



We're on your side and at your side.

HIPAA PRIVACY

To Whom It May Concern:

Attached is a notice that tells you how Heaven's Hands Community Services, Inc. uses your clinical information and protects your privacy.

New federal regulations require us to send this notice to everyone who gets services from Heaven's Hands Community Services, Inc. These regulations are known as the HIPAA Privacy rule. HIPAA is short for the federal Health Insurance Portability and Accountability Act of 1996.

The HIPAA Privacy rule DOES NOT CHANGE the way you get services from HHCS. It does not change the privacy rights that you have always had under State Mental Hygiene law. The Privacy rule requires HHCS to take some additional steps to make sure you are aware of your privacy rights.

HHCS is not the only organization that must give people a privacy notice. Some others who have to give Privacy notices include:

- Medicaid, Medicare, doctors, hospitals, drug stores (pharmacies) and other persons or organizations who give health care services.

You can expect to receive a Privacy notice from everyone who provides or pays for your health care.

Please take time to read the HHCS Privacy notice. It has two parts. First there is a short notice that gives a summary of HHCS Privacy protections. Next, there is a longer notice with more details about how HHCS uses and discloses your clinical information. The notices tell you who you can call or write for more information about the privacy of your clinical information in HHCS.

We hope this information helps you to better understand your privacy rights regarding your clinical information.

Sincerely,

Bryan Rothenstein, LMSW
Chief Executive Officer
Heaven's Hands Community Services, Inc.
67-10 Myrtle Avenue, 2nd Floor, Glendale, NY 11385



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THIS NOTICE DESCRIBES HOW IDENTIFIABLE MEDICAL INFORMATION ABOUT YOU MAY BE USED AND INCREASED DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

Our Privacy Commitment to You

At Heaven's Hands Community Services, Inc. (HHCS), we understand that information about you and your family is personal. We are committed to protecting your privacy and sharing information only with those who need to know and are allowed to see the information to assure quality services for you. This notice tells you how HHCS uses and discloses information about you. It describes your rights and what HHCS' responsibilities are concerning information about you.

1. Who will follow this notice:

All people who work for HHCS in our day service programs and in our OPWDD administrative offices will follow this notice. This includes employees, persons who need to review your record to provide services to you, and volunteers that HHCS allows to assist you.

2. What information is protected:

All information we create or keep that relates to your health or care and treatment, including your name, address, birth date, social security number, your medical information, your individualized service plan, and other information (including photographs and other images) about your care in our programs. In this notice, we refer to protected information as "clinical information".

Your Clinical Information Rights

You have the following rights concerning your clinical 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, your health care proxy, or your involved parent, spouse, or adult child.

- You have a right to see or inspect your clinical information and obtain a copy. Some exceptions apply, such as records regarding incident reports and investigations, and information compiled for use in court or administration proceedings.
- If we deny your request to see your clinical information, you have the right to request a review of that denial. Professionals chosen by HHCS who were not involved in denying your request will review the record and decide if you may have access to the record.



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- You have the right to ask HHCS to change or amend clinical information that you believe is incorrect or incomplete. We may deny your request in some cases, for example, if the record was not created by HHCS or if after reviewing your request, we believe the record is accurate and complete.
- You have the right to request a list of the disclosures HHCS has made of your clinical information. The list, however, does not include certain disclosures, such as those made for treatment, payment, and health care operations, or disclosures made to you or made to others with your permission.
- You have the right to request that HHCS communicated with you in a way that will help keep your information confidential.
- You have the right to request a restriction on uses or disclosures of your clinical information related to treatment, payment, health care operations and disclosures to involved family. HHCS, however, is not required to agree to your request.
- You have the right to receive a paper copy of this notice. You may ask HHCS staff to give you another copy.
- To request access to your clinical information or to request any of the rights listed here, you may contact our administrative office.

NOTE: HHCS requires you to make your requests in writing.

HHCS's Responsibilities For Your Clinical Information

HHCS is required to:

- Maintain the privacy of your information in accordance with federal and state laws.
- Give you this notice of our legal duties and practices concerning the clinical information we have about you.
- Follow the rules in this notice. HHCS will use or share information about you only with your permission except for the reasons explained in this notice.
- Tell you if we make changes to our privacy practices in the future. If significant changes are made, HHCS will give you a new notice.

How HHCS Uses and Discloses Clinical Information



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HHCS may use and disclose clinical information without your permission for the purposes described below. For each of the categories of uses and disclosures, 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:** HHCS will use your clinical information to provide you with treatment and services. We may disclose clinical information to doctors, nurses, psychologists, social workers, qualified mental retardation professionals (QMRPs), developmental aides, and other HHCS personnel, volunteers or interns who are involved in providing you care. For example, involved staff may discuss your clinical information to develop and carry out your individualized service plan (ISP). Other HHCS staff may share your clinical information to coordinate different services you need, such as medical tests, respite care, transportation, etc. We may also need to disclose your clinical information to your service coordinator and other providers outside of HHCS who are responsible for providing you with the services identified in your ISP or to obtain new services for you.
- **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services at one of our programs.
- **Payment:** HHCS will use your clinical 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 programs so they will pay us for the services. In addition, we may disclose your clinical information to receive prior approval for payment for services you may need. Also, we may disclose your clinical information to the US Social Security Administration, or the Department of Health to determine your eligibility for coverage or your ability to pay for services.
- **Health Care Operations:** HHCS will use clinical information for administrative operations. These uses and disclosures are necessary to operate HHCS programs and residences and to make sure all individuals receive appropriate quality of care. For example, we may use clinical 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. We will share your clinical information with other HHCS staff for the purposes of obtaining legal services through HHCS Counsel's Office, conducting fiscal audits, and for fraud and abuse detection and compliance through our Division of Quality Assurance and Office of Internal Affairs. We will also share your clinical information with HHCS staff to resolve complaints or objections to your services. We may also disclose clinical information to our business



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partners who need access to the information to perform administrative or professional services on our behalf.

Other Uses and Disclosures that Do Not Require your Permission

In addition to treatment, payment and health care operations, HHCS will use your clinical information without your permission for the following reasons:

- When we are **required to do so by federal or state law**;
- For **public health reasons**, including prevention and control of disease, injury or disability, reporting births and deaths, reporting child abuse or neglect, reporting reactions to medication or problems with products, and to notify people who may have been exposed to a disease or are at risk of spreading the disease;
- To report **domestic violence and adult abuse or neglect** to government authorities if you agree or if necessary to prevent serious harm;
- For **health oversight activities**, including audits, investigations, surveys and inspections, and licensure. These activities are necessary for government to monitor the health care system, government programs, and compliance with civil rights laws. Health oversight activities do not include investigations that are not related to the receipt of health care or receipt of government benefits in which you are the subject;
- For **judicial and administrative proceedings**, including hearings and disputes. If you are involved in a court or administrative proceeding we will disclose clinical information if the judge or presiding office orders us to share the information.
- For **law enforcement purposes**, in response to a court order or subpoena, to report a possible crime, to identify a suspect or witness or missing person, to provide identifying data in connection with a criminal investigation, and to the district attorney in furtherance of a criminal investigation of client abuse.
- Upon your death, to **coroners or medical examiners** for identification purposes or to determine cause of death, and to **funeral directors** to allow them to carry out their duties;
- To organ procurement organizations to accomplish cadaver, eye, tissue, or **organ donations** in compliance with state law;
- For **research** purposes when you have agreed to participate in the research and the Institutional Review Board or Privacy Committee has approved the use of the clinical information for the research purposes;



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- To **prevent or lessen a serious a serious and imminent threat** to your health and safety or someone else's;
- To authorized federal officials for intelligence and other **national security** activities authorized by law or to provide **protective services to the President** and other officials;
- To **correctional institutions** or **law enforcement officials** if you are an inmate and the information is necessary to provide you with health care, protect your health and safety or that of others, or for the safety of the correctional institution;
- To **governmental agencies that administer public benefits** if necessary to coordinate the covered functions of the programs.

Uses and Disclosures that Require Your Agreement

HHCS may disclose clinical information to the following persons if we tell you we are going to use or disclose it and you agree or do not object:

- To **family members and personal representatives** who are involved in your care if the information is relevant to their involvement and to notify them of your condition and location; or
- To **disaster relief organizations** that need to notify your family about your condition and location should a disaster occur.

Authorization Required For All Other Uses and Disclosures

- For all other types of uses and disclosures not described in this notice, HHCS will use or disclose clinical 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. Written authorizations are always required for use and disclosure of psychotherapy notes and for marketing purposes.

Note: If you cannot give permission due to an emergency, HHCS may release clinical information in your best interest. We must tell you as soon as possible after releasing the information.

You may revoke your authorization at any time. If you revoke your authorization in writing we will no longer use or disclose your clinical information for the reasons stated in your authorization. We cannot, however, take back disclosures we made before you revoked and we must retain.