

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ THIS NOTICE CAREFULLY.

Coordinated Care Services, Inc. (CCSI) is responsible for a range of services related to system oversight and service monitoring and coordination on behalf of the Monroe County Office of Mental Health and other customers. Consistent with this important role, CCSI has adopted the following policies and procedures in order to protect the privacy of the people we serve.

Our Obligation to You

We at CCSI respect your privacy. This is part of our code of ethics. We are required by law to maintain the privacy of “protected health information” about you, to notify you of our legal duties and your legal rights, and to follow the privacy policies described in this notice. “Protected health information” means any information that we create or receive that identifies you and relates to your health or payment for services to you.

Use and Disclosure of Information about You

Use and disclosure for treatment, payment and health care operations.

We will disclose protected health information to health care providers as required to coordinate services for you. For example, as part of our work to oversee Monroe County’s Single Point of Access initiative, CCSI receives referrals for clients in need of housing or case management services. CCSI staff will work with area service providers, as appropriate, to secure needed services for these individuals.

We will use or disclose your protected health information as needed to arrange for payment of service to you. For example, as part of our work in administering the Youth and Family Partnership Program, CCSI will provide service utilization summary reports to the Monroe County Department of Social Services so that payment can be made as appropriate.

It may also be necessary to use or disclose protected health information for our health care operations or those of another organization that has a relationship with you. For example, we may disclose information to the Monroe County Office of Mental Health so that they can monitor performance against selected measures of care quality and coordination.

Our Policy

We will not ask your written permission to use or disclose your protected health information for the purpose of treatment, payment or health care operations.

Emergencies. If there is an emergency, we will disclose your protected health information as needed to enable people to care for you.

Disclosures to your family and friends. If you are an adult, you have the right to control the disclosure of information about you to any other person, including family members or friends. If you ask us to keep your information confidential, we will respect your wishes. But if you don’t object, we will share information with family members or friends involved in your care as needed to enable them to help you.

Disclosures to health oversight agencies. We are legally obligated to disclose protected health information to certain government agencies, including the federal Department of Health and Human Services.

Disclosures to child protection agencies. We will disclose protected health information as needed to comply with state law requiring reports of suspected incidents of child abuse or neglect.

Other disclosures without written permission. There are other circumstances in which we may be required by law to disclose protected health information without your permission. They include disclosures made:

- Pursuant to court order;
- To public health authorities;
- To law enforcement officials in some circumstances;
- To correctional institutions regarding inmates;
- To federal officials for lawful military or intelligence activities;
- To coroners, medical examiners and funeral directors;
- To researchers involved in approved research projects; and
- As otherwise required by law.

For disclosures related to Alcohol and Drug Treatment. We will follow the provisions of 42 CFR Part 2 governing disclosure of protected health information. Except for the circumstances described above, we will not disclose protected health information to a third party without your written permission or a court order. Any requests made by a third party directly to CCSI will be referred to the Privacy Officer at the provider agency or County responsible for providing your alcohol and drug treatment.

For disclosure of records containing HIV-related information

In the course of our work, CCSI may receive data containing AIDS/HIV related confidential information as defined in Section 2780(7) of the New York Public Health Law. We will follow the provisions of Section 2783 of the New York Public Health Law regarding disclosures of records containing AID/HIV related information.

Disclosures with your permission. No other disclosure of protected health information will be made unless you give written Authorization to the appropriate covered entity (health care provider) for the specific disclosure.

Your Legal Rights

Right to request confidential communications. You may request that communications to you be made in a confidential manner. We will make reasonable efforts to accommodate any such request.

Right to request restrictions on use and disclosure of your information. You have the right to request restrictions on our use of your protected health information for particular purposes, or our disclosure of that information to certain third parties. We are not obligated to agree to a requested restriction, but we will consider your request.

Right to review and copy record. You have the right to see records used to make decisions about you. CCSI will cooperate with our customers and stakeholders (including Monroe County providers and other County customers) in responding to requests by individuals who wish to exercise their rights under HIPAA. Any requests made directly to CCSI will be referred to the Privacy Officer of the responsible provider(s) or County. CCSI will follow the direction of the responsible provider agency (agencies) or County regarding individual requests for

information. CCSI will respond in a timely manner to all requests, as required by HIPAA and appropriate state regulations.

Right to "amend" record. If you believe your records contain an error, you should contact the Privacy Officer at the provider agency where you received services. Because any information CCSI may have received about you and your care comes from provider agencies, the request for correction should be made to that provider agency.

Right to an accounting. You have the right to an accounting of some disclosures of your protected health information to third parties. This does not include disclosures that you authorize, or disclosures that occur in the context of treatment, payment or health care operations. We will provide an accounting of other disclosures made in the preceding six years and after April 14, 2003. If requested by law enforcement authorities that are conducting a criminal investigation, we will suspend accounting of disclosures made to them.

Right to a paper copy of this Notice. You have the right to a paper copy of any Notice of Privacy Practices posted on our web site.

How to Exercise Your Rights

Questions about our policies and procedures, requests to exercise individual rights, and complaints should be directed to our Contact Person.

Our Contact Person is Anne Wilder, Director of Data Analysis and project Management. The Contact Person can be reached at 585-613-7657.

Personal representatives. A "personal representative" of an individual may act on their behalf in exercising their privacy rights. If an adult is incapable of acting on his or her own behalf, the personal representative would ordinarily be his or her spouse or another member of the immediate family. An individual can also grant another person the right to act as his or her personal representative in an advance directive or living will.

Personal representatives can also include the parent or legal guardian of a minor. In some cases, adolescents who are "mature minors" may make their own decisions about receiving treatment and disclosure of protected health information about them. Disclosure of protected health information to personal representatives may be limited in cases of domestic or child abuse.

Complaints

If you have any complaints or concerns about our privacy policies or practices, please submit a Complaint to our Contact Person. If you wish, the Contact Person will give you a form that you can use to submit a Complaint. You can also submit a complaint to the United States Department of Health and Human Services.

We will never retaliate against you for filing a complaint.

Effective Date

Our privacy policy was approved by the Executive Committee of our Board of Directors on April 2, 2003. It is effective as of April 14, 2003.