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Newark, NY 14513
(315) 331-7741

NOTICE OF PRIVACY PRACTICES

Effective Date

This Notice of Privacy Practice became effective on April 14, 2003 and was amended on 9/23/13.

This notice describes Wayne ARC privacy practices and the privacy rights of people we serve. It describes how information about you may be used and disclosed and how you may get access to this information.

The HIPAA (Health Insurance Portability and Accountability Act) Privacy rule DOES NOT CHANGE the way you receive services from Wayne ARC, or the privacy rights you have under the New York State Mental Hygiene Law. The Privacy rule adds some details about how you may exercise your rights.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Right to Amend this Notice

Wayne ARC reserves the right to amend our Notice of Privacy Practices and make new provisions for the privacy of the protected health information we maintain. If we make a material change, we will post the amended notice promptly at our agency and on our website:
<http://www.waynearc.org>

What is Protected Health Information (PHI)?

Protected health information is individually identifiable health information that we obtain or generate in providing our supports and services to you. Such information may include documenting your program goals and outcomes and treatment and examination results. It also includes billing documents for those services.

Who will follow this Notice

This Notice describes our agency's practices and that of any health care professional authorized to enter information into your individual charts or health records, all departments of the agency, including all employees, staff, volunteers, and other agency personnel, and all other entities, sites, and locations affiliated with the agency who are authorized to enter information in your clinical record or need to review your records to provide services to you.

How we May Use and Disclosures Your Protected Health Information

Treatment

We will use or disclose your protected health information to provide, manage, and coordinate your care and any related services. We will also disclose your protected health information to other providers with whom we may consult or coordinate with in your care. For example, a doctor treating you for a broken bone may need to know if you have diabetes because diabetes may slow the healing process. Different parts of the agency may also share your protected health information in order to coordinate the services you need.

Payment

We will use your protected health information to obtain payment for services provided. For example we may provide protected health information to the Medicaid Program, a health insurance company or to a business associate to obtain payment for your treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Healthcare Operations

We will use your protected health information for the management functions of our agency. For example, your protected health information may be used in quality reviews, outcome evaluations, and staff performance reviews. Additionally, your protected health information may be used as necessary by business associates who provide us with services such as legal services, accounting services, insurance, and training programs.

Other Ways We May Use and Disclose Your Protected Health Information

Appointment Reminders

We may use and disclose protected health information to contact you by telephone, letter, or email to remind you of appointments for treatment or services. Please let us know if you do not wish to receive these communications.

Communication with Family or Others Involved in Your Care

We may use and disclose your protected health information to your family member, relative, close friend, or other person you identify as being involved in your care or payment for care. In an emergency or when you are not capable of agreeing to or objecting, we will use and disclose your protected information as we determine is in your best interest. We will inform you after the emergency and give you the opportunity to object to future disclosures to family and friends.

As Required By Law

We will use and disclose your protected health information when we are required to do so by federal, State or local law. We may disclose your protected health information in the course of any judicial or administrative proceedings as allowed or required by law, or as directed by court order.

Law Enforcement

We may use and disclose your protected health information if asked to do so by a law enforcement official. For example, we may provide information in response to a court order, a subpoena or a warrant. We may also provide information to law enforcement in connection with the reporting or investigation of a crime.

Food and Drug Administration (FDA)

We may use and disclose to the FDA your protected health information relating to adverse events with respect to products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

Health Oversight Agencies

We may use and disclose your protected health information to appropriate health oversight agencies for health oversight activities. These oversight activities include, for example, audits, investigations, inspections and licensure.

To Avert a Serious Threat to Public Safety

We may use and disclose your protected health information to public or legal authorities permitted to collect or receive the information for the purposes of preventing or controlling disease, injury, or disability. We may disclose your protected health information to public authorities as required by law or regulation to report abuse or neglect.

Workers Compensation

We may use and disclose your protected health information to Worker's Compensation or similar programs that provide benefits for work-related injuries or illnesses, for your compensation.

Research

We may use and disclose your protected health information for the purposes of research that has been approved by an institutional review board and uses established protocols to ensure the protection of privacy of health information.

Inmates

If you are an inmate of a correctional institution, or under the custody of a law enforcement official, we may use and disclose to the institution or its agents, or to the law enforcement official, your protected health information necessary for your health and the health and safety of other individuals.

Coroners, Medical Examiners, and Funeral Directors

We may use and disclose your protected health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release protected health information to funeral directors as necessary for them to carry out their duties.

Fundraising

We may use some limited protected health information to send fundraising communications to you. We must offer you the opportunity to opt out of future fundraising communications.

Other Uses or Disclosures Not Covered By This Notice

Other uses and disclosures besides those identified above will be made only by your written authorization. You may also revoke an authorization you previously provided.

Psychotherapy Notes

We may use and disclose most psychotherapy notes only with your prior authorization.

Marketing or Sale of Protected Health Information

We may not sell your protected health information or use your health information for marketing purposes without your prior authorization.

Your Health Information Rights

You have the following rights regarding the protected health information we maintain about you.

Receive Notice of a Breach

We are required to notify you if your protected health information has been (or is reasonably believed to have been) accessed, acquired, or disclosed due to a breach. Our Business Associates have a similar duty to provide notification of health information breaches. Unsecured PHI refers to private information that is readable by unauthorized individuals. Secured PHI is encrypted to be rendered unreadable, unusable, or indecipherable to unauthorized individuals. We will notify you by first class mail within 60 days of our discovery of such an event.

Request Restrictions on Uses and Disclosures of Your Protected Health Information

You have the right to request a restriction on how we use and disclose your health information for treatment, payment, and healthcare operations. For example, you might request non-disclosure of a treatment to a family member or other person involved in your care. Your request must be made in writing to the Privacy Officer at Wayne ARC. We are not required to grant all requests but will comply with any request we do grant, except for emergency treatment. If you pay out of pocket in full for service, you can request that the information regarding those services not be disclosed to your health plan as no claim to the health plan is involved. We must agree to this request.

Receive Confidential Communication

You have the right to request the ways we communicate with you to preserve your privacy. For example, you might request that we only call you at your work number, or by mail at a certain address. Your request specifying how we are to contact you must be made in writing to the Privacy Officer at Wayne ARC. We will accommodate all reasonable requests to communicate with you by alternative means or at alternative locations.

Inspect and Copy Your Protected Health Information

You have the right to inspect and copy the protected health information we maintain about you in our designated record set, which includes medical, billing, and any other records used for making decisions about you. Any psychotherapy notes are by law not available for inspection or copying. In addition, if we maintain electronic health records, you have the right to obtain an electronic copy of your records and you may, by written request, have us send your record electronically directly to another party. To inspect or copy your protected health information, submit a request in writing to the Privacy Officer at Wayne ARC. We will respond within 30 days. We may charge you a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy records in very limited circumstances. If you are denied access to protected health information, you may request that the denial be reviewed. We will comply with the outcome of the review.

Request an Amendment to Your Protected health Information

You have the right to request that we amend your medical information if you feel it is incomplete or inaccurate. You must make this request in writing to the Privacy Officer at Wayne ARC. This request must explain what information is incomplete or in error, how it should be changed, and the reasons for the change. We are not required to grant all such requests. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the protected health information kept by or for the agency; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete. You may file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.

Receive an Accounting of Disclosures of Your Protected Health Information

You have the right to request a list of disclosures of your protected health information that were not for treatment, payment, or healthcare operations. You must make this request in writing to the Privacy Officer at Wayne ARC. This request must include the time period (not greater than 6 years) for which you request an accounting. The first list you request within a 12 month period will be free of charge. For additional lists, we may charge you for the cost of providing the list.

Obtain a Paper Copy of This Notice

You have the right to obtain a paper copy of this Notice. Copies are available at our agency and you may request a paper copy at any time.

Our Responsibility

We are required to abide by the terms of this Notice. Among other duties, we are required to maintain the privacy of your health information as specified by law and regulation; to provide you with a notice of our duties and privacy practices; to notify you of certain breaches of privacy; to notify you if we cannot accommodate reasonable requests regarding methods to communicate health information with you.

File a Complaint

If you believe we have violated your privacy rights, you may file a written complaint within 180 days of the suspected violation. All complaints must be in writing addressed to our Privacy Officer at Wayne ARC. Please provide as much detail as you can, regarding the matter in which the complaint is made. Wayne ARC will not retaliate against anyone for filing a complaint.

You may also file a complaint with the Secretary of the United States Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201; phone (202) 619-0257; toll free (877) 696- 6775.

CONTACT

If you have questions or would like additional information or assistance, or want to report a concern regarding your protected health information, please contact the Wayne ARC Privacy Officer:

*Colleen Thompson, Privacy Officer
150 Van Buren Street
Newark, NY 14513
(315)331-7741 x349
Email: colleen.thompson@waynearc.org*