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**Health Insurance Portability
&
Accountability Act
(HIPAA)
PRIVACY MANUAL**

CHARLES EVANS CENTER, INC.
Policy and Procedure Manual

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INTRODUCTION

The Health Insurance Portability and Accountability Act of 1996 and the Health Information Technology for Economic and Clinical Health Act, and their respective implementing regulations, are collectively referred to as “HIPAA” for purposes of this HIPAA Privacy Policies and Procedures Manual. HIPAA includes regulations ensuring the privacy and security of protected health information (PHI) and electronic Protected Health Information (ePHI) which will be used interchangeably throughout this document, as well as promoting administrative simplification of healthcare transactions, as promulgated by the U.S. Department of Health and Human Services. These regulations apply to “covered entities” and “business associates.” Covered entities include health plans, healthcare clearinghouses, and health care providers who transmit PHI electronically in connection with a transaction covered by HIPAA.

The Charles Evans Center, Inc. (CEC) is a covered entity which must comply with HIPAA. Certain divisions of CEC have been identified as health care providers, meaning they provide medical or health services and/or furnish, bill, or receive payment for health care in the normal course of business. Protection of PHI is of paramount importance to CEC. These Privacy Policies and Procedures are implemented as a matter of sound practice, to protect the interests of CEC clients/patients, and to fulfill the legal obligations imposed on CEC under the HIPAA Privacy Rule, which establishes the basic principle that an individual's medical information belongs to the individual and that, with certain exceptions, covered entities and business associates cannot use the information without permission from the individual. The CEC Privacy Policies and Procedures set boundaries on employee activities relating to PHI by detailing practices that are and are not allowed with respect to requests, uses and disclosures of PHI.

Each member of the CEC workforce and each business associate of CEC is obligated to follow these CEC Privacy Policies and Procedures. Failure to do so may result in disciplinary action, including termination of employment or affiliation with CEC. All privacy policies, forms, and related documents must be approved by the CEC Privacy Officer, the Executive Director and the Board of Directors.

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PRIVACY OFFICER DESIGNATION

POLICY:

The Charles Evans Center, Inc. (CEC) has designated a Privacy Officer responsible for the coordination and implementation of all privacy and confidentiality efforts within CEC. The Privacy Officer may have other job functions in addition to privacy responsibilities. Legal consultation on HIPAA will be provided by a designated Attorney.

PROCEDURES:

I. CEC Privacy Officer

- A. The HIPAA Privacy Rule requires CEC to designate a Privacy Officer who is responsible for:
1. The development and implementation of the policies and procedures required under the HIPAA Privacy Rule.
 2. Receiving and responding to complaints regarding the CEC HIPAA Privacy Policies and Procedures.
 3. Providing further information to persons about matters covered by the CEC Notice of Privacy Practices.
- B. The CEC Privacy Officer:
1. Shall oversee all activities related to the development, maintenance, and adherence to policies and procedures regarding the use and disclosure of PHI in accordance with state and federal laws and best business practices.
 2. Shall investigate and respond to privacy complaints and provide assistance to divisions regarding privacy matters when needed.
 3. Shall serve as the primary contact for privacy issues and concerns regarding the use and disclosure of PHI and individuals' rights regarding their own PHI.
 4. Shall be responsible for responding to patient requests for further information regarding the Notice of Privacy Practices.
 5. Shall address issues concerning the use and disclosure of PHI for CEC, including requests from individuals for access to and amendment of PHI; accountings of disclosures, restrictions; and confidential communications.
 6. May retain control of any and all privacy matters, or may delegate the above functions as necessary and appropriate.
- C. All privacy complaints shall be forwarded to the Privacy Officer for review and response.

II. Attorney for HIPAA

In addition to the Privacy Officer, an Attorney may be designated to provide legal consultation and support for CEC HIPAA-related issues. Such Attorney works with the Privacy Officer to investigate and respond to privacy complaints, breaches, or other issues with a potential legal impact on CEC. Such Attorney may review and approve HIPAA policies and procedures prior to implementation in conjunction with the Privacy Officer.

I. Citation

- 45 CFR §164.530 (a)(1)(ii) – Administrative requirements – Standard: Personnel designations

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NOTICE OF PRIVACY PRACTICES

POLICY:

Individuals have a right to adequate notice of the uses and disclosures of protected health information (PHI) and the legal duties of the Charles Evans Center, Inc. (CEC) with respect to such PHI. The HIPAA Privacy Rule requires that a valid Notice of Privacy Practices must contain a specified set of core elements. Therefore, all CEC employees must use the approved CEC Notice of Privacy Practices. CEC shall disclose PHI only in conformance with the contents of the Notice of Privacy Practices. CEC will promptly revise its Notice of Privacy Practices whenever there is a material change to the uses or disclosures of PHI, to the individuals' rights regarding their own PHI, to its legal duties, or to other privacy practices that render the statements in the Notice no longer accurate. CEC's Notice of Privacy Practices can be found in the attachment section of this manual.

PROCEDURES:

I. Individual Rights

The Notice must contain a statement of the individual's rights with respect to PHI and a brief description of how the individual may exercise these rights. The Notice must state the following rights:

- Right to request restrictions on certain uses and disclosures of PHI;
- Right to receive confidential PHI communications of PHI;
- Right to inspect, copy and request amendment of PHI;
- Right to receive an accounting of PHI disclosures;
- Right of an individual, including an individual who has agreed to receive the Notice electronically, to obtain a paper copy of the Notice upon request; and
- Right to be notified following breach of individual's unsecured PHI.

II. CEC Duties

The Notice must explain CEC's duties to protect PHI by including statements that:

- The law requires CEC to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices with respect to PHI;
- The law requires CEC to abide by the terms of the Notice currently in effect; and
- CEC reserves the right to change the terms of its notice and to make the new notice provisions effective for all PHI that it maintains (must describe how CEC will provide individuals with a revised Notice).

III. CEC will distribute its Notice of Privacy Practices as follows:

- A. Provide to any person who requests it.
- B. Provide to each individual having a direct treatment relationship with CEC by no later than the first service delivery, including service delivered electronically, after the Privacy compliance date of April 14, 2015.
- C. A revised Notice of Privacy will be provided at the next visit or contact with established patients and to all new patients.
- D. In emergency treatment situations, the Notice shall be provided to the individual as soon as reasonably practicable after the emergency treatment situation.
- E. Notices are made available at the physical service delivery site.

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- F. The Notice shall be posted in a clear and prominent location at the physical service site, as practicable.
- G. The Notice shall be prominently posted and made electronically available on any web site that CEC maintains that provides information about its customer services or benefits.
- H. CEC may provide the Notice to an individual by e-mail but only if the individual agrees to electronic notice in writing and such agreement has not been withdrawn.

IV. Obtain Written Acknowledgement of Receipt.

- A. Except in an emergency treatment situation, CEC shall make a good faith effort to obtain a written acknowledgment of receipt of the Notice.
- B. If such written acknowledgment is not obtained, CEC shall document the reason and any efforts made to obtain it.

V. Documentation

CEC shall retain copies of the signed Acknowledgment of Receipt of Notice of Privacy Practices or, if not signed, documentation of the good faith efforts made to obtain such written acknowledgment. Such documentation shall be retained for at least six years from the date it was created or from the date it was last in effect, whichever is later.

VI. Citations 45 CFR

- §164.502(i) – Uses and disclosures must be consistent with individuals’ right to notice
- §164.520(a)(1) - Individuals’ right to notice
- §164.520(b) - Contents of notice
- §164.520(c) - Deadlines for notice

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USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

POLICY:

Except as otherwise described herein, unless otherwise permitted by law, the Charles Evans Center, Inc. (CEC) must have proper, written authorization from the individual before using or disclosing an individual's protected health information (PHI). PHI may not be used or disclosed unless at least one of the following conditions is met:

1. The individual who is the subject of the information has authorized the use or disclosure.
2. The individual who is the subject of the information has received a copy of the CEC Notice of Privacy Practices and acknowledged receipt of the Notice; or has received the Notice but refusal to sign acknowledgement of receipt is documented. This is required to allow the use or disclosure and the use or disclosure is for treatment, payment, or health care operations.
3. The individual who is the subject of the information agrees or does not object to the disclosure and the disclosure is to persons involved in the health care of the individual.
4. The disclosure is to the individual who is the subject of the information or to HHS for compliance-related purposes.
5. The use or disclosure is for one of the HIPAA "public purposes" (i.e. required by law, etc.).

Upon verification that a person has been authorized to act as a personal representative of an individual, CEC shall treat the personal representative as the individual with respect to the use and disclosure of his/her protected health information (PHI) as well as individual rights under the HIPAA Privacy Rule, except as may be limited by relevant New York laws/regulations.

PROCEDURES:

I. Valid Authorization Form

A. CEC staff will use the approved CEC authorization forms applicable to that CEC program or service.

1. A valid authorization shall contain the following information:
 - a. A description of the PHI to be used or disclosed, that identifies the purpose of the information in a specific and meaningful fashion;
 - b. The name or other specific information about the person(s), classification of persons, or entity (i.e., CEC or specified CEC program) authorized to make the requested use or disclosure;
 - c. The name or other specific identification of the person(s), classification of persons, or entity to whom CEC may make the requested use or disclosure;
 - d. A description of each purpose of the use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose;
 - e. An expiration date or an expiration event that relates to the individual or to the purpose of the use or disclosure;
 - f. Signature of the client/patient, or of the client/patient's personal/legal representative (when applicable), and the date of signature; and
 - g. If the client/patient's personal/legal representative signs the authorization form instead of the client/patient, a description or explanation of the representative's authority to act for the individual, including a copy of the legal court document (if any) appointing the personal/legal representative, must also be provided.

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2. In addition to the core elements the authorization shall include statements that:
 - a. The client/patient has the right to revoke the authorization in writing at any time, how to revoke the authorization, and any exceptions to the client/patient's right to revoke the authorization;
 - b. Treatment, payment, enrollment or eligibility for benefits or services cannot be conditioned on obtaining the client/patient's authorization (with the exceptions as outlined in section X. of these procedures); and
 - c. The potential for the PHI to be re-disclosed by the recipient and thus, no longer protected under CEC policies and the HIPAA Privacy Rule.
3. The authorization must be written in plain language and a copy of the signed authorization shall be given to the client/patient.
4. CEC must document and retain each signed Authorization Form for a minimum of six years.
5. An authorization form that is signed by the individual's personal representative must state the personal representative's name and the relationship that gives the personal representative authority to act on the individual's behalf, in addition to the other information required.
6. Upon request, CEC must give the individual (or the personal representative) a copy of the signed authorization form.
7. A copy of the signed authorization form must be retained by CEC.

II. Defective Authorizations

An authorization is not valid if it has any of the following defects:

1. It is not signed or dated;
2. The expiration date or event on the form has passed;
3. It is not filled out completely;
4. It has been revoked;
5. It violates requirements regarding compound authorizations; or
6. It contains any material information known to be false.

III. Compound Authorizations

An authorization for use or disclosure of PHI may not be combined with any other document to create a compound authorization except as follows:

1. An authorization for use and disclosures of PHI created for research that includes consent to participate in such research.
2. An authorization for a use or disclosure of psychotherapy notes may only be combined with another authorization for a use or disclosure of psychotherapy notes; and

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3. An authorization, other than for psychotherapy notes, may be combined with another authorization except when a covered entity has conditioned the provision of treatment, payment, enrollment in the health plan, or eligibility for benefits on the provision of one of the authorizations.

IV. Psychotherapy Notes

An authorization is required for use and disclosure of psychotherapy notes except CEC may use psychotherapy notes without obtaining an individual's authorization to carry out its own treatment, payment, or operations as follows:

1. Use by the originator of the psychotherapy notes for treatment;
2. Use or disclosure by CEC's own training programs in which students, trainees, or practitioners in mental health learn under direct supervision to practice or improve their skills in group, joint, family, or individual counseling; and
3. Use or disclosure by CEC to defend a legal action or other proceedings brought by the individual.

V. Marketing

Marketing means to make a communication about a product or service that encourages recipients of the communication to purchase or use the product or service. Marketing does not include a communication made:

1. To provide refill reminders or otherwise communicate about a drug or biologic that is currently being prescribed for the individual, but only if any financial remuneration received by the covered entity in exchange for making the communication is not reasonably related to the covered entity's cost of making the communication.
2. For treatment of an individual by a health care provider, including case management or care coordination for the individual, or to direct or recommend alternative treatments, therapies, health care providers, or settings of care to the individual; except where the covered entity receives financial remuneration in exchange for making such communication.

Written authorization from the individual is required for a communication that meets the definition of marketing except in the following cases:

- A face-to-face communication made by CEC to individual; or
- A promotional gift of nominal value provided by CEC.

If the marketing involves financial remuneration to CEC from a third party, the individual's authorization must so state.

VI. Sale of PHI

CEC must obtain an authorization for any disclosure of PHI which is a sale of PHI. Such authorization must state that the disclosure will result in remuneration to CEC. Sale of PHI means:

- A disclosure of PHI by a covered entity or business associate, if applicable, where the covered entity or business associate directly or indirectly receives remuneration from or on behalf of the recipient of the PHI in exchange for the PHI.

Sale of PHI does not include a disclosure of PHI:

1. For public health purposes;

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2. For research purposes where the only remuneration received by the covered entity or business associate is a reasonable cost-based fee to cover the cost to prepare and transmit the PHI for such purposes;
3. For treatment and payment purposes;
4. For the sale, transfer, merger, or consolidation of all or part of the covered entity and for related due diligence as described in paragraph (6)(iv) of the definition of health care operations;
5. To or by a business associate for activities that the business associate undertakes on behalf of a covered entity, or on behalf of a business associate in the case of a subcontractor, and the only remuneration provided is by the covered entity to the business associate, or by the business associate to the subcontractor, if applicable, for the performance of such activities;
6. To an individual, when requested under § 164.524 or § 164.528;
7. Required by law as permitted under § 164.512(a); and
8. For any other purpose permitted by and in accordance with the applicable requirements of the Privacy Rule, where the only remuneration received by the covered entity or business associate is a reasonable, cost-based fee to cover the cost to prepare and transmit the PHI for such purpose or a fee otherwise expressly permitted by other law.

VII. Fundraising

Charles Evans Center, Inc.(CEC) may contact patients for fund-raising purposes but will restrict the use and disclosure of protected healthcare information (PHI) in its fund-raising efforts. CEC shall comply with the more restrictive laws, when applicable, and will therefore not release any information for fund-raising purposes without prior authorization from the individual. The HIPAA Privacy Rule indicates an authorization is required for fundraising purposes unless the following requirements are met. Without an authorization, CEC may use, or disclose PHI to a business associate or to an institutionally related foundation for the purpose of raising funds for its own benefit. The PHI that may be used or disclosed is limited to:

- Demographic information relating to an individual, including name, address, other contact information, age, gender, and date of birth;
- Dates of health care provided to an individual;
- Department of service information;
- Treating physician;
- Outcome information; and
- Health insurance status.

CEC may not use or disclose PHI for fundraising purposes unless the CEC Notice of Privacy Practices informs members that they may be contacted in such a manner.

With each fundraising communication made to an individual, CEC must provide the individual with a clear and conspicuous opportunity to elect not to receive any further fundraising communications. The method for an individual to elect not to receive further fundraising communications may not cause the individual to incur an undue burden or more than a nominal cost.

CEC may not condition treatment or payment on the individual's choice with respect to the receipt of fundraising communications.

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CEC may not make fundraising communications to an individual under this paragraph where the individual has elected not to receive such communications.

CEC may provide an individual who has elected not to receive further fundraising communications with a method to opt back in to receive such communications.

VIII. Authorization Is Not Required

An authorization is NOT required for uses and disclosures for the following purposes:

1. Treatment, including the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.
2. Payment, including activities undertaken to obtain or provide reimbursement for the provision of health care.
3. Health care operations, including quality assessments; certain health improvement and cost-reduction activities; case management, care coordination, communication of alternative treatments and related functions; certain credentialing and training activities; underwriting or premium rating for contract renewals; performance or arrangement of audits and legal services; various business planning and management activities; creation and provision of aggregate data for analysis; resolution of internal grievances, and certain corporate transactions, including the sale, transfer, merger or consolidation of all or part of a covered entity, to another covered entity, including due diligence.
4. Disclosures to another covered entity or to any health care provider for the payment activities of the entity that receives the information;
5. Disclosures to another covered entity, if both CEC and the other entity has/had a relationship with the individual, the PHI pertains to such relationship, and the disclosure is for the certain specified health care operations of the other entity health care or for health care fraud and abuse detection or compliance.
 - a. Disclosures for any health care operations activities pursuant to an organized health care arrangement;
 - b. Disclosures to the individual who is the subject of the information;
 - c. Disclosures to the personal representative of the subject individual;
 - d. Uses and disclosures of PHI permitted under the Rule that require an opportunity for the individual to agree or object, such as facility directories; and notifying family or friends and for involving family or friends in the individual's care;
 - e. Disclosures of PHI in a limited data set for purposes of research, public health, or health care operations;
 - f. Required disclosures to the Secretary of Health and Human Services for enforcement of the HIPAA Privacy Rule;

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- g. Uses and disclosures:
- Required by law;
 - For public health activities (for prevention or control of disease and for vital statistics; and to the Food and Drug Administration);
 - About victims of abuse, neglect or domestic violence;
 - For health oversight activities (licensure, audit, inspections);
 - For judicial and administrative proceedings (subpoena, discovery requests, or legal process);
 - For law enforcement purposes;
 - To coroners, medical examiners, and funeral directors regarding decedents;
 - For cadaveric organ, eye or tissue donation purposes;
 - For research purposes;
 - To avert a serious threat to health or safety;
 - For specialized government functions (military and veterans' activities, national security, intelligence activities); and
 - For workers' compensation.

IX. Incidental Uses or Disclosures of PHI

CEC may make the minimum necessary uses or disclosures of PHI that are incidental to an otherwise permitted or required use or disclosure of the PHI, as long as CEC has complied with all minimum necessary limitations applicable to the otherwise permitted or required use or disclosure; implemented appropriate administrative, physical, and technical safeguards to preserve the privacy of PHI from any intentional or unintentional improper use or disclosure; and implemented appropriate administrative, physical, and technical safeguards to limit incidental use or disclosure to reasonable levels.

X. Prohibition on Conditioning of Authorizations

CEC may not condition treatment, payment, enrollment in a health plan, or benefits eligibility on an individual providing it with an authorization except:

1. A health plan may condition an individual's enrollment or eligibility for benefits on the individual providing an authorization to enrollment in the plan, in certain conditions.
2. CEC may condition the provision of research-related treatment on provision of an authorization for the use or disclosure of PHI for such research.
3. CEC may condition the provision of health care that is solely for the purpose of creating PHI for disclosure to a third party on provision of an authorization for the disclosure of PHI to such third party.

XI. Revocation of an Authorization

An individual may revoke an Authorization at any time by providing written notice to the Privacy Officer or his/her designee. The individual's Authorization is no longer valid once CEC knows of the revocation, except to the extent that CEC has already taken action in reliance of the Authorization or to the extent the Authorization was obtained as a condition of obtaining insurance and other law provides the insurer the right to contest the policy or claim under the policy.

XII. Documentation

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CEC must retain any signed authorization or revocation. The documentation must be retained for at least six years from the date it was created or from the date it was last in effect, whichever is later.

XIII. Citations 45 CFR

- §164.506(a) - Discusses the standards for consents and how consents differ from authorizations
- §164.508(a) – Standard for requirements and exceptions for authorizations
- §164.508(b) – Implementation specifications for authorizations
- §164.508(c) – Core elements and requirements
- §164.508(d) – Specifications for an entity’s own uses and disclosure
- §164.508(e) – Specifications for an entity’s disclosure to others
- §164.508(f) – Specifications for research and treatment
- §164.520 – Requirements for plain English language
- §164.512 – Defines the uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required

BREACHES OF UNSECURED PROTECTED HEALTH INFORMATION

POLICY:

The Charles Evans Center, Inc. (CEC) establishes consistent guidelines regarding the handling of Breaches of Unsecured protected health information (PHI/ePHI), including notifications of affected individuals. A Breach of PHI response process has been implemented to provide Breach of Unsecured PHI notifications as required. The Privacy Officer is responsible for implementing and overseeing this policy and procedure. It is the policy of CEC to quickly identify Breaches of Unsecured PHI and to provide any required notifications within required timeframes.

PROCEDURES:

I. Breach of PHI Procedures

A *Breach* is the use or disclosure of unsecured protected health information (PHI) in a manner not permitted by HIPAA, unless a risk assessment demonstrates a low probability that the PHI was compromised.

Unsecured PHI is PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized persons through the use of a technology or methodology specified in guidance issued by HHS (U.S. Department of Health and Human Services).

- A. Upon discovery of a potential Breach, Privacy Officer begins an investigation to determine if a breach requiring notification has occurred. Such investigations shall address the following:
- *Was there a violation of the HIPAA privacy regulations?* If not, then the notice requirements do not apply.
 - *Was PHI involved?* If not, then the notice requirements do not apply.

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- *Was the PHI secured?* If yes, then the notice requirements do not apply.
 - *Was there unauthorized access, use, acquisition, or disclosure of PHI?* If not, then the notice requirements do not apply.
 - *Is there a low probability that the security or privacy of the PHI was compromised?* If there is only a low probability of compromise, based on a risk assessment of at least the following factors, then the notice requirements do not apply: (use the “Breach Risk Assessment Tool” to complete this assessment):
 - a. The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification;
 - b. The unauthorized person who used the PHI or to the Disclosure was made;
 - c. Whether the PHI was actually acquired or viewed; and
 - d. The extent to which the risk to the PHI has been mitigated.
- B. If a risk assessment is not completed, CEC must presume that the impermissible use or Disclosure of PHI rises to the level of a Breach of Unsecured PHI and is thus required to send notification(s), as outlined below.
- C. Privacy Officer shall document the Breach risk assessment and investigation, including any outcomes.

II. Discovery of Breach

A Breach of Unsecured PHI is treated as discovered as of the date that CEC, or an agent of CEC, discovers the Breach, or should have discovered the Breach by exercising appropriate diligence.

III. Business Associate Responsibilities

- A. A Business Associate (BA) of CEC that Accesses, creates, maintains, retains, modifies, records, stores, transmits, destroys, or otherwise holds, uses, or discloses Unsecured PHI shall notify CEC of a Breach without unreasonable delay and in no case later than 60 calendar days after discovery of the Breach.
- B. BA’s notice to CEC shall include:
- a. The identification of each individual whose Unsecured PHI was, or is reasonably believed by the BA to have been acquired, Accessed, used, or Disclosed in an unauthorized manner.
 - b. Any other available information that CEC is required to include in notification to the individual at the time of the notification or promptly thereafter as information becomes available (refer below).
- C. CEC will make any required notifications described below, unless otherwise agreed that BA will do so. CEC must document that notifications have been made.

IV. Breach Notifications

A. Timeliness.

- Upon determination that a Breach notification is required, the notice shall be made without unreasonable delay and in no case later than 60 calendar days after the discovery of the Breach.
- If a Law Enforcement Official informs CEC that a notification, notice, or posting would impede a criminal investigation or cause damage to national security, notification shall be delayed for the time period specified in writing by the official, or for up to 30 days if time period not specified in writing.

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- B. *Content of the Notice:* The notice shall be written in plain language and contain the following information:
- A brief description of what happened, including the date of the Breach and the date of the discovery of the Breach, if known.
 - A description of the types of Unsecured PHI involved in the Breach (such as whether full name, Social Security number, date of birth, home address, account number, diagnosis, disability code or other types of information were involved).
 - Any steps the individual should take to protect themselves from potential harm resulting from the Breach.
 - A brief description of what CEC is doing to investigate the Breach, to mitigate harm to individuals, and to protect against further Breaches.
 - Contact procedures for individuals to ask questions or learn additional information, which includes a toll-free telephone number, an e-mail address, Web site, or postal address.
- C. *Methods of Notification:* The method of notification depends on the individuals or entities to be notified, as follows:
- Notifications to Individual(s). Utilize the Sample Breach Notification Letter to Individuals and provide them in the following form:
 - i. Written notification by first-class mail to the individual at his/her last known address or, if the individual agrees to electronic notice and such agreement has not been withdrawn, by secure electronic mail.
 - The notification may be provided in one or more mailings as more information becomes available.
 - If CEC knows the individual is deceased and has the address of the next of kin or personal representative of the individual, written notification by first-class mail to the next of kin or person representative.
 - ii. Substitute Notice: When there is insufficient or out-of- date contact information (including an address, phone number, email address, etc.) that prevents direct written or electronic notification, a substitute form of notice reasonably calculated to reach the individual is provided. A substitute notice does not need to be provided when there is insufficient or out-of-date contact information that prevents written notification to the individual and next of kin or personal representative.
 - When there is insufficient or out-of-date contact information for fewer than 10 individuals, then the substitute notice may be provided by an alternative form of written notice, telephone, or other means.
 - When there is insufficient or out-of-date contact information for 10 or more individuals, then the substitute notice is in the form of either a conspicuous posting for a period of 90 days on CEC' website home page, or a conspicuous notice in a major print or broadcast media in CEC' geographic areas where the individuals affected by the Breach likely reside. Include a toll-free number in the notice that remains active for at least 90 days where an individual can learn whether his or her PHI may be included in the Breach. This substitute notice must be provided as soon as reasonably possible and in no case later than 60 calendar days from discovery of the breach.

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iii. If the notification requires urgency because of possible imminent misuse of Unsecured PHI, notification may be provided by telephone or other means, as appropriate in addition to the methods noted above.

▪ Notifications to the Media:

- i. Notifications must be provided to prominent media outlets serving the state and regional area (of the breached individuals) when the Breach of Unsecured PHI affects more than 500 of the individuals of a State or jurisdiction. What constitutes a prominent media outlet may differ depending upon the State or jurisdiction where the affected individuals reside and must be determined on a case by case basis.
- ii. The notification is provided in the form of a press release to the media by the individual stated in the above Working with the Media procedures, utilizing the Sample Notification Letter to the Media.
- iii. Individual identifiers are not included in these notifications as they are publicly available.

▪ Notifications to the Secretary of the U.S. Dept. of Health and Human Services:

- a. Notifications of Breaches must be provided to the Secretary of the U.S. Dept. of Health and Human Services as follows:
 - i. For Breaches involving 500 or more individuals, the Secretary of the U.S. Dept. of Health and Human Services is notified as instructed at www.hhs.gov at the same time notice is made to the individuals.
 - ii. For Breaches involving less than 500 individuals, such Breaches are entered in the Breach Notification Log and submitted during the calendar year or no later than 60 days after the end of that calendar year in which the Breaches were discovered (e.g., 2016 Breaches submitted by 3/1/2017). Instructions for submitting the logged Breaches are provided at www.hhs.gov.
 - iii. Individual identifiers are not included in these notifications as the information may be made publicly available.

V. Investigation Procedures

Privacy Officer promptly facilitates a thorough investigation of all reported Breaches, and documents the investigation actions taken.

- A. Investigation assistance may be requested from Workforce members and other system users.
- B. Workforce members must cooperate with incident response investigations and resolutions and provide factual information.

Privacy Officer works to prevent recurrence of Breaches whenever possible and feasible. Actions taken may include, but are not limited to, revising policies and procedures, providing training to workforce members and system users, changing/reducing access levels to PHI, requiring the return or destruction of PHI, and improving technical security controls.

VI. Working with News Media

Refer all contact with news media related to any actual or potential Breach of PHI to the Administrator who serves as the media liaison between CEC and the news media.

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- a. Releases to news media shall not include any PHI unless proper written authorization from patient(s) to release such PHI has been received.
- b. Contact legal counsel if unsure if there are legal issues before communicating with news media.

VII. Document Retention

CEC maintains all documentation, related to the following, in a secure location for a period of six years after the conclusion of the investigation:

- All documentation related to Breach of Unsecured PHI investigations, including the risk assessment and notifications made. Note: CEC has the burden of proof for demonstrating that all notifications were made or that an Access, acquisition, use, or Disclosure did not constitute a Breach, as well as evidence demonstrating the necessity of a delay authorized by Law Enforcement (when applicable).

VIII. Violations and Non-Retaliation

- A. Violation of this policy and procedure by Workforce members may result in corrective disciplinary action, up to and including termination of employment. Violation of this policy and procedure by others, including system users, providers, providers' offices, business associates or partners may result in termination of the relationship and/or associated privileges. Violation may also result in civil and criminal penalties as determined by federal and state laws and regulations.
- B. All Workforce members and other users are required to report suspected breaches of unsecured PHI to CEC. Individuals reporting violations in good faith shall not be subjected to intimidation, threats, coercion, discrimination against, or any other retaliatory action as a consequence.

IV. Citations

- Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules under the Health Information Technology for Economic and Clinical Health Act (Final Omnibus Rule)
- 45 CFR § 164.400 through 414 – Breach Notification Rules
- FTC Breach Notification Rules - 16 CFR Part 318
- 45 CFR Parts 160 and 164 – HIPAA Privacy and Security Rules
- 45 CFR § 164.308(a)(1)(ii)(C) HIPAA Security Rule – Sanction Policy

DESIGNATED RECORD SETS

POLICY:

The Charles Evans Center, Inc. (CEC) must identify, define and document the Designated Record Sets that are subject to access by individuals. Access to the designated records set must be managed and controlled whether they are in the possession of CEC or in the possession of CEC' business associates.

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CEC must document the titles of the persons or offices responsible for receiving and processing requests for access by individuals.

PROCEDURES:

I. Definitions

Designated Record Set is a group of records maintained by or for CEC that include:

- The medical records and billing records about individuals maintained by or for a covered health care provider; or
- Any information used, in whole or in part, by or for the covered entity to make decisions about individuals.

Two categories of information are expressly excluded from the right of access:

- Psychotherapy notes, which are the personal notes of a mental health care provider documenting or analyzing the contents of a counseling session, that are maintained separate from the rest of the patient's medical record. See 45 CFR 164.524(a)(1)(i) and 164.501.
- Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. See 45 CFR 164.524(a)(1)(ii).

However, the underlying PHI from the individual's medical or payment records or other records used to generate the above types of excluded records or information remains part of the designated record set and subject to access by the individual.

Record: For purposes of this policy, record includes all PHI that is maintained, collected, used, or disseminated by or for CEC.

II. Access to the Designated Record Sets

An individual may have access to and request amendment of PHI that CEC maintains in its designated record sets. Each CEC department will establish appropriate procedures for accommodating an individual's access to the CEC Designated Record Sets.

- A. All documentation meeting the definition of CEC Designated Record Sets must be available to the individual upon request.
- B. The CEC Privacy Officer, with the assistance of IS and each of CEC' departments, will be responsible for maintaining an inventory of PHI repositories that comprise the CEC Designated Record Sets.
- C. Each department will designate personnel or positions responsible for the department's compliance with requests for access to, amendment of and disclosure accounting for individual's PHI in the department's designated record sets.
- D. Upon direction of the CEC Privacy Officer, the designated personnel of each department will ensure that their department's designated record sets are thoroughly searched to retrieve PHI to which access or amendment has been requested. See the CEC Privacy Policies on Access and Amendment of PHI.

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IV. Citations 45 CFR

- §164.524 – Access of individuals to PHI
- §164.501 – Definitions (Designated record set)

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RIGHT TO ACCESS PROTECTED HEALTH INFORMATION

POLICY:

An individual has the right to access, inspect, and/or copy his/her protected health information (PHI) in the designated record set of the Charles Evans Center, Inc. (CEC), for as long as the PHI is maintained in compliance with the CEC records retention policy. Exceptions to this general rule are provided herein. PHI is individually identifiable health information maintained in or transmitted by electronic media or transmitted or maintained in another form or medium. The definition does not include employment records.

Designated Record Set includes, at a minimum, the medical and billing records about individuals maintained by or for CEC or any other records used in whole or in part to make decisions about individuals.

PROCEDURES:

III. Access Requests

CEC in in compliance with ONC Cures Act Final Rule with our Electronic Medical Record Patient Portals individuals have access to clinical notes and test results. If the individual is unable to access the portal requests should be made in writing, using the "Access to Records Request Form." The form may be filled out by the individual or with assistance from a staff member.

IV. Response to Request for Access

CEC must either grant or deny the request within thirty (30) days of receipt of the request. One thirty (30) day extension is permitted if CEC provides the individual with a written statement of the reason(s) for the delay and the date by which the access request will be processed.

V. Access is Granted

- A. The individual may choose to inspect the PHI, copy it, or both, in the form or format requested (including an electronic format). If the PHI is not readily producible in the requested form or format, CEC must provide the individual with a readable hard copy record, or other form as agreed to by CEC and the individual.
- B. The individual and CEC will arrange a mutually convenient time and place for the individual to inspect and/or obtain a copy of the requested PHI. Inspection and/or copying will be carried out with CEC staff assistance.
- C. CEC may charge a reasonable fee for the production of copies.
- D. No fee will be charged for the copy of medical records for use in supporting an application or appeal for:
 - 1. Assistance for children
 - 2. Medical Assistance program (Medicaid)
 - 3. Title II, XVI, or XVII of the federal Social Security Act.
 - 4. A fee may be charged when these records are requested by a state or federal agency.

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- E. If, upon inspection of the PHI, the individual feels it is inaccurate or incomplete, the individual has a right to request an amendment according to the procedures described in the Policy concerning amendments to PHI.

V. Denial of Access

If access to PHI is denied, in whole or in part, the Privacy Officer or his/her designee will provide a timely, written denial to the individual in plain language that must contain:

- A. The basis for the denial;
- B. If applicable, a statement of the individual's review rights; and
- C. A description of how the individual may complain to the Privacy Officer or to the Secretary of U.S. Department of Health and Human Services. The description must include the name, title, and telephone number of the Privacy Officer.
- D. If access is denied because CEC does not maintain the PHI that is the subject of the individual's request for access, and CEC knows where the requested information is maintained, then CEC must inform the individual where to direct the request for access.
- E. CEC must, to the extent possible, give the individual access to any other PHI requested after excluding the PHI as to which CEC has grounds to deny access.

VI. Denial Not Subject to Review

CEC may deny an individual access to his/her PHI without providing the individual an opportunity for review in the following circumstances:

- A. Psychotherapy notes;
- B. Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
- C. PHI that is prohibited from access by the Clinical Laboratory Improvements Amendments of 1988;
- D. Inmates may be denied a copy of their PHI if providing such copy would jeopardize health, safety, or security (this applies only to copies, not access);
- E. The individual, when consenting to participate in research that includes treatment, agreed to temporary denial of access to PHI created or obtained by the health care provider in the course of research and the research has not yet been suspended;
- F. The records are subject to the Privacy Act of 1974, 5 U.S.C. §552a, and the denial of access meets the requirement of that Act; or
- G. The PHI was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

VII. Denial Subject to Review

CEC may also deny an individual access based on the grounds stated below, provided that the individual is given a right to have such denial reviewed in the following circumstances.

- A. A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;

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- B. The PHI makes reference to another person who is not a health care provider and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person.

VIII. Review of an Access Denial

- A. If access is denied on a reviewable ground, the individual has the right to have the denial reviewed by a licensed health care professional who is designated by CEC to act as a reviewing official and who did not participate in the original decision to deny access.
- B. The individual must request the review in writing.
- C. CEC will promptly provide the individual with a copy of the health care professional's written determination.
- D. CEC will provide or deny access in accordance with the determination of the reviewing official.

IX. Documentation

CEC must document the identity of the designated record sets; the identity of the staff responsible for receiving and processing requests for access to PHI; and any communications requesting access, denial of access, and results of any review by an outside professional. Such documentation shall be retained for at least six years from the date it was created or from the date it was last in effect, whichever is later.

X. Citation

- 45 CFR §164.524 – Access of individuals to PHI

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RIGHT TO REQUEST AMENDMENT OF PROTECTED HEALTH INFORMATION

POLICY:

An individual has the right to request that his/her protected health information (PHI) be amended if he/she feels that the information is incomplete or inaccurate. This right lasts for as long as that information is maintained by the Charles Evans Center, Inc. (CEC) in the designated record set. Exceptions to this general policy are provided below.

PROCEDURES:

I. Requests to Amend/Correct PHI

All requests to amend or correct PHI must be submitted in writing using the "Amendment of Health Record Request Form." The request must clearly identify the information to be amended or corrected, as well as the reason(s) for the amendment/correction. The form may be filled out by the individual or with the assistance of a staff member.

II. Response to Request for Amendment

The Privacy Officer or his/her designee will act on the individual's request for an amendment no later than sixty (60) days after receipt of such request. CEC may have a one-time extension of thirty (30) days for processing the amendment if the individual is given a written statement of the reason for the delay and the date by which the amendment request will be processed.

III. Amendment Request Approvals

If CEC accepts the requested amendment, in whole or in part, it must comply with the following requirements:

- A. Make the Amendment. CEC must make the appropriate amendment to the PHI or record that is the subject of the request for amendment or provide a link to the location of the amendment.
 1. Previous information cannot be deleted. Create alert or flag that identifies an amendment has been made and the part of the record amendment.
- B. Inform the Individual. CEC must timely inform the individual that the amendment is accepted and obtain the individual's identification of, and agreement to, having CEC notify the relevant persons with whom the amendment needs to be shared as set forth below.
- C. Inform Others. CEC must make reasonable efforts to inform and provide the amendment within a reasonable time to:
 1. Persons identified by the individual as having received PHI about the individual and needing the amendment: and
 2. Persons, including business associates, that CEC knows have the PHI that is the subject of the amendment and who may have relied, or could foreseeably rely, on such information to the detriment of the individual.

III. Amendment Request Denials

CEC may deny an individual's request for amendment, if it determines that the PHI or record that is the subject of the request:

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- A. Was not created by CEC, unless the individual provides a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment;
- B. Is for information that is not part of the designated record set;
- C. Is not accessible to the individual because federal and state law do not permit it (if CEC is permitted to deny the individual's request to inspect PHI, it would also be permitted to deny a request to amend the PHI); or
- D. The determination by CEC is that the record is already accurate and complete.

VI. Denial Requirements

- A. If CEC denies the requested amendment, in whole or in part, CEC must provide the individual with a timely, written denial in plain language that contains the following:
 - 1. The basis for the denial;
 - 2. The individual's right to submit a written statement disagreeing with the denial and how the individual may file such a statement;
 - 3. A statement that, if the individual does not submit a statement of disagreement, the individual may request that CEC provide the individual's request for amendment and the denial with any future disclosures of the PHI that is the subject of the amendment;
 - 4. A description of how the individual may complain to the Privacy Officer pursuant to the complaint procedures or to the Secretary of the U.S. Department of Health and Human Services; and
 - 5. The name or title, and telephone number of the CEC contact who is designated to receive complaints.
- B. Statement of Disagreement. CEC must permit the individual to submit a written statement disagreeing with the denial of all or part of a requested amendment and the basis of such disagreement.
- C. Rebuttal Statement. CEC may prepare a written rebuttal to the individual's statement of disagreement. Whenever such a rebuttal is prepared, CEC must provide a copy to the individual who submitted the statement of disagreement.
- D. If a statement of disagreement has been submitted by the individual, CEC must include the material appended, or an accurate summary of such information, with any subsequent disclosure of the PHI to which the disagreement relates.
- E. If the individual has not submitted a written statement of disagreement, CEC must include the individual's request for amendment and its denial, or an accurate summary of such information, with any subsequent disclosure of the PHI only if the individual has requested such action.
- F. CEC must, as appropriate, identify the record or PHI in the designated record set that is the subject of any disputed amendment and append or otherwise link the individual's request for an amendment,

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CEC's denial of the request, the individual's statement of disagreement, if any, and CEC's rebuttal, if any, to the designated record set.

- G. When a subsequent disclosure described above is made using a standard transaction that does not permit the additional material to be included, CEC must separately transmit the material required to the recipient of the standard transaction.

VII. Amendments and Business Associates

- A. CEC will determine each business associate that has the PHI subject to the amendment and who may have relied or may foreseeably rely on the unamended information to the individual's detriment.
- B. CEC will obtain all authorizations from the individual needed to notify these persons or entities, as well as each person and entity that the individual identifies as needing notification.

VII. Receipt of Amendment Notice

CEC must amend PHI or records in its designated record sets on receipt of notice from another covered entity that the information has been amended. CEC will coordinate amendment of PHI or records in its designated record sets upon receipt of such notice.

VIII. Documentation

CEC must document the identity of the staff responsible for receiving and processing requests for amendments and any communications requesting, granting, or denying the amendment. Such documentation shall be retained by CEC for at least six years from the date it was created or from the date it was last in effect, whichever is later.

IV. Citations 45 CFR

- §164.526 – Amendment of PHI
- §164.524(a)(2)&(3) – Unreviewable and reviewable grounds for denial

RIGHT TO AN ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

POLICY

The Charles Evans Center, Inc. (CEC) will keep an accounting of disclosures it makes of patient protected health information (PHI) as required by the HIPAA Privacy Rule. Some disclosures do not need to be tracked. Individuals have the right to an accounting of the disclosures made of their PHI within the six years prior to their request. Exceptions to this general policy are provided below.

PROCEDURES:

I. Requests for an Accounting of Disclosures

All requests for an accounting of disclosures of PHI must be submitted in writing using the "Accounting of Disclosures Request Form." The form should be forwarded to the Privacy Officer or his/her designee for response.

Individuals may request an accounting of disclosures for a period of up to six years prior to the date of the request. An individual may request an accounting for a shorter period of time. An individual is allowed to request free of charge one accounting with a 12-month period. A reasonable fee can be charged for more frequent accounting requests.

II. Response to Request for Accounting

CEC will respond to the request for an accounting of disclosures within 60 days of the request. If CEC cannot honor an accounting of disclosures within the 60-day period, it must provide information to the requestor as to the reason for the delay and expected completion date. Only one extension of up to thirty (30) days is permitted per request.

CEC will notify the individual of any charges associated with the accounting to ensure that the individual still wants the accounting; coordinate gathering and preparing the disclosure accounting; direct as needed other divisions and business associates to provide disclosure accounting information; and notify the individual when the accounting is ready, requesting payment if charges are due, but otherwise transmitting the disclosure accounting to the individual.

III. Tracking of Disclosures

The following information shall be documented:

- A. Date the disclosure was made;
- B. Name of entity or individual the disclosure was made to and their address if known;
- C. Description of the information disclosed, or, in the alternative, a copy of the authorization form or a request which yielded the disclosure;
- D. Purpose of disclosure; and
- E. Identity of staff disclosing the information.

IV. Exclusions for Disclosure Accounting

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CEC is not required to account for and track disclosures made:

- A. Prior to April 14, 2003;
- B. To the individual patient (or the individual's personal representative);
- C. To carry out treatment, payment, or health care operations;
- D. Pursuant to a valid authorization;
- E. To or for notification of persons involved in an individual's care of the individual's location, general condition, or death;
- F. For national security or intelligence purposes;
- G. To correctional institutions or law enforcement officials regarding inmates;
- H. For facilities' directories;
- I. Incidental uses or disclosures.

V. Disclosures Subject to Accounting

CEC must track and account for disclosures made:

- A. As required by law;
- B. For public health activities;
- C. About victims of abuse, neglect, or domestic violence;
- D. For health oversight activities;
- E. For organ, eye, or tissue donation purposes;
- F. For judicial or administrative proceedings;
- G. For law enforcement purposes;
- H. For research purposes;
- I. For workers' compensation purposes;
- J. To prevent a serious threat to health or safety;
- K. To coroners, medical examiners, or funeral directors;
- L. For specialized government functions; and
- M. To the Food & Drug Administration.

VI. Exceptions for Law Enforcement or Health Oversight Investigations

A temporary suspension of the patient's right to an accounting of disclosures is allowed for health oversight agencies or law enforcement officials contingent on the submission to CEC of a statement that indicates that an accounting of disclosure will impede an investigation that involves the individual in question. The statement should include a time frame for the exclusion period. The statement may be oral, but in that case the temporary suspension is limited to 30 days unless appropriate written documentation is submitted within 30 days. Although the accounting of disclosure is not being released during this period, CEC should continue tracking and storing the information for future release.

VII. Documentation

The individual's submitted Accounting of Disclosures Request Form, documentation of disclosures in the patient record or on a disclosure tracking log, and any other documents generated in response to an accounting must be maintained by CEC for a period of at least six years from the date it was created or from the date it was last in effect, whichever is later.

VIII. Citations 45 CFR

- §164.508 – Uses and Disclosures for which Authorization is required

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- §164.512 – Uses and Disclosures for Which Consent, an Opportunity to Agree or Object is Not Required
- §164.528 – Accounting of Disclosures of PHI
- §164.530 (j) – Documentation Requirements

RIGHT TO REQUEST RESTRICTIONS ON USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

POLICY:

An individual has the right to request the Charles Evans Center, Inc. (CEC) to restrict uses and disclosures of such individual's protected health information (PHI) when carrying out treatment, payment, or health care operations. However, CEC is not required to agree to the individual's request for restrictions.

PROCEDURES:

I. Restriction Request

Where possible, all requests for restrictions shall be submitted in writing on the "Restriction of Use and Disclosures Request Form." The request must include: a description of the information to be limited; whether the request is to limit the use, disclosure, or both; and to whom the limitation should apply.

II. Restriction Response

All requests should be forwarded to the Privacy Officer for determination and response. CEC will notify the individual in writing whether or not the request will be granted.

III. Granting a Restriction

If a restriction is granted, CEC will notify the management of each affected department and those business associates who are affected by the agreement. Affected management and business associates must ensure that their workforce members are informed of the restrictions and implement procedures to prevent any use or disclosure contrary to an agreement to these restrictions.

IV. Medical Emergencies

CEC may use restricted PHI or disclose it to a health care provider, notwithstanding a restriction agreement, when the information is needed for treatment of an individual in a medical emergency. In the event that a CEC employee uses or discloses the restricted PHI in a medical emergency situation:

- A. Staff must document justification for the determination, whether it resulted in withholding, using, or disclosing the restricted PHI.
- B. Staff must request the other parties involved not to further use or disclose the restricted information and document this request.

V. Termination of Restriction Agreements

CEC may terminate an agreement restricting use or disclosure of PHI with the concurrence of the individual or unilaterally by written notice of termination to the individual. Unilateral termination is only

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effective with respect to protected health information created or received after the individual has been informed of the unilateral termination of the restriction.

VI. Documentation

CEC must document any agreed upon restriction, any notice to business associates or others, and any written or oral agreement to terminate a restriction for at least six years from the earlier of (1) the date it was created or (2) the date when it was last in effect.

VII. Citations

45 CFR §164.522(a) – Rights to request privacy protection for protected health information – Standard: right of an individual to request restriction of uses and disclosures.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS OF PROTECTED HEALTH INFORMATION

POLICY:

An individual may request to receive confidential communications of protected health information (PHI) from the Charles Evans Center, Inc. (CEC) either at an alternative location or by alternative means. For example, an individual may request to receive all written communications from CEC at a work address rather than a home address. CEC will accommodate reasonable requests.

PROCEDURES:

I. Requests for Confidential Communication

All requests shall be made in writing using the “Confidential Communication Request Form.” The request shall clearly state the alternative method of contact requested.

II. Response to Request

A request will be granted provided it is reasonable. Reasonableness will be based upon the administrative difficulty with complying with the request. CEC shall respond to the request in writing. If the request is granted, CEC shall notify all affected departments and business associates in writing of any decision to accommodate.

III. Accommodation

Each division will establish a procedure so all employees who are engaging in communications with the individual can accommodate a request that has been granted.

IV. Documentation

CEC shall retain all documentation concerning a request defined herein for at least six years from the earlier of: (1) the date it was created or; (2) the date when it was last in effect.

V. Citations 45 CFR

- §164.522(b) Rights to protect privacy protection for PHI.
- §164.502(h) Uses and disclosures of PHI.

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BUSINESS ASSOCIATES

POLICY:

A business associate is an individual or entity that provides a service, performs a function, or performs an activity on behalf of the Charles Evans Center, Inc. (CEC) that involves the creation, use, or disclosure of protected health information (PHI). Business Associates do not include members of the CEC workforce. CEC may disclose protected health information (PHI) to a business associate provided a business associate agreement (BAA) exists, or if the BAA requirement has been extended. Example of CEC's Business Associate Agreement can be found in as an attachment in this manual.

PROCEDURES:

I. Business Associate Agreements

- A. CEC will inventory all outside business and service vendors to determine whether they are business associates.
- B. Business Associate Agreements will be obtained for all identified Business Associates.
- C. The business associate must provide in writing satisfactory assurances that it will appropriately safeguard the information it receives, uses, or discloses in carrying out the specified functions or activities. The satisfactory assurances obtained from the business associate shall be in the form of a written BAA that contains the elements specified in the HIPAA Privacy Rule.

II. Disclosure of PHI

CEC may not disclose PHI to a business associate, or permit a business associate to use, create or receive PHI on behalf of CEC, unless the agreement or other arrangement between CEC and the business associate meets the requirements of the Privacy Rule as determined by the Privacy Officer. The Privacy Officer created and maintains the CEC BAA, which is a model agreement containing all of the provisions required to be in a BAA under the Privacy Rule, the Security Rule, and any other applicable law or regulation.

Requests from outside entities for CEC to release PHI must be approved by the CEC Privacy Officer, unless a BAA between CEC and a business associate has already been established. The Privacy Officer will determine whether the sharing of PHI with the entity is required and whether a BAA with the entity is appropriate. If appropriate, the Privacy Officer will work with the entity to establish a signed BAA and notify the entity of the approval to release PHI. If not appropriate, then CEC will not share any PHI with the entity.

III. Business Associate

- A. CEC responsibilities regarding Business Associates:
 - i. If CEC knows of a material breach or violation by the business associate of the contract or agreement, then CEC is required to take reasonable steps to cure the breach or end the violation and, if such steps are unsuccessful, to terminate the contract or arrangement. If

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termination of the contract or arrangement is not feasible, then CEC is required to report the problem to the Secretary of Health and Human Services.

- ii. Employees shall immediately notify the Privacy Officer if become aware that a business associate of CEC may have breached or violated its BAA.

B. Minimum Necessary Standard:

The HIPAA Privacy Rule require covered entities to obligate their business associates to comply with the minimum necessary standard.

IV. CEC as Business Associate of Another Covered Entity

In the event that CEC serves as the business associate of another covered entity, CEC must provide satisfactory assurance (in the form of a BAA) that CEC will appropriately safeguard the PHI created or received on behalf of that covered entity.

V. Citations 45 CFR

- §160.103 Definition of “business associate”
- §164.504(e)(1)(ii)(A) Requirements for disclosures to associates
- §164.504(e)(2) Contents of associate contracts
- §164.504(e)(1)(ii) Responsibility for associate’s activities

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MINIMUM NECESSARY

POLICY

The Charles Evans Center, Inc. (CEC) must take reasonable efforts to use, disclose, or request of another covered entity, only the minimum necessary amount of protected health information (PHI) to accomplish the intended purpose. All disclosures of protected health information must be limited to the minimum amount of information needed to accomplish the purpose of the disclosure. All requests for protected health information must be limited to the minimum amount of information needed to accomplish the purpose of the request. Exceptions to this general rule are provided herein.

PROCEDURES

I. Minimum Necessary Workforce Use

Each CEC division shall identify and document those workforce members (or classes of workforce members) who need access to PHI to perform their duties; the categories of PHI needed by each of these workforce members (or classes of these workforce members) to perform those duties; and the conditions appropriate to each workforce member's access to those categories.

Each division Director will implement procedures to ensure that each workforce member (or class of workforce members) within CEC, has access to and use of only that PHI consistent with these identified and documented needs.

II. Routine and Non-Routine Disclosures

Each CEC division shall implement policies and procedures or standard protocols for the routine or recurring requests for or disclosures of PHI (other than those for which there is no minimum necessary requirement) so that CEC limits the PHI it requests or discloses to the minimum reasonably necessary for the purpose of the request or disclosure.

For example, a routine disclosure for CEC may be the automated export of all immunization information to the New York State Immunization Information System (NYSIIS)

For any request for or disclosure of PHI that has not been identified and documented as routine or recurring (and that is not excepted from the minimum necessary requirement), CEC must have and apply criteria designed to limit the PHI it requests or discloses. CEC should review each non-routine or non-recurring request or disclosure on an individual basis according to these criteria to ensure that it requests or discloses only the minimum necessary PHI.

III. Medical Records

CEC may not use, disclose, or request an entire medical record, unless it is specifically justified as reasonably necessary for the purpose. The Privacy Officer and CEC divisions may identify and document those situations in which use, disclosure, or request for an entire medical record may be justifiable and will develop and document procedures for obtaining approval to use, disclose, or request an entire medical record. CEC will implement these procedures within the unit to ensure that an entire medical record is not used, disclosed, or requested without approved justification.

IV. Exceptions to Minimum Necessary Requirement

A. Disclosures to or requests by a health care provider for treatment purposes.

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- B. Disclosures made to the individual (or the individual's personal representative) who is the subject of the PHI.
- C. Uses or disclosures made pursuant to a valid authorization.
- D. Disclosures to HHS for compliance reviews or complaint investigations under HIPAA.
- E. Uses or disclosures required for compliance with HIPAA.
- F. Uses or disclosures required by law.

V. Reliance on Minimum Necessary Assurances

CEC may rely, if reasonable for the situation, on a request to disclose PHI being for the minimum necessary, if the requester is either another

covered entity or a professional (including an attorney or accountant) who provides professional services to CEC, either as a member of our workforce or as our business associate, and who states that the requested information is the minimum necessary.

VI. Documentation

Routine and non-routine disclosures will be documented in the patient record except as described below. All efforts will be made to assure that only the minimum necessary information will be disclosed.

- A. Routine disclosures that are automated and affect all records do not need to be specifically documented in the patient record. Examples include electronic billing and immunization export to the public health immunization registry.
- B. Standard letters, forms, and reports to patients, physicians, and other treatment partners will be developed using the minimum necessary information. Personal identifiers will be limited to those necessary to avoid misidentification. For example, letters to patients will not include SSN or Date of Birth.
- C. Documentation of letters, forms, and reports will be made in the patient record. This includes a copy of the letter, form, or report or documentation of the date, purpose, entity receiving, information sent, and identity of staff making the disclosure.
- D. All other disclosures will be documented in the patient record and the forms requesting and authorizing the disclosures will be scanned and/or filed for easy retrieval.

VII. Citations 45 CFR

- §164.502(b) – Uses and disclosures of protected health information: General rules – Standard: minimum necessary
- §164.514(d) – Other requirements relating to uses and disclosures of protected health information: Standard – minimum necessary requirements

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ADMINISTRATIVE, TECHNICAL, AND PHYSICAL SAFEGUARDS

POLICY:

The Charles Evans Center, Inc. (CEC) must take reasonable steps to safeguard protected health information or PHI from any intentional or unintentional use or disclosure that is in violation of the privacy policies. Information to be safeguarded may be in any medium, including paper, electronic, oral and visual representations of PHI. CEC must establish criteria for safeguarding protected health information and minimizing the risk of unauthorized access, use or disclosure.

PROCEDURES:

I. Safeguarding Paper PHI

- A. Each CEC workplace will store files and documents containing PHI in locked rooms or storage systems.
- B. In workplaces where lockable storage is not available, CEC staff must take reasonable efforts to ensure the safeguarding of PHI.
- C. Each CEC workplace will ensure that files and documents awaiting disposal or destruction in desk-site containers, storage rooms, or centralized waste/shred bins, are appropriately labeled, are disposed of on a regular basis, and that all reasonable measures are taken to minimize access.
- D. Each CEC workplace will ensure that shredding of files and documents is performed on a timely basis, consistent with record retention requirements.

II. Safeguarding Oral PHI

- A. CEC staff must take reasonable steps to protect the privacy of all verbal exchanges or discussions of PHI, regardless of where the discussion occurs.
- B. Each CEC workplace shall make reasonable efforts to provide enclosed offices and/or interview rooms for the verbal exchange of PHI.
 - Exception: In work environments structured with few offices or closed rooms, or other open office environments, uses or disclosures that are incidental to an otherwise permitted use or disclosure could occur. Such incidental uses or disclosures are not considered a violation provided that CEC has met the reasonable safeguards and minimum necessary requirements.
- C. Each CEC workplace must foster employee awareness of the potential for inadvertent verbal disclosure of PHI.

III. Safeguarding Visual PHI

CEC staff must ensure that observable PHI is adequately shielded from unauthorized disclosure on computer screens and paper documents.

- A. Computer screens: Each CEC workplace must make every effort to ensure that PHI on computer screens is not visible to unauthorized persons.

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- B. Paper documents: CEC staff must be aware of the risks regarding how paper documents are used and handled, and must take all necessary precautions to safeguard PHI.

IV. Safeguarding PHI – Administrative Safeguards

A. CEC implements role-based access to PHI based on access to only the minimum amount of PHI necessary to do one's job function.

- Role Based Access (RBA) is a form of security allowing access to data based on job function in accordance with CEC security procedures. Employees shall be assigned to an RBA group that will give members access only to the minimum necessary information to fulfill their job functions.

B. Conducting internal reviews periodically will permit CEC to evaluate the effectiveness of safeguards.

- CEC Administrators and Directors or their designee will conduct annual reviews in order to evaluate and improve the effectiveness of their current safeguards.

V. Citation

- 45 CFR §164.530 (c) – Administrative requirements.

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VERIFICATION OF INDIVIDUAL'S IDENTITY

POLICY:

The Charles Evans Center, Inc. (CEC) must verify the identity of a person requesting PHI and the authority of any such person to have access to PHI, if the identity or any such authority of such person is not known to CEC. CEC must obtain any documentation, statements, or representations, whether oral or written, from the person requesting the PHI when such documentation, statement, or representation is a condition of the disclosure.

PROCEDURES:

I. Verifying an Individual's Identity

CEC must take reasonable steps to verify the identity of an individual requesting access, use, or disclosure of his/her PHI when the person is not known to them. No particular identification requirements are mandated. Examples of appropriate identification include photographic identification card, driver's license, photo ID, government identification card or badge, and appropriate documentation on government letterhead. Sending the information to a recognizable organizational address or, if faxing or phoning information, by calling the requester back through the main organization switchboard rather than through a direct phone number, would be sufficient to meet these requirements.

II. Verifying Public Officials

Where the person requesting the PHI is a public official such as a member of law enforcement or of a health oversight body, CEC may rely, if such reliance is reasonable under the circumstances, on any of the following to verify the identity of the public official:

- If the request is made in person, presentation of an agency identification badge, other official credentials, or other proof of government status;
- If the request is in writing, the request is on the appropriate government letterhead; or
- If the disclosure is to a person acting on behalf of a public official, a written statement on appropriate government letterhead that the person is acting under the government's authority or other evidence or documentation of agency, such as a contract for services, memorandum of understanding, or purchase order, that establishes that the person is acting on behalf of the public official.

Disclosure to the Secretary of Health and Human Services is required for purposes of enforcing the Privacy regulation. When PHI is requested by the Secretary for compliance purposes, CEC must use the criteria above to verify the identity the HHS employer or representative.

III. When Verification Is Not Required

It is lawful to disclose PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public if disclosure is made to a person reasonably able to prevent or lessen the threat. If these conditions are met, no further verification is needed and CEC is not required to demand written proof that the person requesting the PHI is legally authorized. Reasonable reliance on verbal representations is appropriate.

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IV. Verifying the Identity and Authority of a Person who requests PHI on behalf of an individual
CEC must take reasonable steps to verify the identity and authority of any person requesting PHI on behalf of another individual. Examples of appropriate authority include, if reasonable for the situation, identification as parent, guardian, or executor, power of attorney, or other evidence of appropriate relationship with the individual, a warrant, subpoena, order, or other legal process issued by a grand jury or a court or administrative tribunal.

V. Documentation

CEC will document verification of the identity and authority of a person or entity before granting access to or disclosing PHI. The documentation will include:

- Identity of the individual whose information is to be disclosed. If the person to whom information is to be disclosed is a personal representative, it will include the relationship to the individual whose information is to be disclosed.
- Identity of person to whom information is to be disclosed including a copy of source relied upon as proof of identity of the person.
- Description of how identity and authority was verified. For example, "Person is known", "Personal identification (e.g., driver's license, photo ID) was presented", "Government credentials (e.g., badge, identification card, appropriate document on government letterhead) were presented."
- Description of the authority of person to receive access to the PHI to be disclosed and a copy of source relied upon as the proof of authority, if possible as follows:
 1. If authority is known, document basis of knowledge.
 2. For personal representative, proof of status (e.g., identification as parent, guardian, executor, administrator, and power of attorney).
 3. For law enforcement or legal process, copy of warrant, subpoena, order, summons, or civil investigation demand.
 4. Appropriate document on government letterhead.
 5. Government official's oral representation- what was said and why reliance on it was reasonable.
 6. Proper documentation from an Institutional Review Board, other appropriate privacy board, or the researcher relating to research.

VI. Citations

- 45 CFR §164.514(h) – Other Procedural Requirements Relating to Uses and Disclosures of Protected Health Information – Standard: Verification requirements

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PRIVACY COMPLAINTS AND INQUIRIES

POLICY:

Individuals (both internal and external to CEC) have the right to file a complaint regarding the Privacy Policies and Procedures of the Charles Evans Center, Inc. (CEC), or the HIPAA Privacy Rule. Individuals have the right to file the complaint either directly with the Privacy Officer or with the Secretary of U.S. Department of Health and Human Services. CEC must cooperate with investigations by the Secretary of Health and Human Services, including permitting access to information requested by an investigator. CEC must receive and document complaints and their disposition, if any, and retain these records for six years.

PROCEDURES:

I. External Privacy Complaints

Each complaint received from an outside entity or individual (not an employee of CEC) must be documented and referred immediately to the Privacy Officer for investigation.

- A. Complaints. All complaints shall be submitted in writing to the Privacy Officer.
- B. Investigation and Response. The Privacy Officer will facilitate an investigation into each complaint. Any response to the complaint shall be in writing and within thirty (30) days of receiving the complaint. The Privacy Officer shall institute action to correct the matters complained of if corrective action is appropriate.

II. Internal Privacy Complaints and Inquiries

A member of the CEC workforce who suspects that these Privacy Policies and Procedures, the HIPAA Privacy Rule or other applicable federal or state privacy law has been violated by another workforce member or by a business associate must report the suspicion to the Privacy Officer in sufficient detail to permit the matter to be investigated and to prevent or mitigate any deleterious effects. Reports may be made anonymously.

III. Sanctions

- A. CEC employees who violate this HIPAA Privacy Policies and Procedures Manual, the HIPAA Privacy Rule, or other applicable federal or state privacy laws will be subject to disciplinary action, up to and including termination.
- B. A member of the CEC workforce who suspects that these Privacy policies and procedures, the Privacy Rules or other applicable federal or state privacy law has been violated by another workforce member or by a business associate must report the suspicion to the CEC Privacy Officer or the CEC Compliance Officer in sufficient detail to permit the matter to be investigated and to prevent or mitigate any deleterious effects. Reports may be made anonymously.
- C. Sanctions do not apply to whistleblower activities, to law enforcement officials by victims of crime, or in conjunction with privacy inquiries and investigations.
- D. The Privacy Officer will investigate any report of possible improper use or disclosure of PHI by CEC employees. Depending upon the facts, disciplinary sanctions may include counseling or training, oral

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warning or written warning, suspension, or termination. Sanctions imposed may vary depending on factors such as the severity of the violation, whether the violation was intentional or unintentional, and whether the violation indicated a pattern of improper use or disclosure of PHI. All sanctions imposed will be documented in writing and maintained in the employee's personnel record, as appropriate.

IV. Mitigation

CEC will mitigate, to the extent reasonable and possible, any harmful effect of improper use or disclosure of protected health information (PHI) by our workforce or by our business associates in violation of this HIPAA Privacy Policies and Procedures Manual, the HIPAA Privacy Rule, or other applicable federal or state privacy laws.

If PHI is inadvertently provided to a third party without authorization, CEC workforce members will report the incident to the Privacy Officer. The Privacy Officer will promptly contact the individual as well as appropriate authorities and apprise them of situation if potential harm to the individual is deemed a possibility as a result of the disclosure.

CEC will take reasonable steps based on knowledge of where the information has been disclosed, how it might be used to cause harm to the individual, and what steps can actually have a mitigating effect.

In consultation with other affected departments and the legal department, the Privacy Officer will use flexibility and judgment to dictate the best approach to mitigating harm.

V. Refraining from Waivers and Retaliatory Acts

CEC will not require an individual to waive any right under the HIPAA Privacy Rule, including the right to complain to HHS, as a condition to providing claims payment, enrollment, or benefits eligibility for the individual. Any CEC employee who attempts to intimidate, threaten, coerce, discriminate, or retaliate against an individual who exercises any right, including filing complaints, under the HIPAA Privacy Rule, will be disciplined as appropriate.

VI. Documentation

The Privacy Officer shall retain copies of all complaints, investigations, responses, and documentation of any action taken for at least six years from the date it was created or from the date it was last in effect, whichever is later.

VII. Citations 45 CFR

- §160.310 (b) – Responsibilities of covered entities to cooperate with complaint investigations and compliance review
- §160.312 – Secretarial action regarding complaints and compliance reviews
- §164.530 (d) – Administrative requirements – Standard: Complaints to the covered entity
- §164.530 (a)(1)(ii) – Administrative requirements – Standard: Personnel designations
- §164.530 (g) – Administrative requirements – Standard: Refraining from intimidating or retaliatory action
- §164.520 (b)(vi) – Notice of privacy practices – Complaints
- §164.524 (d)(2)(iii) – Access of individuals to protected health information – Implementation specifications: Denial of access

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- §164.526 (d)(iv) – Amendment of protected health information –Implementation specifications: Denial of amendment
- §164.530(f) – Administrative Requirements – Mitigation

PRIVACY TRAINING

POLICY:

The Charles Evans Center, Inc. (CEC) must train all members of its workforce likely to have access to protected health information (PHI) on CEC' Privacy Policies and Procedures. CEC will provide members of its workforce with varying amount of training depending on their responsibilities as necessary and appropriate to carry out their function within the organization.

PROCEDURES:

I. Training and Documentation

The Privacy Officer will oversee privacy training and document such training efforts. CEC will train each new workforce member within a reasonable time after the member joins the workforce. CEC will also retrain, within a reasonable time, each workforce member whose functions are affected either by a material change in CEC' Privacy Policies and Procedures or in the member's job functions.

Privacy training for existing workforce members in need of retraining shall be scheduled as promptly as practical after any material change in CEC' HIPAA Privacy Policies and Procedures or job responsibilities requiring such retraining.

The Privacy Officer will be responsible for determining the content, nature and method of training as necessary and appropriate for the particular trainees to carry out their functions. Methods may include classroom instruction, videos, booklets or brochures tailored to particular levels of need of workers.

The Privacy Officer will document completion of each workforce member's training and shall retain such documentation for six years.

I. Citation

- 45 CFR §164.530 (b) - Administrative requirements – Standard: Training

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HIPAA DOCUMENTATION AND RECORD RETENTION

POLICY:

The Charles Evans Center, Inc. (CEC) must document and maintain all HIPAA policies and procedures and any other communication, action, activity, or designation that must be documented under the HIPAA Privacy Rule. Documentation may be maintained in electronic form or on paper. Also reference CEC's Retention, Archiving and Purging of Records Policy: ADM-10 in the attachment of this manual

PROCEDURES:

I. Documentation

The Privacy Officer will maintain, or cause to be maintained, the following in written or electronic form:

- A. CEC Privacy Policies and Procedures, approved forms, and each revision to same;
- B. CEC Notices of Privacy Practices and each revision to same;
- C. Documentation evidencing distribution of the Notices and each revision to same;
- D. Documentation evidencing designation of the Privacy Officer and any delegation of duties and responsibilities to the Privacy Official's designees if any;
- E. Each authorization;
- F. Each request from individuals for access, amendment, disclosure accounting, restriction, confidential communications, and all documentation relating to them;
- G. Each complaint and any material generated as a result of investigating and resolving the complaint; and
- H. Other documentation requested or required under these Privacy Policies and Procedures.

II. Document Retention

Each document shall be retained until six (6) years after its creation or its last effective date, whichever is later.

CEC will implement document retention practices within CEC consistent with these Privacy Policies and Procedures to ensure that the Privacy Officer, or his/her designee, receives the original of each document required by these Privacy Policies and Procedures.

CEC shall retain a copy of each such document as may meet the department's needs or convenience in performing its functions for CEC.

III. Changes in Law

CEC must promptly amend these Privacy Policies and Procedures as necessary and appropriate to comply with each change in the HIPAA Privacy Rule or applicable federal or state privacy laws.

CEC must promptly make appropriate revisions to its Notice of Privacy Practices whenever the change in law materially affects the accuracy of the Notice's content, and:

- Make the revised Notice available upon request on or after the effective date of the revision;
- Have the Notice available at the service delivery site for individuals to request to take with them; and
- Post the Notice in a clear and prominent location where individuals seeking services from the provider will be able to read it.

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IV. Citations 45 CFR

- §164.508 - Uses and disclosures for which an authorization is required
- §164.512(i) - Uses and Disclosures for Research Purposes: Documentation Requirements of IRB
- §164.520(e) - Notice of Privacy Practices for protected health information– Implementation specifications: documentation
- §164.522 - Rights to request privacy protection for protected health information
- §164.524(e) - Access of individuals to protected health information –Implementation specification: documentation
- §164.526(f) - Amendment of protected health information –Implementation specification: documentation
- §164.528(d) - Accounting of disclosures of protected health information –Implementation specification: documentation
- §164.530(j) - Administrative requirements – Standard: documentation

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PERSONAL REPRESENTATIVES

POLICY:

Except as otherwise provided herein, upon verification that a person has been authorized to act as the personal representative of an individual, the Charles Evans Center, Inc. (CEC) shall treat the personal representative as the individual with respect to the use and disclosure of the individual's protected health information (PHI) as well as individual rights under the HIPAA Privacy Rule.

PROCEDURES:

I. Personal Representatives Access to PHI

A. Mandatory Disclosure

When a personal representative asks CEC for access to information or an accounting of disclosures, CEC must disclose this information unless an exception to disclosure exists.

B. Adults and Emancipated Minors

If a person has authority to act on behalf of an individual who is an adult or an emancipated minor in making decisions related to health care, CEC must treat such person as a personal representative with respect to PHI relevant to such personal representation unless an exception to disclosure exists.

C. Unemancipated Minors

If a parent, guardian, or other person acting in the place of a parent has authority to act on behalf of an unemancipated minor in making decisions related to health care, then CEC must treat such person as a personal representative of the individual except in the instance when the minor assents to health care, when the minor lawfully receives health care and when a parent assents to the health care as outlined below.

A person may not be a personal representative of an unemancipated minor, and the minor has the authority to act as an individual, with respect to PHI pertaining to a health care service, if:

1. The minor agrees to the health care, no other agreements are required by law, and the minor has not requested a parent, guardian, other person acting in the place of a parent, or another person to be regarded as a personal representative;
2. The minor, a court, or a legally authorized person agrees to the health care, and applicable State or other law allows the minor to obtain the health care without agreement of a parent, guardian or other person acting in the place of a parent; or
3. A parent, guardian, or other person acting in the place of a parent agrees to an agreement of confidentiality between a health care provider and the minor.

II. Deceased Individuals

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If, under applicable law, an executor, administrator, or other person has authority to act on behalf of a deceased individual or of the individual's estate, CEC must treat such person as a personal representative, with respect to PHI relevant to such personal representation.

CEC shall comply with the requirements of the HIPAA Privacy Rule with respect to the PHI of a deceased individual for a period of 50 years following the death of the individual.

III. Abuse, Neglect, Endangerment Situations

Notwithstanding a State law or any requirement to the contrary, CEC may decide not to treat a person as the personal representative of an individual if it has a reasonable belief that:

- A. The individual has been or may be subjected to domestic violence, abuse, or neglect by such person; or
- B. Treating such person as the personal representative could endanger the individual and CEC, in the exercise of professional judgment, decides that it is not in the best interest of the individual to treat the person as the individual's personal representative.

IV. Individual's Designation

An individual may designate any person as his/her personal representative by providing CEC with a valid health care power of attorney or other instrument of authority permitted by applicable law that allows a personal representative to make decisions related to the individual's health care. CEC is required to verify the authority of a personal representative before disclosing any PHI. CEC will only disclose PHI relevant to the matters on which the personal representative is authorized to represent the individual.

V. Citations 45 CFR

- §164.502(g) – Uses and disclosures of protected health information: general rules – Standard: personal representatives
- §164.524 – Access of individuals to protected health information
- §164.528 – Accounting of disclosures of protected health information
- §164.510(b) – Uses and disclosures requiring an opportunity for the individual to agree or to object – Standard: uses and disclosures for involvement in the individual's care and notification purposes

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SUBPOENAS

POLICY:

Except as otherwise limited by State law, the Charles Evans Center, Inc. (CEC) may disclose protected health information (PHI) pursuant to subpoenas, discovery requests, or other civil process only after obtaining “satisfactory assurances” that the requesting party has made a reasonable effort to provide written notice of the request to the individual or to obtain a “qualified protection order.” Disclosures pursuant to subpoenas, discovery requests, or other civil process are subject to the “minimum necessary” standard. Also reference CEC Subpoena for Medical Records Policy: ADM-08 in this manual’s attachment

PROCEDURES:

I. Response to Subpoenas and Discovery Requests

The Privacy Officer shall be contacted immediately upon CEC being served with a subpoena, search warrant, discovery request or other civil process. The Privacy Officer will coordinate a response to the document. This includes subpoenas or summons to testify, as well as subpoenas or other discovery requests for documents.

II. Satisfactory Assurances

Satisfactory Assurances means a written declaration and documentation of the following:

- A. A good faith effort to provide the individual with written notice sufficient to permit the individual to raise objections to the disclosure of his/her PHI;
- B. The individual’s failure to raise a timely objection following notice; or
- C. The resolution of the individual’s objection by the court or other tribunal.

The written assurances will be deemed satisfactory under the regulations if, together with accompanying documentation, they demonstrate that the parties agreed to or are seeking a qualified protection order from a court.

III. Qualified Protection Order

A “qualified protection order” is an order or stipulation by the parties to the action prohibiting the parties from using or disclosing the health information for any purpose other than the case or proceeding for which it was requested.

IV. Citation

- 45 CFR §164.502 (f) – Disclosures for judicial and administrative proceedings

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DISCLOSURES TO LAW ENFORCEMENT OFFICIALS

POLICY:

The Charles Evans Center, Inc. (CEC) may disclose an individual's protected health information (PHI) to law enforcement officials without the individual's authorization only in specific circumstances. "Law enforcement" includes any governmental agency or official authorized to investigate, prosecute or conduct an inquiry into a potential violation of law.

PROCEDURES

I. Requests for PHI by Law Enforcement Agencies

When possible, all requests for PHI by law enforcement shall be in writing and shall include appropriate documentation. All disclosures of PHI made to law enforcement shall be documented. CEC shall use reasonable means to confirm the identity and authority of the law enforcement official requesting the disclosure of information.

II. Circumstances Permitting Disclosure to Law Enforcement

- A. **Legal Process:** Except as may be restricted by state law, CEC may disclose PHI to law enforcement officials pursuant to legal process. Legal process is a formal written demand or request from a judicial or enforcement agency. It includes documents such as a court order, a court ordered warrant, a subpoena or summons issued by a court officer, a grand jury subpoena, or an administrative subpoena.
- B. **Required by Law:** Except as may be restricted by state law, CEC may disclose PHI to law enforcement where the disclosure is required by state or federal laws. For example, CEC may be required to report child or vulnerable adult abuse or neglect.
- C. **For Identification or Location:** Except as may be restricted by state law, CEC may provide limited identifying information in response to a request from law enforcement for assistance in identifying or locating fugitives, suspects, witnesses, or missing persons.
- D. **Crime Victims:** Except as may be restricted by state law, CEC may disclose PHI concerning an actual or suspected victim of a crime in response to law enforcement request in two circumstances:
 - 1. The individual agrees to the disclosure; or
 - 2. The individual's agreement cannot be obtained due to incapacity or emergency circumstances, and a law enforcement official represents that:
 - a) The information is needed to determine if someone other than the individual has committed a crime and such information will not be used against the individual;

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- b) The need for the information is acute and without it law enforcement efforts will be adversely affected; and
 - c) CEC determines in the exercise of professional judgment that disclosure is in the best interests of the individual.
- E. Decedents: Except as may be restricted by state law, CEC may contact law enforcement officials about the death of an individual and provide PHI concerning such individual, if it suspects the death may have resulted from criminal conduct.
- F. Crime on the Premises: Except as may be restricted by state law, CEC may disclose to law enforcement PHI that it believes in good faith to be evidence of a crime committed on its premises.
- G. Off-site Emergencies: Except as may be restricted by state law, if CEC is rendering emergency services off its premises, it may disclose PHI to the extent necessary to alert law enforcement to the commission, nature, or location of a crime or crime victim, and the identity, description, and location of the perpetrator.

III. Citation

- 45 CFR §164.502 (f) – Disclosures for law enforcement purposes

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Attachment 1: Request for Release of Records

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

PATIENT NAME	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
PATIENT STREET ADDRESS:	CITY-STATE-ZIP CODE:	TELEPHONE NUMBER:

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form, in accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION ONLY** if I initial the appropriate line(s) in Item 9(b). And, I specifically authorize release of such information to the person(s) or facility identified below by initialing the specific information, and signing this document.
2. The recipient of **HIV-RELATED, ALCOHOL or DRUG TREATMENT, or MENTAL HEALTH** information is prohibited from re-disclosing or re-releasing such information without additional authorization from me, unless permitted by state laws or HIPAA laws. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be re-disclosed by the recipient (except as noted above in Item 2), and, federal or state law may no longer protect this re-disclosure.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE PERSON(S) IDENTIFIED BELOW.**

7. Name and address of health provider or entity to release this information:

CHARLES EVANS CENTER, INC. 857 S. OYSTER BAY ROAD, BETHPAGE, NY 11714

8. Name and address of person(s) or category of person to whom this information will be sent to: _____

9(a). Medical Records Requested: **STATE TYPE OF SERVICE/APPROX DATE OF SERVICE:** _____

9(b). Include the following records: If requesting ANY information below, **YOU MUST INITIAL THE APPROPRIATE LINE:**

_____ Alcohol/Drug Treatment _____ Mental Health Information _____ HIV-Related Information

10. Reason for Release of Information: <input type="checkbox"/> Request of Individual Other: _____	11. Date or Event Which this Authorization Will Expire:
12. If Not Patient, Name of Person Signing Form:	13. Relationship to Patient:

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Attachment 2: CEC Privacy Statement for Website

Last Modified: [DATE]

Privacy Policy

This privacy policy ("Privacy Policy") describes the practices of Charles Evans Center (collectively, "CEC" or "We" or "Company") for collecting, storing, using, disclosing, and protecting information. This policy applies to information we collect:

- When you visit or otherwise use our website charlesevanscenter.org.
- When you interact with our advertising and applications on third-party websites and services, if those applications or advertising include links to this policy.
- When you interact with us generally through email, text and/or other electronic messages.

(collectively, the "Site"). This Privacy Policy does not apply to other websites to which we may link, or to other companies or persons who might be listed as third-party contacts or suppliers on our Site, or to whom we may refer you if you contact us, or to protected health information ("PHI"). CEC maintains a separate policy in connection with the Health Portability and Accountability Act ("HIPAA") that applies to our collection and processing of PHI (our "HIPAA Privacy Statement"), which can be viewed at: [PROVIDE URL AND MAKE HYPERLINK TO PRIVACY STATEMENT].

Please read this Privacy Policy carefully to understand our policies and practices regarding your information and how we will treat it. If you do not agree with our policies and practices, your choice is not to use our Site. By accessing or using this Site, you agree to the use of your information in accordance with this Privacy Policy. This policy may change from time to time (see [Changes to Our Privacy Policy](#) [MAKE PRECEDING WORDS AN ANCHOR LINK] located below). Your continued use of our Site after we make changes to this policy is deemed to be acceptance of those changes, so please check the policy periodically for updates.

1. Information We Collect

The following generally describes the type of information we may collect about you.

Information Provided by You. We collect information directly provided by you (which may be obtained from emails, web forms or in other manners), including, without limitation, the following:

- contact information, such as first name, last name, telephone number, email address, and physical address.
- contact information, such as: name, address, telephone number, and email address.
- Employment details – such as job title/position, office location, employment contract, performance and disciplinary records, grievance procedures, sickness/time-off records.
- Background information – such as academic/professional qualifications, education, CV/résumé, criminal records data (for vetting purposes, where permissible and in accordance with applicable law).
- network information – network information, including IP address, network carrier and country code, browsing information, such as how you interact with the services.

This includes information provided at the time of subscribing to our mailing list, responding to a customer survey, or requesting customer service. We may also ask you for information when you enter a contest or promotion sponsored by us, or when you report a problem with our website.

Should you voluntarily provide us with personally identifiable information, you consent to our use of it in accordance with this Privacy Policy.

General Browsing. As you navigate through and interact with our Site, we use automatic data collection technologies to collect certain information about your equipment, browsing actions and patterns, including:

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- Details of your visits to our website, including the content you view, the date and time that you viewed the content, location data, referring URLs, search terms used to reach our website, other communication data, and the resources that you use to access and use our website.
- Information about your computer and internet connection, including your IP address, operating system, and browser type.

Even if you do not submit personal information through the website, we gather navigational information about where visitors go on the website and information about the technical efficiencies of our website and services (i.e., time to connect to the website, time to download pages, etc.). This information allows us to see which areas of our website are most visited and helps us better understand the user experience. In this process of gathering information, we may collect personally identifiable information and non-personally identifiable information (for example, domain type, browser type and version, service provider and IP address, referring/exit pages, operating system, date/time stamp, etc.). This helps us to improve our website and to deliver a better and more personalized service, including by enabling us to:

- Improve the quality of the website by recognizing and delivering more of the features, areas, and services our visitors prefer.
- Estimate our audience size and usage patterns.
- Store information about your preferences, allowing us to customize our Site according to your individual interests.
- Recognize you when you return to our Site.

We may also create and use this navigational information to compile statistics about how our visitors collectively interact with our Site. We may also maintain this information or associate it with personal information we collect in other ways or receive from third parties.

We may also use these technologies to collect information about your online activities over time and across third-party websites or other online services (behavioral tracking). Click here [\[INCLUDE AS LINK TO DO NOT TRACK DISCLOSURES\]](#) for information on how you can opt out of behavioral tracking on this website and how we respond to web browser signals and other mechanisms that enable consumers to exercise choice about behavioral tracking.

Social Media. We may monitor social media or review sites, and collect information posted in comments or reviews. When you post information on social media pages owned or controlled by us, we may collect information about your activities on those pages, including whether you visited or commented on the page, or provided a rating or review.

Telephonic Customer Support. You may contact our customer support for assistance, such as getting information and advice regarding using our Site, etc. If you do so, we may ask you for information such as your name, email address, postal address, and telephone number. We use this information to respond to your requests. Any information provided to our telephone support related to your medical treatment shall be handled in accordance with our HIPAA Privacy Statement.

2. How We Collect Your Information

We collect information in three primary ways:

- a. **You Give Us Information:** We collect information from you when you submit it to us through our Site, other digital media, over the phone or in one of our stores.
- b. **We Collect Information Automatically:** We automatically collect certain types of information when you visit our Site. For example, we automatically collect various types of technical information when you use our website as otherwise described in this Privacy Policy.
- c. **We Collect Information from Other Sources:** We may obtain information about you from outside sources. For example, we may obtain commercially available information about you from third parties, such as credit information to prevent fraud, or purchase email lists from third parties for advertising and marketing purposes. We may also receive information from third-parties who provide services for us through web-beacons and other technologies as otherwise discussed in this Privacy Policy.

We also may use various technologies to collect information about you, including:

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- a. **“Do Not Track” Signals.** Some web browsers have “Do Not Track” or similar features that allow you to tell each website you visit that you do not want your activities on that website tracked. At present, we do not respond to “Do Not Track” signals and consequently, will continue to collect information about you even if your browser’s “Do Not Track” feature is activated. To learn more about DNT signals, please see <http://allaboutdnt.com>.
- b. **Use of Cookies.** Cookies are bits of electronic information may be transferred to a visitor’s computer or mobile device to identify specific information about the visitor’s use of the website, email or other electronic media. We use cookies, for example, to preserve the contents of your virtual shopping bag between visits. The website uses a browser feature known as a cookie, which assigns a unique identification to your computer. Cookies are typically stored on your computer’s hard drive and are used to help track clicks as you go through the pages within our website. We may also use cookies to tell us whether you have previously visited the website. We also use cookies which may be set by third-parties with whom we have entered into agreements which may enable us to obtain analytics information about the use of our website. You can set your browser not to accept cookies or to notify you when you are sent a cookie, giving you the opportunity to decide whether or not to accept it. You may also use commonly available tools in your browser to remove cookies which may have been placed onto your computer. However, please be aware that the website requires cookies to operate correctly. Other than as provided herein, we will not use shared local objects (commonly referred to as "FLASH cookies") in a manner inconsistent with the purposes for which they were designed unless you are specifically notified that we intend to use them for a specific service. FLASH cookies are cookies that are placed on your computer that are not removed through normal browser management tools.
- c. **Use of Web Beacons, Clear-GIFs, Pixel Tags and JavaScript.** We may use "pixel tags" (also called "action pixels," "web beacons" or "clear gifs") and/or JavaScript plug-ins, placed on our website and in our emails to you. Both pixel tags, which are small graphic images (typically that you cannot see), and JavaScript plug-ins, which is code on a website or in an email message, are used for such things as recording web pages and advertisements clicked-on by a user, or for tracking the performance of email marketing campaigns. These devices help us analyze our customers' online behavior and measure the effectiveness of our website and our marketing. We also work with third-party service providers that help us track, collect, and analyze this information. Third-party entities with whom we have agreements may place these devices on the website and/or in emails to use information obtained from them such as pages viewed, emails opened and items upon which you may click in emails. These third-party providers may also place cookies onto your computer. Those third-party cookies enable us to obtain aggregated information (i.e., information where your personal information has been removed) and user statistics about you and your preferences
- d. **Server Logs and Widgets.** A web "server log" is a record of activity created by a computer that delivers certain content to your browser. Certain activities that you perform on our Site may record information in server logs, such as if you enter a search term into a search box located on the website. The server log may record the search term(s), or the link you clicked on to bring you to our website. The server log may also record information about your browser, such as your IP address and the cookies set on your browser.

A "widget" is generally an application that can be embedded in a webpage. Widgets can provide real-time information to the webpage. Widgets are often provided by third-parties and we may provide widgets on our website. Widgets may enable the third-parties that provide them to collect data about users visiting the website.

3. How We Use Your Information

We use the information we collect in a variety of ways. We collect information from you because it helps us to provide, improve and deliver our products and services. Specifically, we use the information we collect:

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- a. **To Provide our Services.** For many business purposes, such as to: (i) provide our Site to you; (ii) analyze trends and conduct research about improving our services; (iii) provide support and respond to questions from customers and Site visitors; (iv) improve our facilities, Site, and/or services; (v) learn about customers' needs; (vi) contact Site visitors for informational and marketing purposes and; (vii) track traffic patterns and website usage.

When permitted by law, we may also use your personally identifiable information to contact you in ways other than email or regular mail, such as via telephone contact, facsimile or text message.

- b. **To Market to You.** To send you promotional, advertising and other marketing materials or communications from us or our agents, and provide you with more relevant advertisements (referred to as "Retargeting"). We may correlate your information with other commercially available information to identify demographics and preferences to assist us in our marketing efforts; and provide specific relevant marketing, promotional, or other information to you.
- c. **To Improve our Business.** To help us design and deliver our Site, including but not limited to as part of our network's functionality, engineering activities, and troubleshooting.
- d. **As part of Business Transfers.** In the event that we: (i) are subject to negotiations for the sale of our business or part thereof to a third party; (ii) are sold to a third party; or (iii) undergo a re-organization, we may need to transfer some or all of your information to the relevant third party (or its advisors) as part of any due diligence process for the purpose of analyzing any proposed sale or re-organization. We may also need to transfer your information to that re-organized entity or third party after the sale or reorganization for them to use for the same purposes as set out in this policy.

If we, or substantially all of our assets, were acquired, or in the unlikely event that we go out of business or enter bankruptcy, user information would be one of the assets that is transferred or acquired by a third-party. You acknowledge that such transfers may occur, and that any acquirer may continue to use your personal information in accordance with this Privacy Policy.

- e. **To Comply With the Law and Our Legal Obligations.** To investigate claims and/or legal actions, violations of law or agreements, and as part of complying with relevant applicable laws and legal process. For example, we may disclose your information in order to comply with or respond to a request or requirement pursuant to law, regulation, or from a governmental or judicial body, or to help prevent fraud or for risk management purposes.
- f. **To Protect Ourselves and Our Customers.** To the extent necessary to detect, block, report and mitigate cyber-threats, improve our network and information security, and in order to prevent or detect fraud. Network and information security means the ability of a network or of an information system to resist events, attacks or unlawful or malicious actions that could compromise the availability, authenticity, integrity and confidentiality of stored or transmitted data, or the security of the related services offered by, or accessible via those networks and systems.

We may use your information to cooperate with police and other governmental authorities, or to protect the rights, property or safety of visitors to the website or the public.

- g. **When We De-Identify or Aggregate Information.** We may collect, use, transfer, and disclose information that is de-identified or does not identify you. To the extent we combine information that is de-identified or does not identify you with information that does identify you that we collected directly from you on the Site, we will treat the combined information in accordance with the practices described under this Privacy Policy.

4. Children's Information

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We recognize the importance of children's safety and privacy. The website is not designed to attract children, and is not directed at, or intended for use by, children under the age of 13. In accordance with the Children's Online Privacy Protection Act ("COPPA"), we do not request or collect any personally identifiable information ("PII") from anyone who we know to be under the age of 13 through the website. If you are under the age of 13, you should not provide information to us. If we become aware that a user of our website is under the age of 13 and has provided other PII without prior verifiable parental consent, we will take all commercially reasonable steps to delete such information from our files and not to use such information for any purpose (except where necessary to protect the safety of the child or others as required or allowed by law). We ask all parents and legal guardians to assist us in our efforts to comply with COPPA by prohibiting children under the age of 13 from providing us with any of their PII or using the website without parental oversight and assistance. If you have knowledge or become aware that a child under the age of 13 has inappropriately submitted PII to us, please contact us and we will remove that child's PII from our files. If you are under the age of 18, you should use this website only with the involvement of a parent or legal guardian and should not submit any PII to us.

5. Sharing of Information with Third Parties.

We may share personally identifiable information and non-personally identifiable information externally with our affiliates, licensees and joint venture partners, as well as with other third-party service providers who help us provide operational services for the website and our business. However, we require these service providers to use your information only for our benefit and in accordance with this Privacy Policy. These service providers include, but are not limited to:

- a. **Email Marketing Services Providers.** Business entities that provide email address management and communication contact services;
- b. **Information Technology Service Providers.** Network equipment and application management providers and hosting entities;
- c. **Other Service Providers.** With other service providers which may be involved in the other types of services and activities otherwise discussed in this Privacy Policy.

We may also share personally identifiable information and non-personally identifiable information with selected third parties, who may use your information for reasons other than for our benefit, including:

- a. **Legal and Investigator Service Providers.** We may share your information with judicial, administrative, legal, financial and/or accounting providers, and related government entities and adverse parties. Some instances where this may occur, include, but are not limited to: if we are required to respond to civil and/or criminal investigations, claims, lawsuits, or if we are subject to judicial or administrative process (such as a subpoena) to release your information or to prosecute or defend legal actions, and as we believe is necessary or appropriate to prevent physical harm or financial loss or in connection with an investigation of suspected or actual illegal activity.
- b. **Business/Asset Purchasers.** In the event that we: (i) are subject to negotiations for the sale of our business or part thereof to a third party; (ii) are sold to a third party; or (iii) undergo a re-organization, we may need to transfer some or all of your information to the relevant third party (or its advisors) as part of any due diligence process for the purpose of analyzing any proposed sale or re-organization. We may also need to transfer your information to that re-organized entity or third party after the sale or reorganization for them to use for the same purposes as set out in this policy.

If we, or substantially all of our assets, were acquired, or in the unlikely event that we go out of business or enters bankruptcy, user information would be one of the assets that is transferred or acquired by a third-party. You acknowledge that such transfers may occur, and that any acquirer may continue to use your personal information in accordance with this Privacy Policy.

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We may also share personally identifiable information and non-personally identifiable information with selected third parties who may use your information in accordance with their own privacy policies. By using our Site, you agree to your information being collected and used in this manner. These companies include but may not be limited to:

- a. **eClinicalWorks.** We use eClinicalWorks to provide patients with access to their electronic medical records through the use of a patient portal. The collection and processing of your information is subject to our HIPAA Privacy Statement and eClinicalWorks' Privacy Policy. For more information on the privacy practices of eClinicalWorks, please see its privacy policy, located at: <https://www.eclinicalworks.com/privacy-policy/>.
- b. **Google Analytics.** We use Google Analytics to analyze how users interact with our Site. Google Analytics collects your IP address and places cookies on your computer when you visit the Site, which cookies are used to collect usage statistics, evaluate your use of the Site, compile reports on Site activity, and provide other services relating to website activity and internet usage. To learn more about Google's use of the data it collects, please visit: <https://www.google.com/policies/privacy/partners/>.
- c. **Workforce Now.** We use Workforce Now by ADP a recruitment and hiring management platform to manage our hiring process. As part of considering you for employment, we may collect various kinds of employment and background information about you through this platform. To learn more about ADP's use of the data it collects through Workforce Now, please refer to ADP's privacy policy, located at: <https://www.adp.com/privacy.aspx>.
- d. **Zoom.** We may use Zoom Video Platform to allow us to conduct telephone conferences, online meetings, and/or video conferences with users of our Site. We may provide your contact information to Zoom in order to schedule these events. The scope of the data collected and processed by Zoom further depends on the data you provide before or during participation in a telephone conference, online meeting, and/or video conference. Zoom may use cookies or other similar technologies to automatically gather information about you. For example, Zoom may automatically collect your approximate location through your use of its services so that the platform can provide you with the appropriate privacy notices for your area. To learn more about Zoom's privacy practices, please refer to its privacy policy, available at: <https://zoom.us/privacy>.

Third-parties may also use various forms of technology through our Sites to collect personally identifiable information and non-personally identifiable information. In these instances, your information is governed by that third-party's privacy policy. By using our Site, you agree to your information being collected and used in this manner. These technologies may include:

- a. **Social media platforms and widgets.** Our Sites may include social media plugins and widgets that allow you to interact with social media directly through our Sites, such as the Facebook share button and the Twitter tweet button. These plugins are provided by the social media company who may use them to collect various types of information, such as your IP address and which page you are visiting on our website, and they may also place cookies on your machine. The information collected by these plugins is governed by the privacy policy of the company that provides them. To understand the information these social media companies collect and how that information is used, please review the social media company's privacy policy. These technologies include but may not be limited to:
 - **Facebook.** We use the Facebook Share Button to allow users to interact with social media directly through our website. Facebook may use cookies, web beacons, and other similar storage technologies to collect or receive information from our website and may use that information to provide measurement services and targeted ads. For more information, please visit: <https://www.facebook.com/legal/terms/businessstools/>.
 - **Twitter.** The Twitter Tweet button is a small button displayed on our website to help users easily share our content on Twitter. When you visit our website, Twitter may receive information including the web page you visited, your IP address, browser type, operating system, and cookie information. This information helps Twitter improve their products and service, including personalization and targeted ads. For more information please visit: <https://developer.twitter.com/en/developer-terms/agreement-and-policy#c-respect-users-control-and-privacy/>.
 - **YouTube.** Our website uses plugins, operated by the Google site YouTube, to allow website visitors to watch and interact with YouTube videos on our website. If you visit one of our webpages that is equipped

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with a YouTube plugin, a connection is established with YouTube's servers. As a result, YouTube receives information about your visit to our webpage and may attribute such visit with your YouTube account. To avoid this you may log out of your account before visiting our website or you can adjust your privacy setting to prevent these associations from being made. For more information on how your information may be collected and handled by Google and/or YouTube please visit: <https://policies.google.com/privacy> and <https://www.youtube.com/t/terms>.

We also maintain presences on social media platforms, including Facebook, Twitter, Youtube, and Instagram. Any information, communications, or materials you submit to us via a social media platform is done at your own risk without any expectation of privacy. We cannot control the actions of other users of these platforms or the actions of the platforms themselves. Your interactions with those features and platforms are governed by the privacy policies of the companies that provide them.

- b. **Third-Party Use of Cookies and Other Tracking Technologies.** Some content or applications, on the website are served by third-parties, including advertisers, ad networks and servers, content providers, and application providers. These third parties may use cookies alone or in conjunction with web beacons or other tracking technologies to collect information about you when you use our website. The information they collect may be associated with your personal information or they may collect information, including personal information, about your online activities over time and across different websites and other online services. They may use this information to provide you with interest-based (behavioral) advertising or other targeted content.

We do not control these third parties' tracking technologies or how they may be used. If you have any questions about an advertisement or other targeted content, you should contact the responsible provider directly. For information about how you can opt out of receiving targeted advertising from many providers, see [Your Choices Regarding Your Information](#) [MAKE ANCHOR LINK].

By your own actions, you may also be able to share personally identifiable information and non-personally identifiable information with third parties through our Site, such as when you:

- a. **Post Information.** You may be able to post information and materials publicly, for example, in product reviews and other similar forums (collectively, "Public Forums"). If you post any information in our Public Forums, it will be deemed public information and available to the general public. Please do not post any personally identifiable information our Public Forums. If you do post personally identifiable information, you do so at your own risk.
- b. **Use Social Media and Social Media Widgets.** Certain widgets embedded on our pages may enable you to post information and materials publicly on our social media pages. If you post any information on social media, it will be deemed public information and available to the general public. If you do post personally identifiable information, you do so at your own risk. Your interactions with those widgets and platforms are also governed by the privacy policies of the companies that provide them.

6. **Links to Third Party Websites.**

For your convenience, our Sites may contain links to other websites. We are not responsible for the privacy practices, advertising, products, or the content of such other websites. None of the links should be deemed to imply that we endorse or have any affiliation with the third party websites being linked to.

7. **Your [Choices Regarding Your Information](#)**

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If you do not consent to the way in which we may use your personal information, please do not submit any personal information to us.

Opt-Out of Email Promotions. If you do not wish to receive emails about special offers and other promotions from us, click the unsubscribe link located in our emails.

Updating Your Information. We prefer to keep your personal information accurate and up-to-date.

You may contact us, as provided below, to request access to, correct or delete any personal information that you have provided to us. We may not accommodate a request to change information if we believe the change would violate any law or legal requirement or cause the information to be incorrect.

Tracking Technologies. You can set your browser to refuse all or some browser cookies, or to alert you when cookies are being sent. To learn how you can manage your Flash cookie settings, visit the Flash player settings page on Adobe's [website](#). If you disable or refuse cookies, please note that some parts of this Site may then be inaccessible or not function properly.

Targeted Advertising. If you do not want us to use information that we collect or that you provide to us to deliver advertisements according to our advertisers' target-audience preferences, you can opt-out by contacting us as provided below.

We do not control third parties' collection or use of your information to serve interest-based advertising. However, these third parties may provide you with ways to choose not to have your information collected or used in this way. You can opt out of receiving targeted ads from members of the Network Advertising Initiative ("NAI") on the NAI's website, located here: www.networkadvertising.org.

To learn more about interest-based advertising or to "opt-out" of interest based advertising programs from participating companies visit www.networkadvertising.org/choices/, or www.aboutads.info/choices/.

Please note that any opt-out choice you exercise will apply to interest-based advertising by the third parties you select, but will still allow the collection and use of data for other purposes, including research, analytics, and internal operations. You may continue to receive advertising, but that advertising may be less relevant to your interests.

Depending on your device and its operating system, you may also be able to choose to prevent your device's ad identifier being used for interest-based advertising or reset your device's ad identifier by changing the settings of your device.

How to Opt-Out by Mail or Email. If you do not wish to receive other marketing materials from us and/or if you do not want us to share your personal information with other entities as stated in this Privacy Policy, please provide us with your exact name and address and advise us that you wish to opt-out for information sharing or receiving information from us or both as the case may be. Please direct your opt-out requests to:

{Client Email}

10. How We Protect Your Information

We believe in providing a safe and secure experience for all of our online visitors. To that end, we have implemented security measures to protect the information collected from you. We maintain physical, technical, and administrative safeguards designed to limit unauthorized access to your personally identifiable information, and to protect you against the criminal misuse of that information.

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We use data encryption technology when transferring and receiving your sensitive personal information, such as credit card or financial account information. For example, in your transactions submitted by you through the website, a solid key icon or a locked padlock icon at the lower portion of your web browser window confirms the website is secured through Secure Sockets Layer (SSL). Pages requesting personal information should always have one of these icons. You can also confirm your data is being encrypted by looking at the URL line of your browser (the place where you type website addresses). When accessing a secure server, the site address will change from "http" to "https".

While we use the foregoing security measures to protect your information, please note that no transmission of data over the Internet or any wireless network or stored and utilized for business purposes can be guaranteed to be 100% secure, and no security measures are perfect or impenetrable. As a result, while we strive to protect your information, we cannot ensure that any information we receive, store or otherwise utilize is completely secure. You can reduce security risks by using common sense security practices such as choosing a strong password, using different passwords for different services, and using up to date antivirus software.

11. Changes to Our Privacy Policy

We reserve the right to change this Privacy Policy at any time, in whole or in part, at our discretion and without prior notice. In the event we make material changes to this Privacy Policy, we will post any such changes or amendments in our then current Privacy Policy on the website, which will supersede all prior versions. Therefore, please review this Privacy Policy from time to time so that you are aware when any changes are made to this Privacy Policy. In any event, your continued use of the Site after such change constitutes your acceptance of any such change(s) and the policy as updated.

This Privacy Policy and each of its revisions is effective as of the date it is posted, which is indicated by the LAST MODIFIED date found at the top of the policy.

12. How to Contact Us

To ask questions or comment about this privacy policy and our privacy practices, contact us at:

{Client Email}

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Attachment 3: CEC Accessibility Policy for Website

CEC

'Accessibility' Web Page
Copy/Content – Version 2
[MONTH] 2023

Accessibility

Updated: [DATE]

General

Charles Evans Center (CEC) strives to ensure that our website is accessible to people with disabilities. Our goal is that individuals with disabilities who are members of the public seeking information or services from us, have access to, and use of, information and data that is comparable to that provided to the public who are not people with disabilities, unless an undue burden would be imposed on us. We have the strong belief that every person has the right to live with dignity, equality, comfort and independence, and we have invested in resources to help ensure that our website has been made easier to use and more accessible for people with disabilities.

Accessibility On www.charlesevanscenter.org

The CEC website has been developed taking into account website accessibility and makes available the [UserWay Website Accessibility Widget](#) that is powered by a dedicated accessibility server. This software allows CEC to improve our compliance with Web Content Accessibility Guidelines (WCAG 2.1) Level AA.

Enabling The Accessibility Menu

The accessibility menu can be enabled by clicking the accessibility menu icon that appears on the lower left corner of each web page. After triggering the accessibility menu, please wait a moment for the accessibility menu to load in its entirety.

Disclaimer

CEC continues our efforts to improve the accessibility of our website and services in the belief that it is our collective obligation to allow seamless, accessible and unhindered use for all, including those with disabilities.

On an ongoing basis, we review accessibility standards and implement appropriate action. Despite our efforts to make all pages and content on www.charlesevanscenter.org fully accessible, technology is everchanging, and therefore, some content may not yet have been fully adapted.

Here For You

If you are experiencing difficulty accessing any content on www.charlesevanscenter.org or if you require assistance with any part of our website, please contact us as detailed below and we will be happy to assist.

Contact Us

We are continually improving the user experience for everyone, and we welcome your feedback on the accessibility of this website. Please contact us at (516) _____ or at <email address > if you encounter any accessibility barriers on this site, if you wish to report an accessibility issue, if you have any questions, or if you need assistance.

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Attachment 4: Accounting of Disclosure Request Form

Charles Evans Center, Inc.

REQUEST FOR AN ACCOUNTING OF DISCLOSURES

DATE OF REQUEST	PATIENT NAME
HEALTH RECORD NUMBER	DATE OF BIRTH
PATIENT ADDRESS	

The information is to be disclosed by:
NAME OF FACILITY

ADDRESS

CITY STATE

I would like an accounting of disclosures for the following time frame (e.g., From: 01/01/20 To: 01/30/21)
(Please note: the maximum time frame that can be requested is six years prior to the date of the request, but not before 04/30/2015).

From: _____ To: _____

If you are only seeking an accounting of a certain type(s) of disclosure or disclosures to a specific person/ organization, please describe the disclosures for which you are seeking an accounting:

I understand that the accounting will be provided to me within 60 days of the date of this request, unless CEC extends the time frame for an additional 30 days and provides me with a written statement for the reason(s) for the delay and the date by which I can expect to receive the accounting.

SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE <i>(if Personal Representative, state relationship to patient)</i>	DATE
SIGNATURE OF WITNESS <i>(if signature of patient is a thumbprint or mark)</i>	DATE

MAIL COMPLETED FORM TO: CEC Privacy Officer
1 School Street
Glen Cove, New York 11542

FOR CEC USE ONLY

DATE RECEIVED	DATE SENT
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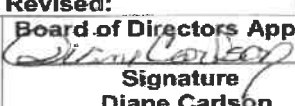
Extension Requested: No Yes, Reason: _____

NAME/TITLE OF CEC EMPLOYEE PROCESSING REQUEST _____

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Attachment 5: CEC ADM-08 Subpoena for Medical Records

**CHARLES EVANS CENTER, INC.
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SUBJECT: Subpoena for Medical Records		POLICY: ADM-08	
Effective: Dec 2018		Revised:	
Administrative Approval: Executive Director		Board of Directors Approval:	
	<u>12/26/18</u> Date		<u>12/26/18</u> Date
Signature James Dolan, Jr, DSW, LCSW		Signature Diane Carlson	

POLICY:

All subpoenas for release of medical records will be processed through the Administrative office of the Charles Evans Center, Inc. (CEC). If a subpoena is received at a co-located site it is to be immediately forwarded to the Administrative Offices at CEC.

PURPOSE:

To comply with legal statutes governing response to subpoenas received by CEC.

PROCEDURE:

- When a subpoena is received the Executive Director or designee will be notified. Legal will be consulted to review the subpoena prior to retrieval of the original medical record.
- The retrieval of requested records shall be completed within (5) business days of receiving the subpoena. Only those documents requested on the subpoena will be retrieved and forwarded to the requesting party.
- The Executive Director, Chief Medical Officer and/or designees will review the documents to ensure:
 - ❖ Integrity of the record
 - ❖ Completeness of the record
 - ❖ Removal of any documents that relate to someone other than the patient.
 - ❖ Records protected under federal and state confidentiality laws.
 - ❖ Removal of any correspondence and copies of records from another health care facility.
- A form verifying that the copy of the medical record is a true copy of the original will be signed by the designated staff member and forwarded with the record to the requesting party. This form is submitted to CEC by counsel requesting the information. A copy of the form will be retained for CEC records.
- Copies of the original medical record will be sent by certified mail within fifteen (15) business days of receipt of the subpoena. Fees for photocopy of records will be charged to the requesting party pursuant to agency policy and industry pricing.

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- If an archived record cannot be located, within the prescribed period, the Executive Director or designee will be notified and the requesting party will be notified of the potential delay.
 - If the record cannot be located, the Executive Director will be notified. Legal consult will be obtained, as deemed necessary, by the Executive Director. The Executive Director or designee will complete the Request for Subpoena Medical Record(s) form and return to requesting legal agency.
- The Executive Director or designee will maintain a log to document each request and to ensure that all subpoenas are processed in accordance with the time frames set forth in this procedure

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Attachment 6: CEC ADM- 10 Retention, Archiving and Purging of Records revised 3/2002

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SUBJECT: Retention, Archiving and Purging of Records		POLICY: ADM-10
Effective: July 2018		Reviewed: February 2022
Chief Medical Officer <i>Christine Brown</i> Signature Christine Brown, MD	3/31/2022	Board of Directors Approval: <i>Stefania Medvedik</i> Signature Stefania Medvedik RD, RN, CDE
		3/31/2022

POLICY

The Agency will maintain acceptable standards of practice for retention and storage of records which are consistent with organizational protocols, demographic standards of practice and State and Federal regulatory requirements.

PURPOSE:

- To maintain compliance to regulatory requirements for retention of patient records.
- To maintain accurate records for archiving, storage and retrieval.
- To ensure that confidentiality of records is secured during storage and archiving.

PROCEDURE:

RETENTION OF RECORDS

Patient records will be retained on file in accordance with New York State Department of Health Regulations, Part 751, the New York State Office of Mental Health 14 NYCRR Part 599 and the New York State Office of Addiction Services and Supports 14CRR-NY Part 822.8 but are not limited to, section 33.13 of the Mental Hygiene Law, Article 27-F of the Public Health Law, the Health Insurance Portability and Accountability Act (HIPAA), and 42 CFR Part 2 and the agency's policies and procedures. The schedule for retention/storage/archiving of patient records and organizational documents is listed on **PAGE 2 & 3**.

ARCHIVING PATIENT RECORDS

- ◆ All inactive patient records (paper charts) will be archived off site with a contracted vendor in a secure storage facility.
- ◆ All archived paper records will be documented on the " **Archived Patient Records**"

RETENTION OF ELECTRONIC HEALTH RECORDS

When the patient is no longer receiving care at a CEC health center the assigned staff at each respective site will inactivate the record in the eCW system; however it will remain stored indefinitely in the eClinical Works (eCW) database.

PROCEDURE FOR ARCHIVING AND RETRIEVING RECORDS FROM OFF-SITE

ARCHIVES

- ◆ When records are to be sent to the off-site vendor for archiving the original of the completed archive log must accompany the charts. The person sending the charts will make the date entries and sign the form. A copy of the archive log will be maintained at CEC Bethpage, NY..

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- The archive vendor will provide updated computerized lists of all records archived at their facility. This list will be maintained by an assigned staff member at CEC Bethpage, NY and used as the reference source for archive location and retrieval of records.
- Records can be retrieved from off-site storage on regular business days within 48-72 hours and in accordance with procedures established with the archive vendor.

PURGING AND DESTROYING MEDICAL RECORDS*

- Patient Medical Records (paper charts) may be purged following the required retention period as defined by the DOH, OMH and OASAS regulations.
- When these charts are purged they must be shredded or incinerated to preserve patient confidentiality.

***EXCEPTION:** Records that have been secured for risk management purposes and/ or potential litigation will not be purged until authorized by legal counsel and Executive Director.

<u>NAME OF RECORD</u>	<u>MINIMUM RETENTION PERIOD</u>	<u>LOCATION</u>	<u>RESPONSIBLE PERSON(S)</u>
Patient Records	<p>Pursuant to Title 10 DOH Regulations Part 751.7</p> <p>Case records must be retained for six (6) years after the date of discharge or last contact, or three (3) years after the patient reaches the age of eighteen, whichever time period is longer.</p> <p>ADULT: Six years after the last date of service rendered to a patient.</p> <p>MINOR: At least Six years after the last date of service or Three years after he/she reaches majority, whichever time period is longer. 800.5(d) OASAS A32</p>	<p>Inactive Paper Charts: Archived, as per procedure, for required retention period.</p> <p>Electronic Health Records Retained indefinitely in the eCW database.</p>	Person(s) designated by Manager of Operations

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	<p>Records retention: Patient records must be retained for ten (10) years after the date of discharge or last contact, or three (3) years after the patient reaches the age of eighteen, whichever time period is longer OMH 599.11(e) A31Records must be retained for a minimum period of six years from the date of the last service in an episode of service.</p>		
Committee Minutes	Five Years from Date of Meeting	Administrative Offices	Manager of Operations
Minutes of Staff Meetings	Five Years from Date of Meeting	Administrative Offices	Manager of Operations
Reports of Inspections; Surveys	Five Years from Date of Inspection	Administrative Offices	Executive Director, Manager of Operations
QI Audit Reports: Internal and External	Five Years from Date of Audit	Administrative Offices	Manager of Operations
<u>NAME OF RECORD</u>	<u>MINIMUM RETENTION PERIOD</u>	<u>LOCATION</u>	<u>RESPONSIBLE PERSON(S)</u>
Old Policies/Procedures	Five Years from Last Revision Date	Administrative offices	Manger of Operations
Incident Reports	Five years from date of report	Administrative Offices	Manager of Operations
Financial Records	Five years from date of report	Administrative Offices	CFO

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Sterilization Logs	Five years from date of origin.	12 months must be maintained on site in each CEC Health Center. 12 months-5 years Administrative Offices	1-12 months: RN, Nursing Supervisor 13 months-5 years: Manager of Operations
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Attachment 7: Notice of Privacy Policy also available in Spanish



867 SOUTH OYSTER BAY ROAD
BETHPAGE, NY 11714

CEC NOTICE OF PRIVACY PRACTICES

This notice is effective as of April 30, 2015.

THIS JOINT 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.

INTRODUCTION

This Joint Notice is being provided to you on behalf of CEC and the practitioners with clinical privileges that work at the Agency with respect to services provided at the Agency facilities (collectively referred to herein as "We" or "Our"). We understand that your medical information is private and confidential. Further, we are required by law to maintain the privacy of "protected health information." "Protected health information" or "PHI" includes any individually identifiable information that we obtain from you or others that relates to your past, present or future physical or mental health, the health care you have received, or payment for your health care. We will share protected health information with one another, as necessary, to carry out treatment, payment or health care operations relating to the services to be rendered at the Agency facilities.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of PHI. This notice also discusses the uses and disclosures we will make of your PHI. We must comply with the provisions of this notice as currently in effect, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all PHI we maintain. You can always request a written copy of our most current privacy notice from CEC's HIPAA Privacy Officer or you can access it on our website at CEC.org.

PERMITTED USES AND DISCLOSURES

We can use or disclose your PHI for purposes of treatment, payment and health care operations. For each of these categories of uses and disclosures, we have provided a description and an example below. However, not every particular use or disclosure in every category will be listed.

- Treatment means the provision, coordination or management of your health care, including consultations between health care providers relating to your care and referrals for health care from one health care provider to another.
- Payment means the activities we undertake to obtain reimbursement for the health care provided to you, including billing, collections, claims management, determinations of eligibility and coverage and other utilization review activities. For example, we may need to provide PHI to your Third Party Payer to determine whether the proposed course of treatment will be covered or if necessary to obtain payment. Federal or state law may require us to obtain a written release from you prior to disclosing certain specially protected PHI for payment purposes, and we will ask you to sign a release when necessary under applicable law.

- Health care operations means the support functions of the Agency, related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient comments and complaints, physician reviews, compliance programs, audits, business planning, development, ~~management~~ and administrative activities. For example, we may use your PHI to evaluate the performance of our staff when caring for you. We may also combine PHI about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose PHI for review and learning purposes. In addition, we may remove information that identifies you so that others can use the de-identified information to study health care and health care delivery without learning who you are.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We may also use your PHI in the following ways:

- To provide appointment reminders for treatment or medical care.
- We may disclose your PHI to our Business Associates to perform certain business functions or provide us certain business services. A Business Associate is defined as a company which creates, maintains, receives or transmits PHI in its performance of services for us. For example, we may use another company to perform billing services on our behalf. Our Business Associates are required to maintain the privacy and confidentiality of your PHI.
- To tell you about or recommend possible treatment alternatives or other health-related benefits and services that may be of interest to you.
- To your family or friends or any other individual identified by you to the extent directly related to such person's involvement in your care or the payment for your care. We may use or disclose your PHI to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon our professional judgment.
- When permitted by law, we may coordinate our uses and disclosures of PHI with public or private entities authorized by law or by charter to assist in disaster relief efforts.
- We may contact you as part of our fundraising and marketing efforts as permitted by applicable law. You have the right to opt out of receiving such fundraising communications.

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- We may use or disclose your PHI for research purposes, subject to the requirements of applicable law. For example, a research project may involve comparisons of the health and recovery of all patients who received a particular medication. All research projects are subject to a special approval process which balances research needs with a patient's need for privacy. When required, we will obtain a written authorization from you prior to using your health information for research.
- We will use or disclose PHI about you when required to do so by applicable law.

Note: incidental uses and disclosures of PHI sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.

SPECIAL SITUATIONS

Subject to the requirements of applicable law, we will make the following uses and disclosures of your PHI:

- Organ and Tissue Donation. If you are an organ donor, we may release PHI to organizations that handle organ procurement or transplantation as necessary to facilitate organ or tissue donation and transplantation.
- Military and Veterans. If you are a member of the Armed Forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- Worker's Compensation. We may release PHI about you for programs that provide benefits for work-related injuries or illnesses.
- Public Health Activities. We may disclose PHI about you for public health activities, including disclosures:
 - * to prevent or control disease, injury or disability;
 - * to report births and deaths;
 - * to report child abuse or neglect;
 - * to persons subject to the jurisdiction of the Food and Drug Administration (FDA) for activities related to the quality, safety, or effectiveness of FDA-regulated products or services and to report reactions to medications or problems with products;
 - * to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - * to notify the appropriate government authority if we believe that an adult patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if the patient agrees or when required or authorized by law
- Health Oversight Activities. We may disclose PHI to federal or state agencies that oversee our activities (e.g., providing health care, seeking payment, and civil rights).
- Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI subject to certain limitations.
- Law Enforcement. We may release PHI if asked to do so by a law enforcement official:
 - * In response to a court order, warrant, summons or similar process;
 - * To identify or locate a suspect, fugitive, material witness, or missing person;
 - * About the victim of a crime under certain limited circumstances;
 - * About a death we believe may be the result of criminal conduct;
 - * About criminal conduct on our premises; or
 - * In emergency circumstances, to report a crime, the location of the crime or the victims, or the identity, description or location of the person who committed the crime.
- Coroners, Medical Examiners and Funeral Directors. We may release PHI to a coroner or medical examiner. We may also release PHI about patients to funeral directors as necessary to carry out their duties.
- National Security and Intelligence Activities. We may release PHI about you to authorized federal officials for intelligence, counterintelligence, other national security activities authorized by law or to authorized federal officials so they may provide protection to the President or foreign heads of state.
- Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- Serious Threats. As permitted by applicable law and standards of ethical conduct, we may use and disclose PHI if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or is necessary for law enforcement authorities to identify or apprehend an individual.

Note: HIV-related information, genetic information, alcohol and/or substance abuse records, mental health records and other specially protected health information may enjoy certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.

OTHER USES OF YOUR HEALTH INFORMATION

Certain uses and disclosures of PHI will be made only with your written authorization, including uses and/or disclosures of psychotherapy notes (where appropriate) and uses and/or disclosures for marketing purposes. Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization.

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YOUR RIGHTS

1. You have the right to request restrictions on our uses and disclosures of PHI for treatment, ~~payment~~ and health care operations. However, we are not required to agree to your request. We are, however, required to comply with your request if it relates to a disclosure to your health plan regarding health care items or services for which you have paid the bill in full. To request a restriction, you may make your request in writing to the Privacy Officer.

2. You have the right to reasonably request to receive confidential communications of your PHI by alternative means or at alternative locations. To make such a request, you may submit your request in writing to the Privacy Officer.

3. You have the right to inspect and copy the PHI contained in our Agency records, except:

- (i) for psychotherapy notes, (i.e., notes that have been recorded by a mental health professional documenting counseling sessions and have been separated from the rest of your medical record);
- (ii) for information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
- (iii) for PHI involving laboratory tests when your access is restricted by law;
- (iv) if you are a prison inmate, and access would jeopardize your health, safety, security, custody, or rehabilitation or that of other inmates, any officer, employee, or other person at the correctional institution or person responsible for transporting you;
- (v) if we obtained or created PHI as part of a research study, your access to the PHI may be restricted for as long as the research is in progress, provided that you agreed to the temporary denial of access when consenting to participate in the research;
- (vi) for PHI contained in records kept by a federal agency or contractor when your access is restricted by law, and
- (vii) for PHI obtained from someone other than us under a promise of confidentiality when the access requested would be reasonably likely to reveal the source of the information.
- (viii) for other reasons permitted by applicable State or Federal law.

In order to inspect or obtain a copy your PHI, you may submit your request in writing to the Medical Records Custodian. If you request a copy, we may charge you a fee for the costs of copying and mailing your records, as well as other costs associated with your request.

We may also deny a request for access to PHI under certain circumstances if there is a potential for harm to yourself or others. If we deny a request for access for this purpose, you have the right to have our denial reviewed in accordance with the requirements of applicable law.

4. You have the right to request an amendment to your PHI but we may deny your request for amendment, if we determine that the PHI or record that is the subject of the request:

- (i) was not created by us, unless you provide a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment;
- (ii) is not part of your medical or billing records or other records used to make decisions about you;
- (iii) is not available for inspection as set forth above; or
- (iv) is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records. In order to request an amendment to your PHI, you must submit your request in writing to Medical Record Custodian at our Agency, along with a description of the reason for your request.

5. You have the right to receive an accounting of disclosures of PHI made by us to individuals or entities other than to you for the six years prior to your request, except for disclosures:

- (i) to carry out treatment, payment and health care operations as provided above;
- (ii) incidental to a use or disclosure otherwise permitted or required by applicable law;
- (iii) pursuant to your written authorization;
- (iv) for the Agency's directory or to persons involved in your care or for other notification purposes as provided by law;
- (v) for national security or intelligence purposes as provided by law;
- (vi) to correctional institutions or law enforcement officials as provided by law;
- (vii) as part of a limited data set as provided by law.

To request an accounting of disclosures of your PHI, you must submit your request in writing to CEC's Privacy Officer. Your request must state a specific time period for the accounting (e.g., the past three months). The first accounting you request within a twelve (12) month period will be free. For additional accountings, we may charge you for the costs of providing the list. We will notify you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

6. You have the right to receive a notification, in the event that there is a breach of your unsecured PHI, which requires notification under the Privacy Rule.

7. You have the right to revoke your written authorization at any time, provided that the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization.

RIGHT TO CHANGE TERMS OF THIS NOTICE

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CEC may change the terms of this Notice at any time. If we change this Notice, we will post the revised Notice in appropriate locations around CEC and online. You also may obtain any revised notice by contacting the Privacy Officer.

COMPLAINTS

If you believe that your privacy rights have been violated, you should immediately contact CEC's HIPAA Privacy Officer at 516-622-8888. We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of the U. S. Department of Health and Human Services.

CONTACT PERSON

If you have any questions or would like further information about this notice please contact CEC's Privacy Officer at 516-622-8888.