



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.

1. Our Duty to Safeguard Your Protected Health Information

ICL HealthCare Choices, Inc. (HCC) is committed to preserving the privacy and confidentiality of your health information whether it is created by us or maintained on our premises. We are required by certain state and federal regulations to implement policies and procedures to safeguard the privacy of your health information. Copies of our privacy policies and procedures are maintained in the facility's administrative office. We are required by state and federal regulations to abide by the privacy practices described in this notice including any future revisions that we may make to the notice as may become necessary or as authorized by law.

Individually identifiable information about your past, present, or future health or condition, the provisions of health care to you, or payment for the health care treatment or services you receive is considered *protected health information* (PHI). We are required to provide you with this *Privacy Notice* that contains information regarding our privacy practices. This *Notice* explains how, when and why we may use or disclose your protected health information and your rights and our obligations regarding any such uses or disclosures. Except in specified circumstances, we must use or disclose only the minimum necessary information to accomplish the intended purpose of the use or disclosure of such information.

We reserve the right to change this notice at any time and to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future about you. Should we revise/change this Privacy Notice, we will post a copy of the new/revised Privacy Notice in the facility's waiting area and on HCC's website. You also may request and obtain a copy of any new/revised Privacy Notice from the reception desk. Should you have questions

concerning our Privacy Notice, the name, location, telephone number, website address, etc., of whom you should contact are listed on the last page of this document.

2. How We May Use and Disclose Your Protected Health Information without Your Authorization

We use and disclose your protected health information for a variety of reasons that do not require authorization to release it. We have a limited right to use and/or disclose your health information for purposes of treatment payment or for the operations of our program. For other uses, you must give us your written authorization to release your protected health information unless the law permits or requires us to make the use or disclosure without your authorization.

A. Use and Disclosures Related to Treatment:

We may disclose your protected health information to those who are involved in providing medical treatment, physical therapy, mental health treatment, dental care or other treatment services to you. For example, we may release health information about you to physicians, dentists, nurse practitioners, psychologists, therapists, and pharmacists. We may disclose your protected health information to outside entities or individuals performing other services relating to your treatment, such as diagnostic laboratories, home health/hospice agencies, family members, etc. Protected health information may be sent to treatment providers and agencies to which you are referred.

Protected health information may be provided to a company that transports you to and from your treatment appointments and bills Medicaid for this

service. All disclosures provide the minimum necessary information.

B. Use and Disclosures Related to Payment:

We may use or disclose your protected health information to bill and collect payment for services or treatments we provided to you. For example, we may contact your insurance company, health plan (e.g. Medicaid, Medicare, Fidelis), or another third party to obtain payment for services we provided to you. We will disclose protected health information to the government agencies that award entitlements (e.g. Supplemental Security Income, Medicaid) if we are providing you with assistance in getting these entitlements. We may also provide such information to a business associate to facilitate billing and collection of payments for services.

C. Use and Disclosures Related to Health Care Operations:

We may use or disclose your protected health information to perform certain functions within our Health Center should these uses or disclosures become necessary to operate the Center and to ensure that you and others we provide care and services to continue to receive quality care and services. For example, we may use a photograph of you for emergency identification purposes or use your health information to evaluate the effectiveness of the care and services you are receiving. We may disclose your protected health information to our staff (e.g. physicians, dentists, nurse practitioners, psychologists, therapists, quality assurance personnel, students in an authorized training program, staff consultants, etc.) for auditing, care planning and coordination, treatment, quality improvement and learning purposes. We may also combine your health information with information from other health care providers to study how our Center is performing in comparison to like programs or what we can do to improve the care and services we provide to you. When information is combined, we remove all information that would identify you so that others may use the information in developing research on the delivery of health care services without learning your identity.

D. Use and Disclosures Related to Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services:

We may use or disclose your protected health information when we contact you to remind you of an appointment or when we contact you to inform

you of treatment alternatives or health-related benefits and services that may be of interest to you. For example, you may be reminded of an appointment with a psychiatrist or told to contact HCC about a laboratory test result or procedure that has a direct relationship to your treatment or medical condition.

E. When Required by Law:

We may disclose your protected health information when an international, federal, state, or local law requires that we report information about suspected abuse, neglect, or domestic violence, reporting adverse reactions to medications or injury from a health care product. We may disclose your protected health information to a law enforcement official:

- in response to a court order, subpoena, warrant, summons, or other similar process;
- to identify or locate a suspect, fugitive, material witness or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at a Center facility;
- in emergency circumstances to report: a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

F. For Public Health Activities for the Purpose of Preventing or Controlling Disease, Injury, or Disability:

We may disclose your protected health information when we are required to collect information about diseases or injuries (e.g., your exposure to a disease or your risk for spreading or contracting a communicable disease) or condition, product recalls, or to report vital statistics (e.g., births/deaths) to the public health authority).

G. For Health Oversight Activities:

We may disclose your protected health information to a health oversight agency such as a protection and advocacy agency, the state Department of Health which is responsible for inspecting our Center or to other agencies responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents or to ensure that we are in compliance with applicable state and federal laws and regulations and civil rights issues.

H. Business Associates.

We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

I. Military and Veterans.

If you are a member of the armed forces, we may release health information as required by military command authorities. We also may release health information to the appropriate foreign military authority if you are a member of a foreign military.

J. Workers' Compensation.

We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

K. To Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations or Tissue Banks:

We may disclose your protected health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We may also disclose your health information to a funeral director for the purposes of carrying out your wishes and/or for the funeral director to perform his/her necessary duties.

If you are an organ donor, we may disclose your protected health information to the organization that will handle your organ, eye or tissue donation for the purposes of facilitating your organ or tissue donation or transplantation.

L. For Research Purposes:

We may disclose your protected health information for research purposes only when an institutional review board has approved the research project. However, we may use or disclose your protected health information to individuals preparing to conduct an approved research project in order to assist such individuals in identifying persons to be included in the research project. Researchers identifying persons to be included in the research

project will be required to conduct all activities onsite. If it becomes necessary to use or disclose information about you that could be used to identify you by name, we will obtain your written authorization before permitting the researcher to use your information

M. To Avert a Serious Threat to Health or Safety:

We may disclose your protected health information to avoid a serious threat to your health or safety or to the health or safety of others. When such disclosure is necessary, information will only be released to those law enforcement agencies or individuals who have the ability or authority to prevent or lessen the threat of harm.

N. For Specific Government Functions:

We may disclose protected health information of military personnel and veterans, when requested by military command authorities, to authorized federal authorities for the purposes of intelligence, counterintelligence, and other national security activities (such as protection of the President).

O. Data Breach Notification Purposes:

We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.

P. Inmates or Individuals in Custody.

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

Q. Lawsuits and Disputes.

If you are involved in a lawsuit or a dispute, we may disclose health information in response to a court or administrative order. We also may disclose health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

3. Uses and Disclosures Requiring Your Written Authorization

For uses and disclosures of your protected health information other than treatment, payment and operations purposes, and the purposes noted above, we are required to have your written authorization, except as permitted by law.

Examples of uses or disclosures that would require your written authorization include, but are not limited to, the following:

- A request to provide your protected health information to an attorney for use in a civil litigation claim;
- A request to provide certain information to an insurance or pharmaceutical program for the purposes of providing you with information relative to insurance benefits or new medications that may be of interest to you;
- A request to provide certain information to another agency or person involved in your care; or
- A request to use your protected health information for marketing or fund raising purposes; and
- Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written authorization.

If you do give us a written authorization, you may revoke or cancel it at any time by submitting a written cancellation to the individual listed at the end of this document and we will no longer disclose protected health information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the canceling.

4. Your Rights Regarding Your Protected Health Information

You have the following rights concerning the use or disclosure of your protected health information that we create or that we may maintain at our facilities:

A. To Request Restrictions on Uses and Disclosures of Your Protected Health Information:

You have the right to request that we limit how we use or disclose your protected health information for treatment, payment, or health care operations. You

also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care or services. For example, you could request that we not disclose to family members or friend's information about a medical treatment you received.

We are not required to agree to your restriction request. However, should we agree, we will comply with your request not to release such information unless the information is needed to provide emergency care or treatment to you. If the restricted health information is needed to provide you with emergency treatment, the Center may use the restricted protected health information, or may disclose such information to a health care provider, to provide such treatment.

Should you wish a restriction placed on the use and disclosure of your protected health information, you must submit such request in writing. The name, location and telephone number of the person to whom the request is to be submitted is listed at the end of this document.

B. The Right to Inspect and Copy Your Medical and Billing Records:

You have the right to inspect and copy your health information, such as your medical and billing records that we use to make decisions about your care and services. In order to inspect and/or copy your health information, you must submit a written request to us. If you request a copy of your medical information, we may charge you a reasonable fee for the paper, labor, mailing, and/or retrieval costs involved in filing your requests. We will provide you with information concerning the cost of copying your health information prior to performing such service. The name, address, and telephone number of the person to whom you may file your request is listed at the end of this document.

We will respond within ten (10) days of receipt of such requests. Should we deny your request to inspect and/or copy your health information, we will provide you with written notice of our reasons of the denial and your rights for requesting a review of our denial. If such review is granted or is required by law, we will select a licensed health care professional not involved in the original denial process to review your request and our reasons for denial. We will abide by the reviewer's decision concerning your inspection/copy requests.

C. The Right to Request to Amend or Correct Your Health Information:

You have the right to request that your health information be amended or corrected if you have reason to believe that certain information is incomplete or incorrect. You have the right to make such requests of us for as long as we maintain/retain your health information. Your requests must be submitted to us in writing. We will respond within sixty (60) days of receiving the written request. If we approve your request, we will make such amendments/corrections and notify those with a need to know of such amendments/corrections.

We may deny your request if:

- Your request is not submitted in writing;
- Your written request does not contain a reason to support your request;
- The information was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- It is not a part of the health information kept by or for HCC;
- It is not part of the information which you would be permitted to inspect and copy; and/or
- The information is already accurate and complete.

If your request is denied, we will provide you with a written notification of the reason(s) of such denial and your rights to have the request, the denial, and any written response you may have relative to the information and denial process appended to your health information.

The name, location and telephone number of the person to whom you may file your request is listed at the end of this document.

D. The Right to Receive Confidential Communications by Alternative Means or at Alternative Locations:

You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. For example, you may request that we send you information electronically or that we not send any health information about you to a family member's address. We will agree to your request as long as it is reasonably easy for us to do so. You are not required to reveal nor will we ask the reason for your request. To request confidential communications, you must:

- Notify us in writing;

- Indicate what information you wish to limit;
- Indicate whether or not you wish to limit or restrict our use or disclosure of such information; and
- Identify to whom the restrictions apply (e.g., which family member(s), agency, etc.).

The name, location, and telephone number of the person to whom you may file your request is listed at the end of this document.

E. The Right to Request an Accounting of Disclosures of Protected Health Information:

You have the right to request that we provide you with a listing of when, to whom, for what purpose, and what content of your protected health information we have released over a specified period of time. This accounting will not include any information we have made for the purposes of treatment, payment, or health care operations or information released to you, your family, or disclosures made for national security purposes, or any releases pursuant to your authorization.

Your request must be submitted to us in writing and must indicate the time period for which you wish the information (e.g., May 1, 2015 through August 31, 2015). Your request may not include releases for more than six (6) years **prior** to the date of your request and may not include releases **prior** to April 14, 2010. Your request must indicate in what form (e.g., printed copy or email) you wish to receive this information. We will respond to your request with sixty (60) days of the receipt of your written request. Should additional time be needed to reply, you will be notified of such extension. However, in no case will such extension exceed thirty (30) days. The first accounting you request during a twelve (12) month period will be free. There may be a reasonable fee for additional requests during the twelve (12) month period. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

The name, location, and telephone number of the person to whom you may file your request is listed at the end of this document.

F. Right to an Electronic Copy of Electronic Medical Records.

Your protected health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), and you have

the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form or format you request, if it is readily producible in such form or format. If the protected health information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

G. Right to Get Notice of a Breach.

You have the right to be notified upon a breach of any of your unsecured protected health information.

H. The Right to Receive a Paper Copy of This Notice:

You have the right to receive a paper copy of this notice even if you have agreed to receive an electronic copy of this notice. You may request a paper copy of this notice at any time or you may obtain a copy of this information from HCC's website.

5. Uses and Disclosures that require us to Give You an Opportunity to Object and Opt Out

A. Individuals Involved in Your Care or Payment for Your Care.

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

B. Disaster Relief.

We may disclose your protected health information to disaster relief organizations that seek your protected health information to coordinate your care,

or notify family and friends of your location or condition in a disaster.

We may disclose your protected health information to disaster relief organizations that seek your protected health information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

6. Changes to this Notice:

We reserve the right to change this notice and make the new notice apply to health information we already have as well as any information we receive in the future. We will post a copy of the new/revised Privacy Notice in the facility's waiting area and on the website. The notice will contain the effective date located at the bottom of the page.

7. How to File a Complaint about Our Privacy Practices

If you have reason to believe that we have violated your privacy rights, violated our privacy policies and procedures, or you disagree with a decision we made concerning access to your protected health information, etc., you have the right to file a complaint with us or the Secretary of the Department of Health and Human Services. Complaints may be filed without fear of retaliation in any form.

The name, location, and telephone number of the person to whom you may file your complaint is listed below.

8. Person to Contact to Address any Privacy-Related Issues

You may contact the individual listed below to address any issues related to the privacy of your protected health information.

Ms. Eva Suarez
ICL HealthCare Choices, Inc.
179 Jamaica Avenue
Brooklyn, NY 11207
Tel: (929) 267-5354, ext. 5342
Fax: (929) 267-5340
esuarez@healthcarechoicesny.org