



## NOTICE OF PRIVACY PRACTICES

As required by the Health Insurance Portability & Accountability Act of 1996 Effective April 14, 2003

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

This notice applies to all services at our facility. All staff may share medical information with each other for treatment, payment or health care operations as described in this notice.

### **WHO WILL FOLLOW THE TERMS OF THIS NOTICE**

- All health care professionals, employees, students, volunteers, and other personnel at Westfall Associates authorized to access your medical record;
- Other entities that provide health care services to you in a way that is integrated with our services at one or more of our facilities and their health care professionals, employees, students, volunteers and other personnel as authorized by your written permission.

### **OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION**

We are required by law to:

- Follow Title 42C Part 2 of the code of Federal Regulations (42 C.F.R.) governing confidentiality of Alcohol and Drug Abuse Patient Records.
- 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 this notice.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we may use and disclose your medical information:

**Treatment.** We may use your medical information to provide you with medical treatment or services. We may disclose your medical information to others who are involved in taking care of you and with others to coordinate your care with your written permission

**Payment.** With your written permission, we may use and disclose medical information so that services can be billed. For example, we may need to give your health plan information about services that you received so your health plan can pay us. We may also tell your health plan about a planned treatment to determine whether your plan will cover the treatment.

**Health Care Operations.** We may use and disclose medical information about you for health system operations. For example, we may use your information to review our treatment and services and continually assess the care and services we offer.

**Business Associates.** We may disclose your health information to contractors, agents and other associates who need information to assist us in carrying out our business operations. Our contracts with them require that they protect the privacy of your health information.

**Appointment Reminders.** In the course of providing treatment to you, we may use your health information to contact you (e.g., by phone, text, email ) with a reminder that you have an appointment for treatment or services.

**Individuals Involved in Your Care or Payment for Your Care.** With your knowledge and permission we may release medical information about you to a friend or family member who is involved in your care or payment for your care. During a disaster (e.g., a flood), medical information may be disclosed to assist with relief efforts.

**Research.** We may wish to use and disclose medical information about you for research purposes. In all cases we will ask for your written authorization.

**Incidental Disclosures.** Disclosures of your information may occur during or as an unavoidable result of otherwise permissible uses or disclosures of your health information. For example, during the course of your treatment, other patients in the area may see you while you are present in our care.

#### **IN SPECIAL SITUATIONS:**

**As Required By Law.** We may disclose medical information about you without your authorization when required to do so by Federal Law (42 C.F.R.) Part 2.

**Victims of Abuse or Neglect.** We may release your health information to a public health authority authorized to receive reports of abuse or neglect.

**Health Oversight Activities.** We may disclose your medical information to health oversight organizations authorized to conduct audits, investigations of our facilities.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your medical information, in response to a court order, or other lawful process.

**Law Enforcement.** We may release health information for law enforcement purposes if there are crimes on the premises.

**To Avert a Serious and Imminent Threat to Health or Safety.** We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public.

#### **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

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

- **Right to Inspect and Receive Copies.** You may ask to inspect and receive copies of medical information that may be used to make decisions about your care, including medical and billing records.

To inspect or receive copies of your medical information, submit your request in writing to the Privacy Compliance Committee. We may charge a fee for the costs of copying, mailing or other supplies associated with your request for copies and fees for sessions to review records.

We may deny your request to inspect or receive copies in certain limited circumstances. If your request is denied, you may ask that the denial be reviewed. The person conducting the review will not be the person who denied your request. You have additional rights to appeal a denial to the New York Department of Health.

- **Right to Amend.** If you feel your medical information is incorrect or incomplete, you may ask to amend the information for as long as the information is kept by the facility. Your request must be made in writing to Westfall's Quality Assurance Committee. You must also provide a reason that supports your request.

We may deny your request if the information:

- \* 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 us or for us;
- \* Is not part of the information that you would be permitted to inspect or receive copies;
- \* Is already accurate and complete.

If your request to amend your record is denied, you will have the right to have certain information related to your requested

amendment included in your records. These rights will be explained to you in the written denial notice.

- **Right to a Listing of Persons Receiving Your Medical Information.** You may request an “accounting of disclosures” of medical information released about you.

An accounting of disclosures does not include disclosures made:

- \* to you or your personal representative;
- \* with your written authorization;
- \* for treatment, payment or health care operations;
- \* to your family or friends involved in your care or payment for your care;
- \* incidental to permissible uses or disclosures.

To request this list, submit your request in writing to the Privacy Compliance Committee. 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 list you request within a twelve month period will be free. We may charge you for the costs of providing additional lists. We will notify you of the cost involved and you may withdraw or change your request before you are charged any fees.

- **Right to Request Restrictions.** You have the right to request a restriction on how we use or disclose your health information to treat your condition, collect payment for your treatment or for our health care operations. We are not required to agree to your request. If we do agree, we will fulfill your request unless the information is needed to provide you emergency treatment
- **Right to a Paper Copy of This Notice.** You will be given this copy of this notice of privacy rights once we have made a copy of your acceptance signature.

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We may 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. The current notice will be displayed and available to you.

**COMPLAINTS**

If you have concerns about your care please speak to Westfall’s Clinical Director (Sherry Nau, Ed.D, LCSW, 585-473-1500).

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a privacy-related complaint with us, you may call Westfall’s Privacy Officer. All complaints to the Department of Health and Human Services must be submitted in writing. You will not be penalized for filing a complaint.

**OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. However, we are unable to take back any disclosures we have already made with your permission. If you have any concerns about the uses of your medical information, please feel free to discuss the issues with any Westfall Associates staff person.

I have been given a copy of the above notice on:

_____	_____
<b>Date</b>	<b>Parent, if under 18</b>
_____	_____
<b>Print Name</b>	<b>Signature</b>