



## **VILLA OF HOPE**

### **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 IT CAREFULLY.

In order to provide you with high-quality health care services, Villa of Hope (the “Villa”) collects, creates and maintains health information about you. We are required by law to maintain the privacy of your protected health information (“PHI”), which includes electronic PHI, in accordance with the provisions of the Health Insurance Portability and Accountability Act and the Health Information Technology for Economic and Clinical Health Act, and their regulations (collectively the “HIPAA Rules”). This Notice of Privacy Practices describes how we use and disclose your PHI, and explains certain rights you have regarding this information. We are required by law to provide you with this Notice and we will comply with its terms during the period when it is in effect.

**The term “you” in this Notice means the child to whom we are providing services.** We generally give this Notice to the child if he or she has the capacity under the law to make health care decisions or, if not, to the child’s parent or legal guardian.

#### **What Information We Protect**

We protect PHI, which includes any information that identifies you or could be used to identify you that relates to your health, your treatment or your health insurance benefits. If we obtain your name, address and other basic identifying information in the course of providing health care services to you, we also protect this information even if unaccompanied by information about your health, treatment or benefits.

#### **How We Use and Disclose Your PHI**

The following is a list of the ways that we may use and disclose your PHI, as permitted or required by law and the HIPAA Rules. We will use and disclose your PHI only for one or more of the reasons on this list. In certain cases we provide examples of the types of uses or disclosures that fall within a particular category. These examples are intended to help you understand what these categories mean; they do not cover every type of use or disclosure within each category. In addition, more restrictive rules may apply to certain types of sensitive PHI such as HIV/AIDS records and information related to the delivery of preventive services.

## **AUTHORIZATION NOT REQUIRED**

1. Treatment, Payment and Health Care Operations. We may use and disclose your PHI with your general consent to carry out treatment, payment and health care operations. We generally obtain your consent when we provide services to you for the first time. This is a broad consent that, in contrast to a written authorization, does not specifically describe each particular use or disclosure of your PHI and does not automatically expire on a particular date. We will not obtain your consent, however, to use or disclose your PHI in a medical emergency or for the public interest purposes described in Section 2 of this Notice.

(a) *Treatment.* We may use and disclose your PHI to treat you or to assist other health care providers from whom you are receiving health care services. For example, two health care professionals at the Villa who are treating you may share information with one another to coordinate their treatment. Likewise, if you are admitted to a hospital, we may provide the hospital with information about the services we have provided you to assist the hospital in delivering appropriate care.

(b) *Payment.* We may use and disclose your PHI to obtain payment for our services or to assist other health care providers with their payment activities. For example, we may submit claims for reimbursement to the Medicaid program or to a private insurer that is providing you with health insurance coverage.

(c) *Health Care Operations.* We may use and disclose PHI about you to carry out general business and health care operations. These operations include quality improvement activities, evaluating the performance of our health care practitioners and resolving any complaints or grievances you may have. For example, we may allow a consulting nurse to review your medical chart as part of a program designed to identify whether you have received all recommended health services. We may also use and disclose your PHI to assist other health care providers and health plans in performing certain health care operations, such as quality assessment and improvement, reviewing the competence and qualifications of health care providers and conducting fraud detection or compliance.

## **AUTHORIZATION NOT REQUIRED**

2. Public Interest Purposes. In addition to treatment, payment and health care operations, we may use and disclose your PHI without your written consent or authorization in the following instances:

(a) *De-identified information.* We may disclose your PHI when it has been altered so that it does not identify you, and even without your name, cannot be used to identify you.

(b) *Business Associate/Qualified Service Organizations.* We may disclose your PHI to a business associate, someone we contract with to provide a service necessary for your treatment, payment for your treatment, and health care

operations, for example a billing service or transcription service. We will obtain satisfactory written assurance in accordance with applicable law, that the business associate and its subcontractors will appropriately safeguard your PHI.

(c) *To you or a personal representative.* We may disclose your PHI to you, or to a person who under applicable law, has the authority to represent you in making decisions related to your health care.

(d) *As required by law.* We may use and disclose your PHI as required by state, federal or local law.

(e) *For public health activities.* We may disclose your PHI to public health authorities or other agencies and organizations conducting public health activities, such as preventing or controlling disease, injury or disability and reporting births, deaths, child abuse or neglect, domestic violence, potential problems with products regulated by the Food and Drug Administration or communicable diseases.

(f) *About victims of abuse, neglect or domestic violence.* We may disclose your PHI to an appropriate government agency if we believe you are a victim of abuse, neglect or domestic violence and you agree to the disclosure or the disclosure is required or permitted by law.

(g) *For health oversight activities.* We may disclose your PHI to health oversight agencies for oversight activities authorized by law such as audits, investigations, inspections and licensing surveys.

(h) *For judicial and administrative proceedings.* We may disclose your PHI in the course of any judicial or administrative proceeding in response to an appropriate order of a court or administrative body.

(i) *For law enforcement purposes.* We may disclose your PHI to a law enforcement official for a legitimate law enforcement purpose such as: identifying or locating a suspect, fugitive or missing person; complying with a court order, subpoena or administrative request; providing information about a victim of a crime or reporting a death that may be the result of a crime.

(j) *About deceased individuals.* We may disclose your PHI to a coroner or medical examiner for purposes such as identifying a deceased person or determining a cause of death. We may also disclose your PHI to a funeral director as necessary to assist such a person in carrying out his or her duties.

(k) *For organ, eye or tissue donations.* If you are an organ donor, we may disclose your PHI to organ procurement organizations and similar entities for the purpose of assisting them in organ, eye or tissue donation or transplantation activities.

(l) *To avert a serious threat to health or safety.* We may use or disclose your PHI to prevent or lessen a serious and immediate threat to your health or safety or to the health or safety of another person or the general public. We will disclose your

PHI for this purpose only to someone who may be able to prevent or lessen this type of threat.

(m) *For specialized government functions.* We may use or disclose your PHI to provide assistance for certain types of specialized government activities including: for individuals who are Armed Forces personnel, for activities deemed necessary by appropriate military command authorities or for the purpose of determining your eligibility for benefits by the Department of Veterans Affairs; or to authorized federal officials for conducting national security and intelligence activities.

(n) *About inmates.* We may disclose your PHI to a correctional institution or a law enforcement official if you are an inmate of that correctional facility and your PHI is necessary to provide care and treatment to you or is necessary for the health and safety of other individuals or inmates.

(o) *Disaster Relief Efforts.* We may disclose your PHI to a public or private entity authorized to assist in disaster relief efforts.

(p) *Research.* If we are involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI such as approval of the research by an institutional review board and the requirements that protocols must be followed.

(q) *Workers' Compensation.* If you are involved in a Workers' Compensation claim, we may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.

## AUTHORIZATION

3. Obtaining Your Authorization for Other Uses and Disclosures. The Villa will not use or disclose your PHI for any purpose not specified in this Notice without your written authorization. The written authorization we obtain, unlike a general consent, will specifically describe the particular purpose of the use or disclosure, the information being used or disclosed and the person or entity receiving the information. If you give us your authorization, you may revoke it at any time, in which case we will no longer use or disclose your PHI for this purpose, except to the extent we have already relied on your authorization. You are not required to sign an authorization form and we will not deny you treatment if you refuse to do so.

4. Family Members or Friends. We may share your PHI with family members or friends, or any other person identified by you, assisting you in obtaining or paying for treatment or benefits. In these cases, we will share only the PHI that is necessary for the family member or friend to assist you. We may also use or disclose your PHI to notify or assist in the notification (including identifying or locating) of a family member, person responsible for your care, of your location, general condition or death. However, in both of these circumstances, the following conditions will apply:

(a) We may use or disclose your PHI if you agree, or if we provide you with the opportunity to object and you do not object, or if we can reasonably infer from the circumstances, based on the exercise of judgment, that you do not object to the use or disclosure; and

(b) If you are not present, we will, in the exercise of judgment, decide whether the use or disclosure is in your best interest and, if so, disclose only the PHI that is directly relevant to the person's involvement in your care.

5. Facility Directories. We may use and disclose your name, location and general condition (e.g., satisfactory) and your religious affiliation will be included in a facility directory. Directory information, except your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be provided to members of the clergy of your congregation, even if they do not ask for you by name. We will give you the opportunity to object to being included in the directory, unless an emergency situation prevents us from asking you.

6. Appointment Reminders. We may use and disclose your PHI to remind you about appointments you have made to receive health care services or to encourage you to make such appointments.

7. Treatment Alternatives. We may use and disclose your PHI to tell you about treatment alternatives or other health-related benefits and services that may be of interest to you.

8. Marketing. We may only use and/or disclose your PHI for marketing activities if we obtain from you a prior written Authorization. "Marketing" activities include communications to you that encourage you to purchase or use a product or service, and the communication is not made for your care or treatment. However, marketing does not include, for example, sending you a newsletter about us. Marketing also includes the receipt by the Villa of remuneration, directly or indirectly, from a third party whose product or service is being marketed to you. We will inform you if we engage in marketing and will obtain your prior Authorization.

9. Fundraising. We may use and/or disclose some of your PHI in order to contact you for fundraising activities supportive of the Villa. Any fundraising materials sent to you will describe how you may opt out of receiving any further communications.

10. Sign-in Sheet. We may use a sign-in sheet at the registration desk. The Villa may also call your name in the waiting room when your provider is ready to see you.

11. On-Call Coverage. In order to provide on-call coverage for you, it is necessary that the Villa establish relationships with other practitioners who will take your call if a practitioner from the Villa is not available. Those on-call practitioners will provide the Villa with whatever PHI that they create and will, by law, keep your PHI confidential.

12. Special Rules for Sensitive Health Information.

(a) *HIV-Related Information.* HIV-related information is subject to special protection under New York law. We will disclose your HIV-related information to others who are not qualified to act as your personal representative without your written authorization only as follows: (i) to health care providers for treatment or payment purposes; (ii) in connection with organ and tissue donation and transplantation; (iii) to accreditation and oversight bodies; (iv) to a government agency as required by law; (v) to health insurers for reimbursement purposes; (vi) in response to a court order; (vii) to the medical director of a correctional facility; (viii) to the Commission of Corrections for health oversight purposes; or (ix) to funeral directors.

(b) *Alcohol and Substance Abuse Treatment Records.* The records of federally assisted alcohol and substance abuse treatment programs are subject to special protection under federal regulations. We will disclose these records without your written authorization only in the following circumstances: (i) to medical personnel who need the information for the purpose of providing emergency treatment to you; (ii) to medical personnel of the Food and Drug Administration for the purpose of identifying potentially dangerous products; (iii) for research purposes if certain safeguards are met; (iv) to authorized individuals or organizations conducting an on-site audit of our records, provided such individual or organization does not remove the information from our premises and agrees in writing to safeguard the information as required by federal regulations; or (v) in response to an appropriate court order.

(c) *Information Related to Preventive Services.* Any PHI we maintain that is related to the delivery of preventive services is also subject to special protection under New York State Department of Social Services (DSS) regulations. We will disclose this information to others who are not qualified to act as your personal representative without your written authorization only as follows: (i) to DSS or a local social services district; (ii) to another preventive services or foster care agency serving you for purposes related to treatment, payment or health care operations; (iii) in response to a court order; or (iv) to government agencies as necessary for fiscal audits.

### **Who May Exercise Your Rights**

If you have the capacity to make health care decisions on your own behalf under the law, you may exercise your rights under this Notice; otherwise, a parent or legal guardian may exercise your rights. A person who is entitled to exercise your rights must sign any consents or authorizations or give any other approval or permission required by this Notice.

### **Your Rights Regarding Your Health Information**

You have the following rights regarding your PHI:

1. **Right to Inspect and Copy.** You have the right to inspect or request a copy of PHI we maintain about you, such as medical or billing records. Your request should describe the information you want to review and the format in which you want to review it; for example, whether you want to inspect your records at our offices or receive

paper copies. We may refuse to allow you to inspect or obtain copies of this information in certain limited cases. We may also charge you a reasonable fee for copies to cover our costs. While, as indicated above, if you do not have the capacity to make your own health care decisions, a parent or guardian may usually exercise your rights under this Notice. Under New York law, a parent or legal guardian must generally obtain a court order to gain access to your records. However, actual or prospective foster parents or adoptive parents may have access to certain protected PHI at the time of placement in accordance with New York law.

2. Right to Request Amendments. You have the right to request changes to any PHI we maintain about you if you state a reason why this information is incorrect or incomplete. We do not have to agree to make the changes you request. If we do not believe the changes you requested are appropriate, we will notify you in writing how you can have your objection to our decision included in our records.

3. Right to an Accounting of Disclosures. You have the right to receive a list of certain disclosures of your PHI made by the Villa. The list will generally not include disclosures made for certain types of purposes, such as disclosures for treatment, payment or health care operations. Your request should specify the time period for which you want this list, which can be no longer than six (6) years and may not include dates prior to April 14, 2003. The first time you ask for a list of disclosures in any 12-month period, we will provide it for free. If you request additional lists during a 12-month period, we may charge you a fee. We will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.

4. Right to Request Restrictions. You have the right to request restrictions on the ways in which we use and disclose your PHI for certain purposes. We do not have to agree to the restrictions you request, except to the extent required by the HIPAA Rules or by law.

5. Right to Restrict Certain Disclosures. You have the right to restrict certain disclosures of your PHI to a health plan where you pay out of pocket in full for the health care item or service.

6. Right to Request Confidential Communications. You have the right to ask us to send PHI to you in a different way or at a different location if you believe that will provide you with additional privacy protection. For example, you may ask us to send mail to an address other than your home address or via email. You should state in your request if you believe you will be endangered by our ordinary form of communication but you do not have to explain why you believe this is the case. Your request should also specify where and/or how we should contact you. We will accommodate all reasonable requests.

7. Right to Paper Copy of Notice. You have the right to receive a paper copy of this Notice at any time. You may receive a paper copy even if you have previously requested to receive this Notice electronically. You may also print out a copy of this Notice by going to our website at <http://www.villaofhope.org/>.

8. Right to be Notified of a Breach. You have the right to be notified following a breach of your Unsecured PHI (as such term is defined by the HIPAA Rules).

9. Right to Revoke an Authorization. You have the right to revoke any Authorization, in writing, at any time.

You may exercise any of the rights specified in paragraphs 1 through 9 above by writing to the Chief Compliance Officer, Villa of Hope, 3300 Dewey Ave Rochester, NY 14616.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with Villa of Hope or the Secretary of the U.S. Department of Health and Human Services. You may contact a regional office of the Office for Civil Rights, which can be found at [www.hhs.gov/ocr/office/about/rgn-hqaddresses.html](http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html). You may file a complaint with us by writing to the Chief Compliance Officer, Villa of Hope, 3300 Dewey Ave, Rochester, NY 14616, at (585) 865-1550. You will not be penalized or retaliated against by the agency for filing a complaint.

### **Changes to this Notice**

We may change the terms of this Notice of Privacy Practices at any time. If we change the terms of this Notice, the new terms will apply to all of your PHI, whether created or received by us before or after the date on which the Notice is changed. We will provide you with a copy of the revised notice upon request and we will post it online, in our offices and facilities.

### **Additional Information**

If you have any questions or would like additional information about this Notice or the agency's privacy practices, or have questions about your rights answered, please contact the Chief Compliance Officer, Villa of Hope, 3300 Dewey Ave, Rochester, NY 14616, at (585) 865-1550.

### **Effective Date**

This Notice of Privacy Practices was initially in effect as of April 14, 2003. This Notice was revised, effective as of June 1, 2013.