Center for Family Development

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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 THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization. We may use and disclose your health information to a physician or other health or mental health care provider providing treatment to you.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, conducting training programs, accreditation, certification, or credentialing activities, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization. We may use your PHI to remind you of appointments.

To Your Family and Friends. We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved in Care. We may use or disclose health information to notify, or assist in the notification of {including identifying or locating} a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, than prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up treatment supplies or other similar forms of health information.

Marketing Health -- Related Services. We will not use your health information for marketing communications without your written authorization.

Required by Law. Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule. We may disclose your health information when we are required to do so by law.

Public Health. Has required by law, we may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury, we disability.

Law Enforcement. We may disclose PHI about you for law enforcement purposes has required by law were in response to a valid subpoena or other legal process. It's

Abuse or Neglect. We may disclose your health information to appropriate authorities if we reasonably believed that you are a possible victim of abuse, neglect, or domestic violence with a possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. We are a mandated reporter of child abuse and neglect.

National Security. We may disclose to military authorities to health information of armed forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmates or patients under certain circumstances.

Protective services for the President and others. We may disclose PHI about you to authorized federal officials so that they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations.

Appointment Reminders. We may use or disclose your health information to provide you with appointment reminders, such as voicemail messages, postcards, or letters.

Without Authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the New York State Department of Education's licensing boards or the health department)
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission

We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked in writing at any time. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at The Center for Family Development, 5820 Main Street, suite 406, Williamsville, NY 14221:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies. You may request that we provide copies in the format other than photocopies. We will use the format your request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed in this notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address in this notice. If you request copies we will charge you $0.25 for each page, $20.00 per hour for staff time to locate and copy your health information, and postage if you want to copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for fee. Contact us using the information listed in this notice for a full explanation of our fee structure.
- **Disclosure Accounting.** You have the right to receive a list of instances in which we or our business associates disclose your health information for purposes other than treatment, payment, health care operations, and certain other activities, for the last six years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for responding to these additional requests.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request, but if we do, we will abide by our agreement, except in an emergency.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You have the right to request that we communicate with you about your health information by alternative means work to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation as to how payments will be handled under the alternative means or location you request.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at Center for Family Development, Privacy Officer, 5820 Main Street, suite 406, Williamsville, NY 14221] or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**

The effective date of this Notice is April 14, 2003.

Notice of Privacy Practices
Receipt and Acknowledgment of Notice

Patient/Client Name:_____
DOB: _____
SSN:_____

The Center's Privacy Notice has been provided to me prior to my signing this Consent. The Privacy Notice includes a description of the uses and/or disclosures of my protected health information ("PHI") necessary for the Center to provide treatment to me, and also necessary for the Center to obtain payment for that treatment and to carry out its normal operations. The Center has further explained my right to obtain a copy of the Privacy Notice prior to signing this Consent, and has encouraged me to read the Privacy Notice carefully prior to my signing this Consent. I understand that, and consent to, the following appointment reminders that may be used by the Center: Mailed postcards or telephoning my home and leaving a message on my answering machine or with the individual answering the phone. The Center may use and/or disclose my PHI in order for the Center to treat me and obtain payment for that treatment, and as necessary for the Center to conduct its specific health care operations. I hereby acknowledge that I have received and have been given an opportunity to read a copy of The Center For Family Development's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact The Center For Family Development's Privacy Officer, Susan Becker-Weidman at 716-810-0790.

I have read and understand the foregoing notice and the Center's Privacy Policy, and all my questions have been answered to my full satisfaction in a way that I can understand.

_____

Signature of Patient/Client **Date**

_____

Signature or Parent, Guardian or Personal Representative * **Date**

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

- **Patient/Client Refuses to Acknowledge Receipt**:

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Signature of Staff Member **Date**