

**The YWCA of Rochester & Monroe County
Notice of Privacy Practices**

This notice describes the minimum standards regarding how medical information about you may be used and disclosed and how you can get access to this information. Your program may subscribe to higher standards. Please check with your program staff for specific details. Please review the notice carefully.

If you have any questions about this Notice please contact: our Privacy Officer. Reception staff will provide you with their name and extension.

This notice is effective as of April 14, 2003

The Law:

Information regarding your health care, including payment for health care, is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This notice details how your Protected Health Information (PHI) may be used and disclosed to third parties to carry out treatment, payment, operations of the organization, and for other purposes as detailed by the law.

Not all programs of The YWCA of Rochester & Monroe County perform all functions outlined in this policy. For example, if we do not bill your insurance company for services rendered to you, we will not be releasing service information to your insurance company.

Changes To This Notice:

We reserve the right to **change this notice** and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the most current notice in our facility in the following locations:

Lobby (ies) of all public buildings of The YWCA of Rochester & Monroe County.
Main offices of all other sites of The YWCA of Rochester & Monroe County.
On our Web Site

Our Pledge Regarding Medical Information:

We understand that information about you and your health and treatment is personal. We are committed to protecting this information. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements.

We are required by law to:

- Make sure 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.

Your Rights Regarding Medical Information About You:

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and receive copies of medical information that may be used to make decisions about your care.

To inspect and copy this information, you must submit your request to your primary counselor / case manager. If you request a copy of the information, we may charge you a fee for the costs of retrieving, copying, mailing, and any other supplies associated with your request.

Right to Amend: If you feel that any of the 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 by our facility.

To request an amendment, your request must be made in writing and submitted to your primary counselor / case manager. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by our facility;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures.” This is a list of the non-routine disclosures we have made of your information. We are not required to account for routine disclosures, for example disclosures between The YWCA of Rochester & Monroe County staff regarding your care.

To request this accounting of disclosures, you must submit your request in writing, to your primary counselor / case manager. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first accounting you request within a twelve-month period will not include a cost for providing the disclosure list. For additional accountings, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to a Copy of This Notice: You have the right to a copy of this notice. You may ask your primary counselor / case manager to give you an additional copy of this notice at any time.

Right to Request Restrictions: Even though all disclosures we already make are minimally necessary, you have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care. Finally, you have the right to request a restriction on the people who are able to obtain the information we disclose. However, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request a restriction or limitation, your request must be made in writing and submitted to your primary counselor / case manager.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with our facility or with the Secretary of the Department of Health and Human Services (Federal). To file a complaint with our facility, contact the Privacy Officer. You must submit all complains in writing.

How We May Use And Disclosure Your Medical Information:

The following categories describe different ways that we may use and disclose medical information. Each category of uses or disclosures is explained but not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment: We may use information about you to provide you with treatment or other services that we provide. We may disclose information about you to our staff as needed to provide you with services. We will release only the minimum amount of information necessary to provide services to you. We also may disclose information about you to people outside the facility who are involved in your care, such as a designated family member in case of an emergency or others we use to provide services that are part of your care, such as your HMO.

For example, in an emergency situation, The YWCA of Rochester & Monroe County can disclose information without your consent to another facility to provide health care to you.

Before The YWCA of Rochester & Monroe County can use or disclose any information about your health in a manner, which is not described above, we must first obtain your specific written consent allowing us to make the disclosure. You may revoke any such written consent in writing.

For Payment: If we bill you or your insurance company for services rendered to you, we may use and disclose information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received so your health plan will pay us or reimburse you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Appointment Reminders: If it is our practice to send out appointment reminders, we may use and disclose medical information to contact you as a reminder that you have an appointment or missed an appointment for treatment in order to reschedule the appointment.

Treatment Aftercare Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment aftercare options that will benefit you.

Research: Before we use or disclose medical information for research, you must sign a research authorization form. Under certain circumstances, we may use and disclose minimally necessary medical information about you for research purposes. However all research projects, are subject to a special approval process.

As Required By Law: We will disclose minimally necessary medical information about you when required to do so by federal, state or local law.

To Avert A Serious Threat To Safety: We may use and disclose minimally necessary medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. This includes reporting child abuse or neglect by making a telephone report to the Child Abuse hotline and following this report with a written confirmation.

Workers' Compensation: Upon your request, we may release minimally necessary information about you for Workers' Compensation or similar programs. These programs provide benefits for work related injuries or illness. State and/or federal law control the release of such information.

Public Health Risks: We may disclose minimally necessary information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report reaction to medication or problems with products;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
- To notify the appropriate government authority if we believe a client has been the victim of domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose minimally necessary information to a health oversight agency for activities authorized by law. These oversight activities may include, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose minimally necessary information about you in response to a court order or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release minimally necessary information about you if asked to do so by a law enforcement official:

- In response to a proper court order or similar process;
- In response to a judicial subpoena for a member of The YWCA of Rochester & Monroe County staff;
- About criminal conduct involving our facility; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of person who committed the crime if the crime is on agency premises or against agency personal.

Medical Examiners: We may also release minimally necessary information about you to a medical examiner. This may be necessary, to identify a deceased person or determine the cause of death.

National Security and Intelligence Activities: We may release minimally necessary medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

General YWCA Practice: A current list of residential clients by program including apartment/room number, floor, telephone extension, and personal phone number, if applicable, will be maintained in a secured location at the front desk.

Uses and disclosures other than those defined above will be made only with your written authorization.