

ASSOCIATION FOR  
MENTAL HEALTH AND WELLNESS



*To Advocate. To Educate. To Empower. Together.*

**NOTICE OF PRIVACY PRACTICES**

Clubhouse of Suffolk d/b/a Association for Mental Health and Wellness (AMHAW), referred hereafter to “the Association” is a private, not-for-profit psychiatric rehabilitation agency that was founded in 1990 by members of the Suffolk chapter of the Alliance for the Mentally Ill (AMI). Our mission is:

*“To assist people who are affected by mental illness to lead healthy, productive, addiction-free, and socially-satisfying lives.”*

As a psychiatric rehabilitation agency, we promote recovery-oriented practice in Suffolk County through advocacy, community education, and direct services. In order to fulfill this mission we must maintain a commitment to ensure that all individuals who are involved in our services are treated with respect and that all information is treated with the utmost confidentiality and privacy. As such this notice is designed to inform you about the Association’s Privacy Practices. Our employees, staff and all office personnel follow these privacy practices.

We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties and privacy practices. This notice will describe how we may use and disclose information that is called “protected health information” (PHI). PHI is any information - oral, recorded, or demographic - that may identify you (i.e. name, address, diagnosis, photograph), or that may relate to your past, present or future physical, mental health or condition, and related health care services. We will also outline your rights and our obligations regarding the use and disclosure of that information.

The Association is required to abide by the terms of this Notice of Privacy Practices, which went into effect as of **April 14, 2003.**

We may change the terms of our notice, at any time. Any changes to this notice will be posted at the Association’s sites and will be available on our website:

**[www.mhaw.org](http://www.mhaw.org)**

**If you have any questions about this notice please contact:**

**The Association’s Privacy Officer**

**Paula Baumer**

**(631) 471-7242 X 1337**

**PERMITTED USES:**

**Treatment**

We may use protected health information about you to better serve your rehabilitation treatment and service needs. We may disclose this information in an attempt to coordinate or manage your care and any related services. This may include sharing information with other mental health or community providers to better assist you in achieving your personal goals. For example you may ask for some assistance with securing housing, organizing your benefits or perhaps finding new clinical resources. With your permission, we would share information in an attempt to assist you with securing the services you need. It is also important for you to be aware that at times your case record may be reviewed as part of an on-going process to ensure that the Association is providing quality service and care. Specific agency staff are assigned to review records as part of Quality Management and they may have access to your record in an attempt to verify that agency standards are being met and that we are in compliance.

Effective 4/14/2003

Revised July 2014

## **Payment**

The Association may disclose protected health information about you in order to obtain payment for health care services. For example, we may need to give your health plan information about a service, your diagnosis, your name/address, or type of treatment received in order to secure payment from your insurance. We may also need to 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.

## **For Health Care Operations**

We may use and disclose health information about you for agency operations. These uses and disclosures are necessary to run the agency and to make sure that you and other individuals involved with the Association receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also share PHI with our attorneys, consultants and others in order to ensure that the Association is in compliance with the laws that affect us.

## **The Association may use your Protected Health Information without written consent in the following circumstances:**

**The Association** may use PHI in an effort to notify you or remind you about an upcoming or scheduled **appointment for services**.

In an effort to provide you with the most comprehensive rehabilitation and case management services available, we may discuss with you possible rehabilitation or treatment options/alternatives or health-related products or services that may be of interest to you. We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.

In addition, we may use or disclose PHI about you **without** your permission in the following special situations.

- **Serious Threat to Health or Safety** We may use and disclose protected health information about you if it is necessary to prevent a serious threat to your health or safety or the health and safety of the public or another person.
- **Required By Law** We will disclose health information about you when required to do so by federal, state, or local law.
- **Workers' Compensation** We may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Matters** We may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may require the Association to report information about births, deaths, or suspected child/elder abuse or neglect.
- **Health Oversight Activities** We may disclose health information to individuals/agencies for the purpose of audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the Association and ensure compliance with government and civil rights laws.
- **Research** In the past, the Association has been involved in two formal research studies: the Smoking Cessation Project and Cognitive Remediation. There are currently no research projects being conducted. Any individual participating in a research project would give prior approval and consent. All research projects would first require approval from the Association's Board of Directors to ensure that it meets the mission and ethical standards of the agency and is in the best interest of the individuals we serve.
- **Military, Veterans, National Security** If you are or were a member of the armed forces, or as part of national security we may be asked by military or government authorities to release protected health information about you.

- **Law Enforcement /Lawsuits Court Services** We may release protected health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process, subject to all applicable legal requirements.
- **Victims of Abuse, Neglect, or Domestic Violence** The Association may notify the appropriate government authorities if we believe a client has been the victim of abuse, neglect, or domestic violence. We will only make such disclosure if you agree or when required or authorized by law.
- **Death/Organ Donation** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose your health information to people involved with obtaining, storing, or transplanting organs or tissue donations.
- **Emergencies** The Association may use or disclose your protected health information in an emergency situation. If an emergency occurs and treatment is given by law, your provider will notify you and attempt to get your authorization as soon as possible. In case of a disaster, we may be required to notify the appropriate disaster relief organizations or authorities or family/friends/care givers to keep them aware of your health status, condition, or location.
- **Family/Friends** The Association may disclose important health information about you to your family member,
- **Caregivers/Payment** Friend, caregiver, partner, relative, legal guardian, or foster parent. We would make every attempt to gain your permission prior to disclosing information, but may need to notify any of the above persons associated with your care in regards to your location, general condition, or death. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. You have the right to object to such disclosure at any point in your care/treatment with the Association, again unless there is an emergency.

## **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

Except for the above outlined areas, the Association would request your written **Authorization** to release protected health information (PHI). At any time during your rehabilitation treatment or care with the Association, you may revoke your **Authorization**, in writing. If you would like to withdraw your **Authorization**, please contact Paula Baumer who will provide you with the necessary paperwork to complete this withdrawal of authorization. Once completed, all written paperwork requests should be mailed to Paula Baumer, Privacy Officer, and Clinical Applications Administrator, at P.O. Box 373, Ronkonkoma, NY 11779.

### **Minimum Necessary Rule**

Under current law, health care providers using, disclosing or requesting PHI are required to use, disclose or request only the minimum necessary amount of information, in other words, the least amount of information required to achieve the purpose of the use, disclosure or request.

**YOUR RIGHTS** You have the following rights regarding health information we maintain about you:

### **Right to Inspect and Copy**

You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit your request in writing to the Association's Privacy Officer. If you request a copy of the information, the Association may charge a fee for the costs of copying, mailing or other associated supplies. We may also deny your request to inspect and/or copy your records in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. Please contact the Association's Privacy Officer, Paula Baumer if you have any questions about how to access your records.

### **Right to Make Changes**

If you believe the Association has health information about you that is incorrect or incomplete, you may ask the Association to make changes to correct the information. We ask that you contact the Association's Privacy Officer in writing and provide as much

detail as possible as to what information needs to be changed and why. We may deny your request if you ask us to amend information that the Association did not create, or if the Association believes the information is complete and accurate.

**Right to Accounting of Disclosures**

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of health care information about you. You will be entitled to receive an accounting of routine disclosures of PHI that is maintained in an electric health records system for the three year period prior to the date of the accounting request. To obtain this list, you must submit your request in writing to the Association's Privacy Officer. Please include time frames, which may not be longer than six years and may not include dates before April 14, 2003. The Association will review all requests individually and will comply with your request within 60 days, unless circumstances require additional time. The Association may charge a nominal fee for this list if a request is made more than one time annually. You will be notified of all charges prior to completion of your request.

**Right to Request Restrictions**

You have the right to restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations, rather than right to request restriction. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. We must comply with a member's request to restrict information if the information is to be sent to a health care plan for payment of health care operations purposes and disclosure relates to products of services that were paid solely out of pocket. You must submit your request in writing to the Association's Privacy Officer, Paula Baumer.

**We are Not Required to Agree to Your Request**

If we do agree to your request for restrictions, we will comply with your request unless the information is needed to provide you emergency treatment.

**Right to Request Confidential Communications**

You have the right to request that we communicate with you about the Association services in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. These requests must specify how or where you wish to be contacted. You do not need to give a reason for your request. All reasonable requests must be accommodated. You must submit your request in writing to the Association's Privacy Officer, Paula Baumer.

**Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy.

**Access to Information in Electronic Format**

You may request access to the information in an electronic format or may have the information transmitted electronically to a designated recipient. Any fee charged by the Association for the document production cannot exceed our labor costs.

**BREACH NOTIFICATIONS**

Breach means the acquisition, access, use or disclosure of protected health information in violation of the HIPAA privacy rule that compromises the security or the privacy of the PHI, protected health information. If a breach occurs and we determine that the breach poses significant harm to you, we will provide written notice to you as described below.

**Notice to the Individual**

Required notice will be sent without reasonable delay and in no case later than 60 days after the breach was discovered

The written notice will contain the following information:

1. A brief description of what happened, including the date of the breach if known, and the date of discovery.
2. The type of PHI involved.
3. Any precautionary steps the individual should take.
4. Description of what we are doing to investigate, mitigate and to prevent future breaches.
5. Contact information for us, including a toll-free number, email address, website, or postal address.

#### Notice to the Media and HHS

In the event that a breach affects more than 500 individuals, we must:

1. Notify prominent media outlets serving the state or jurisdiction.
2. We must provide notice to HHS at the same time notice is provided to the individual.

We must keep a log of breaches and submit the log to HHS within 60 days of the end of the calendar year.

#### Law Enforcement Delay

Following a breach, we may delay transmission of any of the required forms of notice if we are informed by a law enforcement official that such notice would impede a criminal investigation or cause damage to national security.

#### **PROHIBITION ON SALE OF ELECTRIC HEALTH RECORDS OR PHI**

The Association and our business associates will be prohibited from receiving direct or indirect remuneration in exchange for PHI, unless a valid HIPAA has been signed by the member, which includes such permission.

Exceptions to the authorization requirement include sale of PHI in connection with:

- Public health activities
- Research
- Treatment of the individual
- Sale, transfer, merger or consolidation of the covered entity
- Services provided by a business associate, pursuant to a business associate agreement
- Providing an individual with a copy of their PHI and
- Other purposes deemed necessary and appropriate by HHS.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services.

Office for Civil Rights  
United States Department of Health and Human Services  
36 Federal Plaza  
NY, NY 10278

You will not be penalized for filing a complaint. If you would like to file a complaint with us, please contact Paula Baumer, Privacy Officer, P.O. Box 373, Ronkonkoma, NY 11779. All complaints must be in writing.

***If you have any questions about this notice, please contact:***

***Paula Baumer, LMSW  
Privacy Officer  
Clinical Applications Administrator  
P.O. Box 373, 939 Johnson Avenue  
Ronkonkoma, NY 11779  
(631) 471-7242 X1337  
Fax (631) 471-5150  
pbaumer@mhaw.org***