

## HILLSIDE FAMILY OF AGENCIES

Crestwood Children's Center  
Crestwood Children's Foundation  
Hillside Children's Center  
Hillside Children's Foundation  
Hillside Family of Agencies  
Hillside Work-Scholarship Connection  
Snell Farm Children's Center

### Privacy: 1315 Privacy Notice

#### THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.

#### PLEASE REVIEW THIS NOTICE CAREFULLY

**If you have any questions about this Notice,  
please contact our Privacy Officer**

This notice describes how medical information about you and/or your family may be used and disclosed by Hillside Family of Agencies (HFA) and its Affiliates, and how you and/or your legal representative can get information about care and services rendered to you by HFA.

Client privacy is important to HFA. We are required by federal and state law to maintain the privacy of the Protected Health Information (PHI) and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. PHI is oral, written or electronic information that may identify you and your family which relates to your past, present or future physical/mental health/condition and related health care services.

This Notice of Privacy Practices ("Notice") describes how we may use and disclose your PHI to carry out treatment, payment or health care operations and/or for other specified purposes that are permitted or required by law.

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. We will not disclose your PHI without your written authorization, except as described in this Notice. Upon request, we will provide a revised Notice to you.

#### **The following is a summary of the circumstances under which and purposes for which your PHI may be used and disclosed ONLY after you have provided your written consent for treatment.**

- a) **To Provide Treatment** –The Agency may use your health information to coordinate care within the Agency and with others involved in your care such as service planners, other treatment team members and other professionals who have agreed to assist the agency in coordinating care. The Agency also may disclose your health information to individuals outside of the Agency involved in your care including family members, pharmacists, suppliers of medical equipment or other health care professionals who may have a need to know your PHI in order to provide care.
- b) **For Payment** – The Agency may include your health information in invoices to obtain payment for services provided to you. Your health information may be provided to the billing services and/or third party payers as needed to collect payment. For example, HFA may need to provide Medicaid with information about the services you received, to obtain prior approval from the insurer and may need to explain to the insurer the need for continued services.

- c) **For Health Care Operations** – The Agency may use and disclose health information for its own operations in order to facilitate the functions of the Agency and as necessary to provide quality care to all its clients as required by law. Health care operations include such activities as but are not limited to:
- Quality assessment and improvement activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
  - Performance evaluations of HFA employees.
  - Training student interns, licensing, Marketing and fund-raising activities.
  - Contacting health care providers and clients/parents/legal guardians with information about treatment alternatives and other related functions that do not include treatment.
  - Third party “business associates” that perform various activities (e.g. skill building activities) for the agency. Whenever an arrangement between our agency and a business associate involves the use or disclosure of PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.
  - The Agency may use and disclose your health information to contact you as a reminder that you have an appointment.

**The following is a summary of the circumstances under which and purposes for which you’re PHI may be used and disclosed WITHOUT FIRST RECEIVING your written consent.**

1. HFA may use and/or share your information, without a written authorization from you, in the following instances:
  - a) **Required by Law.** The Agency will disclose your health information when it is required to do so by any Federal, State or local law, use or disclosure will be made in compliance with the law and limited to the requirements of the law.
  - b). **When there are risks to public health.** The Agency may disclose your PHI for public health reasons and/or in order to but not limited to the following:
    1. Prevent or control disease, injury, or disability, and also reporting of disease(s).
    2. Vital events such as birth and death.
    3. The conduct of public health surveillance, investigations and interventions.
    4. Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
    5. Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
    6. Notify an employer about an individual who is a member of the workforce as legally required.
    7. To a foreign government agency that is collaborating with the public health authority.
  - c). **Abuse, Neglect or Domestic Violence** - The Agency is required by law to notify government authorities if the Agency believes that the client is the victim of abuse, neglect or domestic violence. The Agency will make this disclosure only when specifically required or authorized by law.

HFA is a mandated reporter for suspected incidents of child abuse/neglect. It is HFA’s responsibility to notify the local/state child abuse hotline if a child is suspected of being abused or neglected regardless of the source of the abuse/neglect. Documentation of these alleged incidents are treated as highly sensitive and extremely confidential.

HFA will have access to Child Protective Services (CPS) Investigations for the clients in the care and custody of the Office of Children and Family Services (OCFS), or the Department of Social Services. HFA caseworkers will have access to information on a family’s CPS investigations as reported to them by the CPS workers that are “Indicated” and “Under Investigation” within the OCFS electronic database going back to 1/1/06.

- d). **Health Oversight Activities** – The Agency may disclose your health information to a health oversight agency as required by law, including audits, civil administrative or criminal investigations, government benefit programs, government regulatory programs, inspections, licensure or disciplinary action. The Agency however, may not disclose your health information, if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

- e). **Court and Administrative Proceeding** – The Agency may disclose your health information in response to a court order or a subpoena.
- f). **Law Enforcement Purposes** – As permitted or required by State law, the Agency may disclose your health information to a law enforcement official for certain law enforcement purposes such as:
- Complying with a legal process (e.g. subpoena)
  - Information for identification and location purposes (e.g., suspect or missing person);
  - Information regarding a person who is or is suspected to be a crime victim;
  - In situations where the death of an individual may have resulted from criminal conduct;
  - In the event of a crime occurring on the premises of HFA;
  - A medical emergency (not on HFA property) has occurred, and it appears that a crime has occurred;
  - A medical emergency occurring on HFA premises (e.g. Mental Hygiene Arrests or accident/injury).
  - To a coroner or medical examiner for the purpose of identifying you or determining your cause of death, or to a funeral director as permitted by law and as necessary to carry out its duties.
  - HFA may share your information to authorized federal officials for conducting national security and intelligence activities.
- g) **Inmates-** The Agency may share your information to a correctional institution/law enforcement official if you are an inmate of that correctional facility and your information is necessary to provide you with care and treatment or is necessary for the health and safety of other individuals or inmates.
- h) **In the Event of a Serious Threat to Health or Safety** - The Agency may, consistent with applicable law and ethical standards of conduct disclose your health information if the Agency, in good faith, believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.
- i) **Emergencies** - The Agency may share client PHI in an emergency treatment situation. If treatment is required by law and the provider is unable to obtain client consent, the information will only be used to the extent of the emergency treatment at that time.
- j) **Communication Barriers** - The Agency may use or share your information with an interpreter or translator.
- k) **Sign in Sheets-** The Agency may use a sign-in-sheet at the registration desk. Your name may be called in the waiting room when your service planner or physician is ready to see you.
- l) **Treatment Alternatives/Benefits-** HFA may contact you about treatment alternatives, or other health benefits or services that may be of interest to you.
- m) **On-Call Coverage-** In order to provide on-call coverage for you it is necessary that HFA establish relationships with other organizations/agencies/health care providers who will take your calls after hours or if your service planner is not available. The on-call staff will provide HFA with whatever PHI they create and will, by agreement, keep your PHI confidential.
- n) **De-identified Information-** The Agency may use the information from your records that does not identify you. For example your name, address, or any other personal identity will be removed before using the information.
- o) **Personal Representative-** The Agency may disclose your PHI to your legal representative who will represent you and help you in making health care decisions.

#### **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Uses and/or disclosures, other than those described above, will NOT BE disclosed other than with your written authorization. You or your personal legal representative may cancel the authorization, at any time, in writing, except to the extent that HFA has relied on the information for treatment, payment or its business activities.

**The following is a summary of the circumstances under which and purposes for which your PHI may be used and disclosed WITH your written authorization ONLY. You may choose to agree or object with the uses or disclosures of your PHI in the items listed below. This will not affect your treatment or health care services provided to you by HFA.**

- a) **Marketing & Fund Raising:** HFA may use information about you/your family or your PHI for marketing and fundraising activities on behalf of the Agency. The Agency will contact you to request your participation for such purposes. HFA will obtain your prior authorization before releasing any PHI to a public audience.
- b) **Family and/or Friends:** HFA is required by law not to confirm or deny the services received by the client to any family member or friends. In the event where the client's family members or friends are seeking such information, HFA staff will take their name and number, verify the person's identity with the clinician and person's right to have this information and then will call them to give the information, or they will direct them to contact you.
- c) **Minors:** In most cases, a minor is defined as "a person under the age of 18." Despite this definition, some programs may have additional requirements regarding certain rights to youth under the age of 18. In most situations, when a youth turns 18 years old, they are the sole authorizer of the use and disclosure of their protected health information. Exceptions to this may include HIV/AIDs, family planning (including preventative, pregnancy and/or birth), sexually transmitted diseases (STD's), drug and alcohol, some mental health, and emergency care related PHI. In these cases, although a youth may be under the age of 18, it may be necessary to obtain their permission to authorize the use and/or disclosure of their PHI.
- d) **Activities/Events:** HFA may sponsor some events or activities where either HFA staff or the client's family members may take photos, videos, visual or audio images that might identify the client or the client family as the receiver of the services from HFA. This information may be made public within HFA or to the general public. HFA is required by law to obtain the written authorization from the client and the client family for this purpose. The written authorization will only be limited to the items in this section. The client PHI will not be disclosed.
- e) **Staff and/ or Family Education:** HFA staff may video/audio tape a family session for the purpose of staff and/or family education. The video/audio tape will not be kept in the client file; it will be secured in locked offices and will be destroyed after the purpose is completed.
- f) **Clergy:** HFA may disclose your religious affiliation to members of the clergy associated with HFA.

**YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that the Agency maintains:

**Right to Cancel or Restrict:** You may request to cancel and/or restrict the use and disclosure of your authorization at any time. The request must be submitted in writing on the HFA form. Your request must state the specific restrictions requested to a record or a person to whom you are restricting and/or completely denying access. You have a right to request a limit on the Agency's disclosure of your health information to family members or friends, someone who is involved in your care or the payment of your care. However, the Agency is not required to agree to your request. If the Agency believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If the Agency does agree to the requested restriction, we may not use or disclose your protected health information unless it is needed to provide emergency treatment. If you wish to make a request for restriction, please contact the Clinical Information Department.

**Right to receive confidential communications:** You have the right to request that the Agency communicate with you in a certain way. For example you may ask that the Agency only conduct communications pertaining to your health information with you privately and with no other family members present. You have a right for confidential communication or information by alternative means or at alternative locations, contact via e-mail, fax, or telephone. HFA staff will do their best to honor and fulfill any reasonable request as per current policy and procedures to accommodate you. All such requests mentioned in this section must be made by contacting your service provider.

**Right to inspect and/or copy your health information-** You have the right to inspect and obtain a copy of your health information. HFA requires you to make all requests to inspect and obtain copies of your health information in writing to the Clinical Information Department. You may be charged a fee to cover the cost of copying, supplies, postage etc. associated with your request. When a request for the access to health information is received, it will be acted upon within thirty (30) days if the requested information is maintained and accessible on site. The time frames stated above may be extended one time for no more than thirty (30) days. If the extension is necessary, HFA will provide the individual with a written statement that specifies the reasons for delay and the date by which the individual may expect to receive access to the health information for inspection and/or obtain a copy.

Under federal law however, you may not inspect or obtain a copy of the following records: psychotherapy notes, information compiled in reasonable anticipation of use in a civil, criminal or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. You may have the right to have this decision reviewed as set forth more fully in the written denial notice.

**Right to amend health information:** You and your legal representative have the right to request that the Agency amend your records if you believe that your health information is incorrect or incomplete. The request to amend your records must be made in writing. HFA will make every effort to accommodate your request. HFA may deny your request if the information you requested is not part of HFA's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if in the opinion of the Agency, the records containing your health information are accurate and complete. If we deny your request for amendment, you have the right to file a written statement of disagreement with HFA, and HFA will respond to your statement. HFA will provide you with a copy of the response.

**Right to an accounting of disclosure-** You or your legally authorized representative have the right to request an accounting of disclosures of your health information made by HFA for any reason other than for treatment, payment or health operations as stated in this Notice of Privacy. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting of requests may not be made for a period of time in excess of six (6) years. The request for accounting of disclosure must be submitted in writing. There will be no charge for the first list requested within a twelve (12) month period, but HFA may charge you for the cost of providing additional lists. HFA will notify you of the cost so you can request the disclosure based on your need. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**Right to a paper copy of this notice-** You or your legal representative have a right to a separate paper copy of this Notice at any time.

To request a copy of the Notice of Privacy, please contact the Integration Center or your service planner.

#### **Duties HFA-**

HFA is required by law to maintain the privacy of your health information and to provide to you and your legal representative this Notice of its duties and privacy practices. HFA is required to abide by the terms of this Notice and they may be amended from time to time.

**Complaints-** You have a right to complain to HFA or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with HFA, you may contact the HFA Customer Satisfaction Line or you may call the HFA Privacy Officer. Complaints may be done in writing and/or through a phone call.

To obtain more information on or to ask questions about your rights, you may contact HFA's Privacy Officer, Jane Negandhi at (585)350-2507 or via e-mail at [jnegandh@hillside.com](mailto:jnegandh@hillside.com).



Hillside Children's Center, Crestwood Children's Center, Hillside Work Scholarship Connection, Hillside Children's Foundation & Corporation & Crestwood Children's Foundation & Corporation

### Privacy Notice

Acknowledgement of the Receipt of the Hillside Family of Agencies Privacy Notice.

**NAME OF CLIENT:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
 (First Name, Last Name, Middle initials) (mm /dd / yyyy)

Facility/ Program Name: \_\_\_\_\_

I, hereby certify that I have received the copy of the HFA Privacy Notice. I understand the content of the Privacy Notice and I am aware of whom to contact to with questions regarding my PHI and authorization.

\_\_\_\_\_  
 Name of the Client Receiving Notice (Print)

\_\_\_\_\_  
 Signature of the Client Receiving Notice

\_\_\_\_\_  
 Name of Individual Receiving Notice (Print)

\_\_\_\_\_  
 Signature of Individual Receiving Notice

\_\_\_\_\_  
 Relationship to the Client

Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of the Witness \_\_\_\_\_