

NOTICE OF PRIVACY PRACTICES

Effective date: April 14, 2003

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.

Prospect Center (Prospect) is strongly committed to protecting the confidentiality and security of your protected health information. This Notice describes our privacy practices. Specifically, this Notice describes: 1) how we will use or disclose medical information about you; 2) your rights with respect to your protected health information and how you may exercise your rights; and 3) the obligations we have regarding the use and disclosure of your protected health information.

The law requires that we maintain the privacy of your protected health information, provide you with notice of our legal obligations and privacy practices with respect to your protected health information, and follow the terms of the Notice that is currently in effect.

FURTHER INFORMATION ABOUT THIS NOTICE

Privacy Contact: If you have any questions or want further information about this Notice, or anything contained in this Notice, you should contact our Privacy Contact listed at the end of this Notice.

WHO WILL FOLLOW THIS NOTICE

All people who work for Prospect in our clinics, residences, day (non-residential) services programs, and administrative offices will follow this Notice. This includes employees, persons we contract with (contractors) who are authorized to access your protected health information, and volunteers that we permit to assist you.

PROTECTED HEALTH INFORMATION

"Protected health information" is information, including demographic information, that relates to your past, present or future physical or mental health or condition; or to the provision or payment of your health care; and that either identifies you or reasonably could be used to identify you.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Prospect may use or disclose your protected health information without your permission for the purposes described below. For each category, we explain what we mean and offer an example. Not every use or disclosure is described, but all of the ways we will use or disclose information will fall within these categories:

Treatment Within the Prospect: We may use or disclose your protected health information to individuals within Prospect for the purpose of providing medical treatment and services to you. For example, we may disclose health information to doctors, nurses, psychologists, social workers, qualified mental retardation professionals (QMRPs), and other Prospect personnel, volunteers or interns who are involved in providing your care. For example, involved staff may discuss your health information to develop and carry out your individualized service plan (ISP).

Payment: We may use or disclose your protected health information so that we can bill and collect payment from you, a third party, an insurance company, Medicare or Medicaid or other government agencies. For example, we may need to provide the NYS Department of Health (Medicaid) with information about the services you received in our facility or through one of our HCBS waiver programs so they will pay us for the services. In addition, we may disclose your health information to receive prior approval for payment for services you may need.

Health Care Operations: We may use or disclose your protected health information during the course of operating Prospect. For example, we may use or disclose your protected health information to operate our programs and residences and to make sure all consumers receive appropriate quality care. We may also use your protected health information for quality improvement to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to clinicians and other personnel for on-the-job training. Specific health care operations also include:

Appointment Reminders. Prospect may use and disclose medical information without your authorization to contact you as a reminder that you have an appointment for treatment or services at one of our programs.

Treatment Alternatives and Other Health-Related Benefits or Services. We may use and disclose your protected health information to provide you with information about treatment alternatives or for the purpose of contacting you to alert you of other health-related benefits or services that may be of interest to you.

Public Relations/ Fundraising/Grants. We may use medical information in summary format to describe the scope of agency services for public relations, fund raising and/or grant applications. For example, a grant application may ask for the agency to describe the nature of individuals served by a specific Prospect program. Such information would describe the general population served and not disclose individual information of a person. Any need to disclose individualized information for public relations, funding or grant purposes would not be disclosed unless specific authorization from the person is obtained.

Prospect may also use or disclose your protected health information without your permission for the following reasons:

Required by Law. We will disclose your protected information when required to do so by federal, state or local law.

Qualified Persons. Under New York State law, a health care provider may disclose your patient information to “qualified persons” without your authorization. These “qualified persons” include: the subject of the information (you), a guardian appointed under the mental hygiene law, a parent of an infant, a guardian of an infant who has been appointed by the surrogate court, or an attorney appointed to act on behalf of the individual or the individual’s estate.

Public Health Activities. Your protected health information may be disclosed to public health authorities authorized by law to collect and receive the information. For instance, the information may be disclosed for the purpose of: preventing, controlling, or monitoring disease, injury or disability; reporting birth and death; reporting child abuse or neglect; reporting adverse reactions to medications or products; providing notification of product recalls; providing notification to individuals exposed to a communicable disease or at risk of contracting and spreading a disease or condition; and evaluating work-related injuries or illness.

Abuse, Neglect or Domestic Violence. If it is reasonably believed that you are a victim of abuse, neglect or domestic violence, we are allowed to disclose your protected health information to government authorities, such as social or protective service agencies, that are authorized to receive reports on abuse, neglect and domestic violence.

Health Oversight Activities. We may disclose protected health information to agencies authorized by law to conduct health oversight activities.

Legal Disputes. We may disclose your protected health information as part of a court or government agency proceeding.

Law Enforcement Officials. We may disclose your protected health information to law enforcement officials as required by law.

Coroners and Medical Examiners. Your protected health information may be disclosed to coroners and medical examiners to identify the deceased or to determine the cause of death or to conduct other duties authorized by law.

Funeral Directors. We may disclose your protected health information to a funeral director as required by law and additionally so that they may carry out their duties.

Organ and Tissue Donation. We may disclose your protected health information to organ and tissue Medical Centers for the purpose of obtaining donations and transplantations.

Prevention of Serious Threat to Health or Safety. We may disclose your protected health information to prevent serious threat to the health and safety of a specific person or the general public. Use and disclosure may only be made if necessary and to someone reasonably able to prevent or lessen the threat.

Specialized Government Functions.

- Military Activity and National Security
- Workers’ Compensation
- Inmates

Disclosures to the Secretary of the Department of Health and Human Services. We must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the HIPAA regulations.

USES AND DISCLOSURES THAT REQUIRE YOUR AGREEMENT

Prospect may disclose your protected health information to the following persons, if we tell you and you agree or do not object: a family member, other relative, close personal friend, or other person identified by you, who is involved in your care, or the payment of your care. The information disclosed must be relevant to the individual's involvement. We may also disclose protected health information to notify a family member, or another person responsible for your care, of your location, general condition, or death. If you are unable to agree or object to such uses or disclosures of protected health information because of an emergency or because of your incapacity, we may exercise our professional judgment to determine whether the disclosure is in your best interest.

USES AND DISCLOSURES WHERE YOUR AUTHORIZATION IS REQUIRED

For **all** other uses and disclosures of your protected health information not described in this notice, Prospect will use or disclose information **only** with a written authorization signed by you that states who may receive the information, what information is to be shared, the purpose of the use or disclosure and an expiration for the authorization. **Note:** If you cannot give permission due to an emergency, Prospect may release information in your best interest. We must tell you as soon as possible after releasing the information.

Treatment Outside Prospect. If your protected health information is shared with those outside Prospect for treatment purposes, your authorization is required under New York State law. For certain specific conditions (HIV, mental illness, and genetic information and testing), New York State law provides heightened protection and we must obtain written **informed** consent prior to disclosing information outside of Prospect.

You may revoke an authorization that was obtained for the use or disclosure of your protected health information, in writing, at any time. The authorization cannot be revoked to the extent: 1) we have already relied and acted upon the authorization; or 2) the authorization was made as a condition to obtaining insurance coverage.

YOUR RIGHTS PERTAINING TO YOUR PROTECTED HEALTH INFORMATION

You have the following rights concerning your protected health information. When we use the word "you" in this notice we also mean your personal representative. Depending on your circumstances and in accordance with state law, this may be your guardian, involved parent, spouse, adult child, or your advocate.

Right to Access. You have the right to inspect and/or to obtain a copy of the health information pertaining to you. Some exceptions apply, such as psychotherapy notes, and records regarding incident reports and investigations. To request access to your protected health information, please contact the **Prospect's Director of Advocacy & Referral at (518) 798-0170**. A reasonable fee may be charged to cover the costs of providing you with a copy of your protected health information, however, that fee may not exceed seventy-five cents per page. Further, the release of your protected health information will not be denied solely because of an inability to pay.

We will try our best to provide your protected health information to you in the form or format requested by you if such form or format is readily available. If it is not, the information will be provided in readable hard copy form or such other agreed upon form.

You have the right to timely access to your protected health information. Generally, your request must be acted upon within ten (10) days of receipt of the request.

We may deny access to your protected health information in a limited number of instances. If we deny your request, you have the right to receive a timely written denial explaining the reasons for the denial. The written denial will also describe your right to review the denial and the procedures for filing a complaint. Your denial will be reviewed, without cost, by the appropriate Medical Record Access Committee appointed by the Commissioner of the New York State Department of Health.

Right to Amend. If you believe that health information contained in your medical and billing records maintained by us is incorrect or incomplete, you have the right to request that it be amended. To request an amendment, please contact **Prospect's Director of Advocacy & Referral at (518) 798-0170**.

We may deny your request for an amendment if your health information was not created by us (unless the originator of the health information is no longer available to act on your request); is not part of the medical and billing records kept by us; is accurate and complete; or would not be available to you for inspection. If we deny your request for amendment, we must provide you with a written denial explaining the reasons for the denial. You have the right to submit a written statement of disagreement. You may also file a complaint. If we prepare a written rebuttal, you will be provided a copy of the rebuttal.

Right to an Accounting of Disclosures. You have the right to know who has received your protected health information other than disclosures made to you, disclosures made for treatment, payment, or health care operations, or those made pursuant to an authorization. You may request that we provide you with a written statement or listing (referred to as an "accounting") of disclosures

of your protected health information that occurred during the six years prior to your request, provided that such disclosures were made after April 14, 2003.

To request an accounting, please contact **Prospect's Director of Advocacy & Referral at (518) 798-0170**, and state the time frame for which you wish to receive an accounting. The first accounting within a 12-month period will be provided free of charge. We may charge a reasonable fee for additional accountings requested within the same 12-month period. You will be advised of the charge before the accounting is prepared in order to provide you with an opportunity to withdraw or to modify your request.

Right to Restrict Uses and Disclosure. We understand that there may be situations in which you do not want your protected health information used by or disclosed to others. You may request that the use and disclosure of your protected health information by us, within Prospect, for treatment, payment or health care operations, be restricted or limited.

We are not required to agree to the restriction or limitation. If we do agree to the restriction or limitation, we will follow your wishes except to the extent that use or disclosure may be necessary to provide you emergency treatment. If we must use or disclose protected health information in order to provide emergency treatment, we will request that the disclosed information not be further used or disclosed.

To request that a restriction or limitation be placed on your protected health information, please contact **Prospect's Director of Advocacy & Referral at (518) 798-0170**. You may also contact to this department to terminate a restriction or limitation. We may terminate a restriction or limitation by informing you of the termination. A termination will only be effective for protected health information created or received after you have been informed of the termination.

Right to Request Confidential Communications. You may request, in writing, to receive confidential communications regarding your protected health information by an alternative method or at an alternative location. For instance, if you wish to receive confidential communications by e-mail or at another address, such as at work or at a post office box, you may request it. We will not ask you to explain your reason for the request and will accommodate reasonable requests.

To request confidential communications, please contact **Prospect's Director of Advocacy & Referral at (518) 798-0170**.

COMPLAINT PROCEDURES

If you believe that your protected health information was used or disclosed unlawfully, or that any of your rights with respect to your protected health information were violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. If complaining to us, your complaint should be in writing and sent to our Privacy Contact. This is the same person you may contact with questions regarding any of the information contained in this Notice.

PLEASE BE ADVISED THAT NO ADVERSE ACTION WILL BE TAKEN AGAINST YOU FOR FILING A COMPLAINT.

RIGHT TO CHANGE NOTICE

We reserve the right to change this Notice. We also reserve the right to make the revised or changed Notice effective for medical information we already have about you and for information we may receive in the future. A current copy of this Notice is always posted within our facilities and you may find it on our website at www.prospectcenter.com.

In addition, we will offer you a copy of the revised Notice at your next scheduled appointment or service/care plan meeting after the revised Notice is effective.

You may always request a copy of our current Notice by contacting our Privacy Contact person.

PRIVACY CONTACT

If you have any questions about this Notice, please contact:

**Privacy Officer
Prospect Center
133 Aviation Road
Queensbury, NY 12804
Telephone: 518-798-0170**