



Notice of Privacy Practices

This notice of privacy practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It describes how your patient health information (PHI) may be used and disclosed by Psychiatric Services of Central New York, P.C., and how you may access your individually identifiable health information.

PLEASE REVIEW THIS NOTICE CAREFULLY

A. PSCNY'S COMMITMENT TO PATIENT PRIVACY.

PSYCHIATRIC SERVICES OF CENTRAL NEW YORK is dedicated to maintaining the privacy of your protected health information (PHI) as required by HIPAA. In conducting our business, we will create records regarding you and the services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time of your care.

This Notice will provide you with the following important information:

- How we may use and disclose your PHI.
- Your privacy rights regarding your PHI.
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by PSCNY. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER AT (315) 792-7626.

C. YOUR PHI MAY BE USED AND DISCLOSED IN THE FOLLOWING WAYS.

1. Treatment. Our practice may use your PHI to treat you. For example, your doctor may ask you to have laboratory tests (such as blood or urine tests) to clear you for surgery and we will receive the results of the tests and notify your surgeon and the hospital of the results. Many of the people who work for PSCNY including, but not limited to, our nurses, clerical staff and technicians - may use or disclose your PHI in order to assist others in your treatment. Additionally, we may disclose your PHI to others who may participate in your care, such as medical specialists you may be referred to for treatment or pharmacists who provide your medications.

2. Payment. PSCNY may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding the diagnostic testing that has been ordered for you to determine if your insurer will cover, or pay for, your testing. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs. We may use your PHI to bill you directly for services.

3. Health Care Operations. PSCNY may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your PHI for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

4. Appointment Reminders. Our practice may use and disclose your PHI to contact you and confirm a scheduled appointment.

5. Release of Information to Family/Friend. Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a friend may drive you to and home from our laboratory draw station. If you need to return for additional blood draws, we may have to tell your driver. Therefore, some of your PHI may be shared.

6. Disclosures Required By Law. Our practice will use and disclose your PHI when we are required to do so by federal, state or local authorities.

D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES.

The following categories describe unique instances in which we may use or disclose your PHI:

1. Public Health Risks. PSCNY may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintenance of vital records, such as births and deaths.
- Mandatory reporting, such as child abuse or neglect.
- Preventing or controlling disease, injury or disability.
- Notification of a person regarding potential exposure to a communicable disease.
- Notification of a person regarding a potential risk for spreading or contracting a disease or condition.
- Notification of your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health Oversight Activities. PSCNY may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings. PSCNY may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute.

4. Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process.
- To identify/locate a suspect, material witness, fugitive or missing person.
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Deceased Patients. PSCNY may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Research. PSCNY may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your PHI is being used only for the research and (iii) the researcher will not remove any of your PHI from our practice.

7. Serious Threats to Health or Safety. PSCNY may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will make disclosures to a person or organization able to help prevent the threat.

8. National Security. PSCNY may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

9. Inmates. PSCNY may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

10. Workers' Compensation. PSCNY may release your PHI for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION.

You have the following rights regarding the PHI that we maintain about you:

1. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to our Privacy Officer, at the address on this notice, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request**; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the Information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to our Privacy Officer, at the address on this notice. Your request must describe in a clear and concise fashion:

- The information you wish restricted;
- Whether you are requesting to limit our practice's use, disclosure or both; and
- To whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to our Privacy Officer, at the address on this notice, in order to inspect and/or obtain a copy of your PHI. We may deny your request to inspect and/or copy your PHI in certain limited circumstances; however, you may request a review of our denial.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as PSCNY maintains the information. To request an amendment, your request must be made in writing and submitted to our Privacy Officer, at the address on this notice. You must provide us with a reason that supports your request for amendment. PSCNY will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the PHI is not available to amend the information.

5. Accounting of Disclosures. All patients utilizing our services have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine care in our practice is not required to be documented for "accounting of disclosures". For example, the laboratory sharing PHI with the doctor; or the billing department using your PHI to file your claim. To obtain an accounting of disclosures, you must submit your request in writing to our Privacy Officer, at the address on this notice. Requests for an "accounting of disclosures" must state a time period no longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. To obtain a paper copy of this notice, contact our Privacy Officer.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with PSCNY or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our Privacy Officer, at the address on this notice. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. Right to Provide an Authorization for Other Uses and Disclosures. PSCNY will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

Again, if you have any questions regarding this notice or our health Information privacy policies, please contact:

**Privacy Officer
Psychiatric Services of Central New York
502 Court Street , Suite 204, Utica, NY 13502**