

## Notice of Privacy Practices (Privacy Notice)

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.

Premier HealthCare, Inc. (also referred to as “PHC” or the “Agency”) is committed to protecting the privacy of information we gather about you, and this notice describes the ways in which PHC may use and disclose your medical information, your rights, and certain obligations PHC has regarding the use and disclosure of your medical information.

We are required by law to:

- Ensure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect. A copy of our current notice will always be posted in our reception area. You will also be able to obtain a copy by calling our office at 212. 273.-6100, or asking for one the next time we provide services to you.

*If you have any questions about this notice or would like further information about our privacy practices, please contact our Privacy Officer at 460 West 34th Street, New York, NY 10001 or 212.273.6100.*

### What Health Information Is Protected

Every time PHC provides health-related services to you, a record of the visit is made. Understanding what is in your health records and how your health information is used helps you to ensure its accuracy, better understand who may access your information and make more informed decisions when authorizing disclosures to others.

Some examples of protected health information are any of the following types of information that identify or could be used to identify you individually:

- information about your health condition (such as a disease you may have);
- information about health care products or services you have received or may receive in the future (such as a medication or treatment); or
- information about your health care benefits under an insurance plan (such as whether a prescription is covered);

*The fact that you are a participant at, or receiving treatment or health-related services from, PHC is also protected health information.*

## How We May Use and Disclose Your Health Information

We will obtain your written authorization before using your health information or sharing it with others outside PHC for any reason not permitted by this Notice. If you provide us with written authorization, you may revoke it at any time, except to the extent we have already relied upon it. To revoke an authorization, please write to our Privacy Officer (see attached contact information).

### 1. Treatment Payment and PHC Business Operations

PHC and its workforce members may use your health information or share it with others without your authorization in order to treat your condition, obtain payment for that treatment, and run PHC's normal business operations. Your health information also may be disclosed to another health care provider for their treatment and payment activities, and for certain limited business operations by them. Below are further examples of how your information may be used and disclosed by PHC.

**Treatment.** We may share your health information with doctors, nurses, therapists, aides and other health care professionals at PHC who are involved in providing services to you and they may, in turn, use that information to diagnose or treat you, or to develop a plan of services for you. A health care professional at PHC may share your health information with another health care professional inside PHC, or with a health care professional at another agency, to determine how to diagnose or treat you. A health care professional may also share your health information with another agency or provider to whom you have been referred for further health care.

**Payment.** We may use your health information or share it with others so that we may obtain payment for your health care services. For example, we may share information about you with the New York State Medicaid program or a private health insurance company in order to obtain reimbursement after we have provided services to you. In some cases, we may share information about you with your insurer to determine whether it will cover your services. We might also need to inform your insurer about your health condition in order to obtain pre-approval for your services, such as care provided at a residential treatment facility. Finally, we may share your health information with other providers and payors for their payment activities.

**Business Operations.** We may use your health information or share it with others in order to conduct our normal business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you. We may also share your health information with another company that performs services for us, such as a consultant that reviews the quality of our services. Finally, we may share your health information with other providers and payors for certain of their business operations if that other party also has or had a treatment or payment relationship with you and, in that event, we will only share information that pertains to that relationship.

**Appointment Reminders, Treatment Alternatives, Benefits and Services.** We may use your health information when we contact you with a reminder that you have an appointment for treatment or services. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

Fundraising. We may use your demographic information to contact you in an effort to raise money for the Agency and its operations. The information we can use and release may include your name, age, address, phone number and the dates you received treatment or services at PHC. We may also include the department from which you received services, the treating staff person's information and the outcome information. If PHC contracts with another charitable foundation to raise money on our behalf, then we may also share this information with them. You can opt-out of our fundraising efforts by contacting our Privacy Officer (see attached contact information) or by completing our opt-out form during your visit. Your decision to opt-out will in no way affect your condition, treatment, or payment.

## **2. Facility Directory/Friends and Family**

If you are receiving services in a PHC residential facility, we may use your health information in, and disclose it from, our Facility Directory. In addition, in all PHC programs, we may share information about you with friends and family involved in your care. In these cases, we will use or disclose your information without your written authorization, but we will always give you an opportunity to orally object to these uses and disclosures unless there is insufficient time because of a medical emergency (in which case we will discuss your preferences with you as soon as the emergency is over). We will follow your wishes unless we are required by law to do otherwise.

**Premier HealthCare Directory.** If you are living in one of PHC's residential facilities, unless you object, we will include your name and where you are residing in our PHC Facility Directory. This directory information may be released to people who ask for you by name.

**Friends and Family Involved in Your Care.** If you do not object, we may share your health information with a family member, relative or close personal friend who is involved in your care or payment for that care. In these cases, we will disclose only the information that is necessary for the family member, relative or friend to provide you with assistance.

We may also notify a family member or another person responsible for your care about your location and general condition here at our facility, or about the unfortunate event of your death. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons.

**Incidental Disclosures.** While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, when you seek treatment at one of our facilities, other individuals or visitors at the facility may see you or they may view your name.

## **3. Public Need**

We may use your health information, and share it with others, in order to meet important public needs. We will not be required to obtain your written authorization before using or disclosing your information for these reasons.

**As Required by Law.** We may use or disclose your health information if we are required by local, state or federal law to do so.

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**To Avert a Serious Threat to Health or Safety.** We may use your health information or share it with others when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling), or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

**Public Health Activities.** We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury or disability. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so. Finally, we may release some health information about you to your employer if your employer hires us to provide you with a physical exam, and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

**Victims of Abuse, Neglect or Domestic Violence.** We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, we may report your information to government officials if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

**Product Monitoring, Repair and Recall.** We may disclose your health information to a person or company that is required by the Food and Drug Administration to: (1) report or track product defects or problems; (2) repair, replace, or recall defective or dangerous products; or (3) monitor the performance of a product after it has been approved for use by the general public.

**Health Oversight Activities.** We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility.

These government agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

**Lawsuits and Disputes.** We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute.

**Law Enforcement.** We may disclose your health information to law enforcement officials for the following reasons:

- To comply with court orders or laws that we are required to follow;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- If you have been the victim of a crime, and we determine that: (1) we have been unable to obtain your consent because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interests; If we suspect that your death resulted from criminal conduct;
- If necessary to report a crime that occurred on our property; or
- If necessary to report a crime discovered during an offsite medical emergency (for example, by emergency medical technicians at the scene of a crime).

**National Security and Intelligence Activities or Protective Services.** We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

**Military and Veterans.** If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

**Inmates and Correctional Institutions.** If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

**Workers' Compensation.** We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

**Coroners, Medical Examiners and Funeral Directors.** In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties.

**Organ and Tissue Donation.** In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

**Research.** We may use and disclose your health information without your authorization if we obtain approval through a special process to ensure that research without your authorization poses minimal risk to your privacy. Under no circumstances, however, will we allow researchers to use your name or identity publicly. We may also release your health information without your authorization to people who are preparing a future research project, so long as any information identifying you does not leave our facility. In the unfortunate event of your death, we may share health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our facility any information that identifies you.

#### **4. Special Protections for Sensitive Health Information**

Special legal protections apply to certain types of sensitive health information. We disclose this information without your authorization in more limited circumstances than those applicable to other kinds of protected health information.

If you would like more information about the additional protections that apply to this sensitive information, please contact PHC's Privacy Officer at 212.273.6100.

**HIV/AIDS Information.** We will not disclose any of your information related to HIV infection or AIDS without a written authorization from you that specifies the nature of this information, except as permitted under Article 27-F of the New York Public Health Law.

**Mental Health Records.** If you receive psychotherapy services from one of our facilities that is licensed by the New York State Office of Mental Health or the New York State Office for People With Developmental Disabilities, we will not disclose records related to these services without your written authorization, except as permitted under Section 33.13 of the Mental Hygiene Law.

**Substance Abuse Treatment Records.** If we maintain records about alcohol or drug abuse treatment services that have been provided to you by a program that receives financial support from the federal government, federal laws and regulations prohibit us from disclosing this information without a written authorization from you that specifies the nature of this information, except in very limited circumstances, such as in response to a court order, in the event of a medical emergency or to qualified personnel for on-site audit and program evaluation purposes.

### **Your Rights to Access and Control Your Health Information.**

We want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.

#### **1. Right to Inspect and Copy Records**

You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records but does not include psychotherapy notes that are maintained separately from the designated record set. To inspect or obtain a copy of your health information, please submit your request in writing to the Privacy Officer (see attached contact information). If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. The standard fee is \$0.75 per page and must generally be paid before or at the time we give the copies to you. However, no one will be denied access to their records if they are unable to pay this fee.

We will respond to your request for inspection of records within 10 days and your request for copies within 30 days, regardless of where the medical records are located. If we need additional time to respond to a request for copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

Under certain circumstances, we may deny your request to inspect or obtain a copy of your information. If we do, we will provide you with a summary of the information instead. We will also provide a written notice that explains our reasons for providing only a summary, and a description of your rights to have that decision reviewed and how you can exercise those rights. The notice will also include information on how to file a complaint about these issues with us or with the Secretary of the U.S. Department of Health and Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

## **2. Right to Request Amendment of Records**

If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. A request to amend must be in writing and delivered to our Privacy Officer (see attached contact information). Your request should include the reasons why you think we should make the amendment. Ordinarily we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

If we deny a part of or your entire request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

## **3. Right to an Accounting of Disclosures**

You have a right to request an “accounting of disclosures” which is a list that contains certain information about how we have shared your information with others. An accounting list, however, will not include any information about:

- Disclosures we made to you;
- Disclosures we made pursuant to your authorization;
- Disclosures we made for treatment, payment or health care operations;
- Disclosures made in our facility directory;
- Disclosures made to your friends and family involved in your care or payment for your care;
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures about inmates to correctional institutions or law enforcement officers;
- As part of a limited data set under a data use agreement, in accordance with 45 CFR 164.514(e);
- Disclosures that occurred more than six years prior to the date of the request, or
- Disclosures made before April 14, 2003.

A request for this accounting list must be made in writing or by using our Request for Accounting form and forwarded to our Privacy Officer (see attached contact information). Your request must state a time period within the past six years (but after April 14, 2003) for the disclosures you want us to include. For example, you may request a list of the disclosures that we made between January 1, 2011 and January 1, 2012. You have a right to receive one accounting list within every 12 month period for free. However, we may charge you for the cost of providing any additional accounting list in that same 12 month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily we will respond to your request for an accounting list within 60 days. If we need additional time to prepare the accounting list you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting list. In rare cases, we may have to delay providing you with the accounting list without notifying you because a law enforcement official or government agency has asked us to do so.

#### **4. Right to Request Additional Privacy Protections**

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run PHC’s normal business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. For example, you could request that we not disclose information about mental health treatment you received to health care providers who are treating you for other illnesses. To request restrictions, please write our Privacy Officer (see attached contact information). Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. However, if we do agree, we will be bound by our agreement

unless the information is needed to provide you with emergency treatment or comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

#### **5. Right to Request Confidential Communications**

You have the right to request that we communicate with you about your medical matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. For example, you may ask that we contact you at work instead of at home. To request more confidential communications, please write to our Privacy Officer (see attached contact information). We will not ask you the reason for your request, and we will try to accommodate all reasonable requests. Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.

#### **6. Right to Restrict Disclosures to a Health Plan**

You have the right to restrict certain disclosures of your protected health information to your health plan if you pay for PHC's healthcare visit or service out of pocket in full. This only applies to the visit for which you paid and not any previous or subsequent visits charged to your health plan. This restriction does not apply if the disclosure to your health plan is required by law.

#### **7. Marketing and the Sale of Protected Health Information**

PHC cannot accept financial remuneration from a third party for the use or disclosure of your protected health information in order to market products and services to you without your prior authorization. However, there are circumstances where health communications are acceptable. For example, we might send you a reminder to receive certain health screenings or a reminder to re-fill your current prescription. We can also discuss healthcare operations or treatment (or other marketing communication) with you face-to-face or provide you with a promotional gift of nominal value. We may even send you information about government and government-sponsored programs. You do retain the right to opt-out of receiving such communications.

*PHC is prohibited from selling your protected health information without your express written authorization.*

#### **8. Right to Notification of a HIPAA Breach.**

You have the right to be notified if you are an affected party in a breach of unsecured protected health information. If it is determined that your protected health information was inappropriately used or accessed, PHC will notify you by phone and mail within 60 calendar days of the breach discovery to inform you of the occurrence.

## Other Things You Should Know About Your Rights

**When Someone May Act on Your Behalf.** We will treat another person as your “personal representative” in certain cases. We will generally provide your personal decisions on their own are also personal representatives.

**How to Obtain a Copy of This Notice.** You have the right to a paper copy of this notice. You may request a paper copy at any time, even if you have previously agreed to receive this notice electronically. To do so, please contact our Privacy Officer (see attached contact information) or request a copy the next time you receive services at any PHC location.

**How to Obtain a Copy of a Revised Notice.** We reserve the right to change our privacy practices from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices. The revised notice will apply to all of your health information, and we will be required by law to abide by its terms. We will post any revised notice in PHC reception areas. You will also be able to obtain your own copy of the revised notice by contacting our Privacy Officer (see attached contact information) or asking for one the next time you receive services from PHC. The effective date of the notice will always be noted on the first page.

**How to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, please contact our Privacy Officer (see attached contact information). No one will retaliate or take action against you for filing a complaint.