

**NOTICE OF PRIVACY PRACTICES**

**THE 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.**

If you have any questions about this Notice please contact Pamela Gubuan, Chief Compliance Officer at 917-933-6850 or [pamelagubuan@childcenterny.org](mailto:pamelagubuan@childcenterny.org).

This Notice of Privacy Practices describes how we may use and disclose your “protect health information,” (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties and privacy practices. We are required to abide by the terms of this Notice. We may change the terms of our notice at any time. Notifications of changes will be posted in the office and our website ([www.childcenterny.org](http://www.childcenterny.org)). You may call the office and request that a revised copy is sent to you in the mail or by asking for one at the time of your next appointment.

**Permitted Uses**

We may use and disclose your health information for the following purposes:

1. ***Treatment.***Caregivers such as nurses, doctors, therapist and social worker, may use your health information to determine your plan of care. Individuals and programs with OMH (Office of Mental Health) may share health information about you to coordinate the services you may require, such as clinical examinations, therapy nutritional services, medications, hospitalization, or transfers or referral for follow-up care.
2. ***Payment.*** Your protected health information will be used, as needed, to obtain payment for your health care services. In order for an insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnosis, and the treatment provided to you. As a result, we will pass such health information onto an insurer in order to help receive payment for your medical bills.
3. ***Health Care Operations.***We may use and disclose medical information about our agency operations. These uses and disclosures are necessary to run the agency and see that all of our clients receive quality care. Treatment records may be reviewed as part of an ongoing process directed toward assuring the quality of Agency operations. We may also provide your PHI to our accountants, attorneys, consultants, and others in order make sure we are complying with the laws that affect us.
4. ***Appointment Reminders.*** We may use and disclose PHI to contact you as reminder that you have any appointment.
5. ***Treatment Alternatives.*** We may use disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
6. ***Health Related Benefits and Services.*** We may use and disclose PHI to tell you about health related benefits or services that may be of interest to you.
7. ***As Required or Permitted by Law.*** We will disclose your PHI when required to do so by federal, state or local government agencies.
8. ***For Public Health Activities.*** We may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may include using your medical record to report certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration, or information related to child abuse or neglect. We may also have to report to your employer certain work-related illnesses and injuries so that our workplace can be monitored for safety.
9. ***For Health Oversight Activities.*** We may disclose your health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.
10. ***For Activities Related to Death.*** We may disclose your health information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death, such as identifying the body, determining cause of death, or in case of funeral directors, to carry out funeral preparations.
11. ***For Organ, Eye or Tissue Donations.*** We may disclose your health information to people involved with obtaining, storing, or transplanting organs, eyes or tissue of cadaver or donation purposes.
12. ***For Research.*** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research. Such research might try to find out whether a certain treatment is effective in curing an illness. We would obtain your permission prior to any research disclosures.
13. ***To Avoid Serious Threat to Health or Safety.*** As required by law and standards of ethical conduct, we may release your health information to proper authorities if we believe in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to you or the public’s health or safety.
14. ***Victims of Abuse, Neglect or Domestic Violence.*** We may notify appropriate government authorities if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make such disclosures you agree on or when required by law. We will report suspected abuse and neglect of children, under 18 years old, without your approval.
15. ***For Military, National Security, or Incarceration/Law Enforcement Custody.***If you are involved with the military, national security or intelligence activities or in the custody of law enforcement officials or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.
16. ***Law Enforcement.*** Sometimes we must report some of your health information to legal authorizes such as law enforcement officials, court officials, or government agencies. For example, we may have to respond to a court order.
17. ***For Workers’ Compensation.*** We may disclose your health information to the appropriate persons in order to comply with the laws related to workers’ compensation or other similar programs. These programs may provide benefits for work-related injuries or illnesses.
18. ***Inmates.*** We may use or disclose your protected health information if you are an inmate of a correctional facility and your provider has created or received you protected health information in the course of providing care to you.
19. ***To Those Involved With Your Care or Payment of Your Care.*** If people such as family members, relatives, or close personal friends are helping care for you, we may release important health information about you to those people. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. In addition, we may release your health information to organizations authorized to handle disaster relief effects so those who care for you can receive information about our location or health status. We may allow you to agree or disagree orally to such release, unless there is an emergency.
20. ***Emergencies.*** We may disclose your protected health information in an emergency treatment situation.

**NOTE:** *Except for the situations listed above, we must obtain your specific written authorization for any other release of your health information.* We must still treat you even if you do not wish to sign an authorization form. You may revoke an authorization in writing, at any time except to the extent that we have already used or disclosed the information in reliance on this authorization. To revoke this authorization, you must submit your request in writing to: The Child Center of NY, 118-35 Queens Blvd, 6th Floor, Forest Hills, NY 11375, Attn: Pamela Gubuan, Chief Compliance Officer

**Your Health Information Rights**

You have several rights with regard to your health information; specifically, you have the right to:

***Inspect and Copy Your Protected Health Information.*** You have the right to inspect and copy your medical information maintained in our record, including medical and billing records. We may deny your request to inspect and/or copy your records in certain limited circumstances; however, a decision to deny access may be reviewed. In addition, we may charge you a reasonable fee if you want a copy of your health information.

***Request to Correct Your Health Information.*** If you believe your health information is incorrect, you may ask us to correct the information. You will need to make such requests in writing and give a reason as to why your health information should be changed. However if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.

***Request to Restrict Certain Uses and Disclosures.*** You have the right to ask for restriction on how your health information is used or to whom your information is disclosed, even if restriction affects your treatment or our payment or health care operation activities. Or, you may want to limit the health information provided to family or friends involved in your care or payment of medical bills. You may also want to limit the health information provided to authorities involved with disaster relief efforts. However, we are not required to agree in all circumstances to your requested restriction.

***Request to Receive Confidential Communication of Health Information.*** You have the right to request that we communication your health information to you in different ways or places. You may request communication in a certain way or at a certain location, but you must specify how or where you want to be contacted. For instance, you may ask that we contact you by mail rather than by telephone, or at home, rather than work. You do not need to give a reason for your request.

***Receive an Accounting of Disclosures of Your Health Information.*** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. You request should indicate how you would like us to respond to you (for example, on paper, or by email). We must comply with your request for a list within 30 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year. In addition, we will not include in the list: disclosures made to you, disclosures made for purposes of treatment, payment, healthcare operations, national security, law enforcement/correction, and certain health oversight activities.

***Obtain a Paper Copy of This Notice.*** Upon your request, you may at any time receive a paper copy of this notice, even if you earlier signed to receive this notice electronically.

***Complain.*** If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made to amend or restrict the use of disclosure of your protected health information, or to have us communicate with you in confidence by alterative means or at an alternative location, you may contact us or the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We will not retaliate against you for filing such complains.

**NOTE:** Requests or complaints must be submitted in writing to: The Child Center of NY, 118-35 Queens Blvd, 6th Floor, Forest Hills, NY 11375, Attn: Pamela Gubuan, Chief Compliance Officer

**This Notice is effective April 14, 2003.**