disease.
- To report **domestic violence and adult abuse or neglect** to government authorities if necessary to prevent serious harm.
- For **health oversight activities**, including audits, investigations, surveys and inspections, and licensure. These activities are necessary for government to monitor the health care system, government programs, and compliance with civil rights laws. Health oversight activities do not include investigations that are not related to the receipt of health care or receipt of government benefits in which you are the subject.
- For **judicial and administrative proceedings**, including hearings and disputes. If you are involved in a court or administrative proceeding, we will disclose information if the judge or presiding officer orders us to share the information.
- For **law enforcement purposes**, in response to a court order or subpoena, to report a possible crime, to identify a suspect or witness or missing person, to provide identifying data in connection with a criminal investigation, and to the district attorney in furtherance of criminal investigation of client abuse.
- Upon your death, to **coroners or medical examiners** for identification purposes or to determine cause of death, and to **funeral directors** to allow them to carry out their duties.
- To organ procurement facilities to accomplish cadaver, eye, tissue, or **organ donations** in compliance with state law.
- For **research** purposes when you agree to participate in the research and the Privacy Oversight Committee has approved the use of clinical information for research purposes.
- To **prevent or lessen a serious and imminent threat** to your health and safety or someone else's.
- To authorize federal officials for intelligence and other **national security** activities authorized by law or to provide **protective services to the President** and other officials.
- To **correctional institutions** or **law enforcement officials** if you are an inmate and the information is necessary to provide you with health care, protect your health and safety or that of others, or for the safety of the correctional institution.
- To **governmental agencies that administer public benefits** if necessary to coordinate the covered functions of the programs.

Uses and Disclosures that Require Your Agreement:

FCCS may disclose information to the following people if we tell you we are going to use or disclose it and you agree or do not object:

- To **family members and personal representatives** who are involved in your care if the information is relevant to their involvement and to notify them of your condition and location.
- To **disaster relief organizations** that need to notify your family about your condition and location should a disaster occur.
- For **fundraising** purposes, we may disclose information to a charitable program that assists us in fundraising. You have the right to refuse or opt out if you previously agreed to communications regarding fundraising.
- For **marketing** health-related services, we will not use your health information for marketing communications without your permission.
- To disclose **psychotherapy** notes.

Authorization Required for All Other Uses and Disclosures:

- For all other types of uses and disclosures not described in this Notice, FCCS will use or disclose information only with a written authorization signed by you that states who may receive the information, what information is to be shared, the purpose of the use or disclosure and an expiration for the authorization. Written



authorizations are always required for the sale of PHI and use and disclosure for marketing purposes, such as agency newsletters and press releases.

Note: If you cannot give permission due to an emergency, FCCS may release information in your best interest. We must tell you as soon as possible after releasing the information.

You may revoke your authorization at any time in writing. If you revoke your authorization, we will no longer use or disclose your information for the reasons stated in your authorization. We cannot take back disclosures we made before you revoked, and we must retain information that indicates the services we have provided you.

If you are a recipient of substance use disorder (SUD) services, you have additional special precautions and rights. This includes any substance use data that may be collected about you. We must follow the legal requirements outlined in 42 CFR Part 2 and the 2020 Coronavirus Aid, Relief and Economic Security (CARES) Act.

Specifically,

- your PHI will not be “used or disclosed in civil, criminal, administrative or legislative proceedings against you unless it is disclosed based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record”,
- notification that PHI that is properly disclosed by FCCS may be “redisclosed” by the recipient. FCCS will notify recipients of their need to comply with federal confidentiality rules.
- FCCS is an integrated services agency and our EMR includes both mental health and substance use disorder information. We apply these standards for all exchanges of information.

Changes to this Notice:

We reserve the right to change this Notice and make changes to terms described in this Notice and to make the new Notice terms effective to all information that FCCS maintains. The new Notice will be available at all locations and posted on our website at www.familycs.org.

Questions related to this document or to Request Access to your Clinical Records or to file a Complaint, you may contact:

Compliance & Privacy Officer

Address: 165 Main Street, Ste A, Cortland, NY 13045

Phone: 607-753-0234 Ext. 1119

Compliance Reporting Line (confidential/anonymous): 1-607-243-6895 OR compliance@familycs.org

- Or you may contact the Director of Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, Secretary of the Department of Health and Human Services. You may call them at (877) 696-6775 or write to them at 200 Independence Ave. S.W., HHH Building Room 509H, Washington DC, 20201.
- You may file a grievance with the Office of Civil Rights by calling or writing Region II – US Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza, Suite 3835, New York, New York 10278, Voice Phone (800) 368-1019, FAX (212) 264-3039, TDD (800) 537-7697.

You will not be penalized for filing a complaint.

All complaints and/or requests for your clinical records are submitted in writing. Please do not email FCCS; when doing so, you are acknowledging that your PHI may not be secure. Contact FCCS at any location by phone or fax.