



350 S. Washington Street PO Box 271 Herkimer, NY 13350  
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[www.archerkimer.org](http://www.archerkimer.org)

## NOTICE OF PRIVACY PRACTICES

This notice describes the privacy practices of Arc Herkimer and the privacy rights of the people we support. It will describe how information about you may be used and disclosed and how you can get access to this information.

The Health Insurance Portability and Accountability Act (HIPAA) Privacy rule DOES NOT CHANGE the way you get services and supports from Arc Herkimer, or the privacy rights you have always had under federal and state laws. The Privacy rule adds some details about how you can exercise your rights.

### PLEASE REVIEW THIS NOTICE CAREFULLY

Our Privacy Commitment to YOU:

Arc Herkimer provides many different services to you. We understand the 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. Arc Herkimer is required by law to maintain the privacy practices with respect to your health information. This notice tells you how Arc Herkimer uses and discloses information about you. It describes your rights and what Arc Herkimer's responsibilities are concerning information about you. 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 mean your guardian, healthcare proxy, involved parent, spouse, or involved adult family members.

If you have questions about any part of this notice or if you want more information about the privacy practices at Arc Herkimer, please contact:

*Jessica Barnes, Privacy Officer*

*Address: 350 South Washington Street, PO Box 271, Herkimer, NY 13350*

*Telephone: (315) 574-7000*

*Email: [jbarnes@archerkimer.org](mailto:jbarnes@archerkimer.org)*

*Empowering people with disabilities and enriching lives throughout our community.*



**Who will follow this Notice:**

All people who work for Arc Herkimer will follow this notice. This includes employees, and persons Arc Herkimer contracts with who are authorized to enter information in your record or need to review your record to provide services to you, and volunteers or interns who Arc Herkimer allows to assist you.

**What information is protected:**

All information that we create or keep that related to your health or care and treatment, including but not limited to your name, address, date of birth, social security number, your medical information, your service or treatment plan, and other information (including photographs or other images) about your care in our programs. This is all considered protected health information (**PHI**). We create and collect information about you and we keep a record of the care and services you received through this agency . The information about you is kept in a record; it may be in the form of paper documents in a chart or on a computer. We refer to the information that we ceate, collect and keep as a 'record' in this notice.

**Your Health Information Rights:**

Unless otherwise required by law, your record in the physical property of Arc Herkimer, but the information in it belongs to you and you have the right to have your information be kept confidential.

You have the following rights concerning your PHI:

- We are required by law to maintain the privacy and security of your protected health information.
- You have a right to see or inspect your PHI and obtain a copy of the information. Some exceptions apply, such as information compiled for use in court or administration proceedings. NOTE: Arc Herkimer requires you to make your request for records in writing to the Privacy Officer.
- If we deny your request to see your information, you have the right to request a review of that denial. The President/CEO or designee will appoint a licensed health care professional to review the record and decide if you may have access to that record.
- You have the right to ask Arc Herkimer to change or amend 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 Arc Herkimer 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 that Arc Herkimer has made of your PHI. The list, however, does not include certain disclosures, such as those made for treatment, payment, and health care

operations, or disclosures made to your or made to others with your permission.

- You have the right to request a restriction on uses or disclosure of your health information related to treatment, payment, health care operations, and disclosures to involved family. Arc Herkimer, however, is not required to agree to your request.
- You have the right to request that Arc Herkimer communicates with you in a way that will help keep your information confidential. You may request alternate ways of communication with you or requests that communications are forwarded to alternative locations.
- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- You have the right to limit disclosures to insurers if you have paid for the services completely out of pocket unless a law requires us to share that information.
- You will be notified if there is a breach of unsecured PHI containing your information; we are required by federal law to provide notification to you.
- You will receive a copy of this notice yearly and can ask for a copy at any time.
- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

To request access to your clinical information or to request any rights listed here, you may contact:

*Jessica Barnes, Privacy Officer*

*Address: 350 South Washington Street, PO Box 271, Herkimer, NY 13350*

*Telephone: (315) 574-7000*

*Email: [jbarnes@archerkimer.org](mailto:jbarnes@archerkimer.org)*

We will require you to submit your request in writing to the Privacy Officer.

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NOTE: Other regulations may restrict access to HIV/AIDS information, federally protected education records, and federally protected drug and alcohol information. See any special authorizations or consent forms that will specify what information may be released and when or contact the Privacy Officer.

### **Our Responsibilities to You:**

We are required to:

- Maintain the privacy of your information in accordance with federal and state laws.
- Give you this Notice that tells you how we will keep your information private.
- Tell you if we are unable to agree to a limit on the use or disclosure that you request.
- Carry out reasonable requests to communicate information to you by special means or at other locations
- Get your written permission to use or disclose your information except for the reasons listed in this Notice.

### **How Arc Herkimer Uses and Discloses Your Health Information:**

Arc Herkimer may use and disclose information without your permission for the purposes described below. For each of the categories of uses and disclosures, we will 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 within these categories:

- **Treatment:** Arc Herkimer will use your information to provide you with treatment and services. We may disclose information to doctors, nurses, psychologists, social workers and other Arc Herkimer personnel, volunteers, or interns who are involved in providing your care.
- **Payment:** Arc Herkimer will use your 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 your health care insurer with information about the services you received in our agency or through one of our programs so they will pay us for those services. In addition, we may disclose your information to receive prior approval for payment for services you may need.
- **Health Care Operations:** Arc Herkimer will use clinical information for administrative operations. These uses and disclosures are necessary to operate Arc Herkimer programs and to make sure all individuals receive appropriate, quality care. For example, we may use information for quality improvement to review our treatment and services and to evaluate the performance of our staff in serving you.

We may also disclose information to clinicians and other personnel for on-the-job training. We will share your health information with other Arc Herkimer

staff for the purposes of obtaining legal services from our attorneys, conducting fiscal audits, and for fraud and abuse detection and compliance through our Compliance Program. We may also disclose information to our business partner who need access to the information to perform administrative or professional services on your behalf.

**Other uses and disclosures that Do Not require your permission:**

In addition to treatment, payment, and health care operations, Arc Herkimer is allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

use your information without your permission for the following reasons:

***Required by law.*** As required to do so by federal or state law including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

***Public Health Reasons.*** As required by law, including preventions 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 diseases.

***Prevent Harm.*** As required, to report domestic violence and adult abuse or neglect to government authorities to prevent serious harm.

***Health oversight activities.*** Activities that are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws, including audits, investigations, surveys and inspections, and licensure. 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.

***Judicial and administrative proceedings.*** Including hearings and disputes. If you are involved in a court or administrative proceeding, we will disclose information if the judge or presiding officer orders us to share the information.

**Law Enforcement.** For purposes, in response to 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 to furtherance of a criminal investigation of client abuse.

**Respond to lawsuits and legal actions.** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

**Deceased person information.** 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.

**Organ donation.** To organ procurement organizations to accomplish cadaver, eye tissue, or organ donations in compliance with state law.

**Research.** For research purposes when you agreed to participate in the research and the Privacy Oversight Committee has approved the use of the clinical information for the research purposes.

**Public Safety.** To prevent or lessen a serious or imminent threat to your health and safety or someone else's.

**Specialized government functions.** To authorized federal officials for intelligence and other national security activities authorized by law or to provide protective services to the President and or other officials.

**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.

**Worker's compensation.** As necessary to comply with worker's compensation laws.

**Appointment reminders.** We may contact you as a reminder that you have an appointment for treatment or to provide services to you.

**Governmental agencies who administer public benefits.** If necessary, to coordinate the covered functions of the programs.

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## Your Choices

**For certain health information, you can tell us your choices about what we share that require your agreement.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

***Notice to and contact with family.*** To family members and personal representatives who are involved in your care if the information is relevant to their involvement and to notify the of your condition and location. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health care professionals will use their best judgement in communication with your family or others.

***Disaster relief organizations.*** To notify or assist in notifying a family member, your personal representative or another person responsible for your care about your general condition and location should a disaster occur, or in the event of your death.

***Hospital Directory.*** If you cannot tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety

***In these cases, we never share your information unless you give us written permission:***

***Fundraising purposes.*** We may disclose information to a charitable program that assists us in fundraising with your permission; or we may contact you to participate in fundraising activities for Arc Herkimer. You have the right to refuse or opt out if you previously agreed to communications regarding fundraising. If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

***Marketing.*** We may contact you to provide or to give you information of health-related services that may be of interest to you. We will not use your health information for marketing communications without your permission.

***Psychotherapy notes.*** We will need your permission to disclose psychotherapy notes.

### **Authorization required for all other uses and disclosures:**

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For all other types of uses and disclosures not described in this Notice, Arc Herkimer 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. Written authorizations are always required for the sale of PHI and use and disclosure for marketing purposes, such as agency newsletters and press releases.

NOTE: If you cannot give permission due to an emergency, Arc Herkimer may release 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 information for the reasons stated in your authorization. We cannot, however, take back disclosures we made before you revoked, and we must retain information that indicated the services we have provided to you.

### **Changes to this Notice**

We reserve the right to change this Notice. We reserve the right to make changes to terms described in this notice and to make the new Notice terms effective to all information that Arc Herkimer maintains. We will post the new Notice with the effective date on our website at [www.archerkimer.org](http://www.archerkimer.org). In addition, we will offer you a copy of the revised Notice at your next schedule service planning meeting.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with:

*Jessica Barnes, Privacy Officer*

*Address: 350 South Washington Street, PO Box 271, Herkimer, NY 13350*

*Telephone: (315) 574-7000*

*Email: [jbarnes@archerkimer.org](mailto:jbarnes@archerkimer.org)*

Or you may contact:

US Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, SW. Room 509 F, HHH Building Washington, DC 20201

You may call them at (877) 696-6775 or write to the above addresses.

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

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