



*Serving the community for more than a quarter century*

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Helen A. Blocker  
*Chairperson*

Manuel A. Rosa  
*Executive Director*

**Effective April 14, 2003**

## HIPAA PRIVACY NOTICE

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

Hunts Point Multi-Service Center, Inc. understands 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” includes 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.

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 protected health information. 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 revised notice effective for all protected health information we maintain. You have the right to the confidentiality of your medical information and the right to approve or refuse the release of specific information except when the release is required by law. If you prefer that we do not share information we may honor your request in certain circumstances described below. If you have any questions about this notice, please contact our Privacy Officer at the address below.

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes Hunts Point Multi-Service Center, Inc.’s practices regarding the use of your medical information and that of:

- Any health care professional authorized to enter information into your medical record
- All departments and units of Hunts Point Multi-Service Center, Inc. you may visit.
- Any member of a volunteer group we allow to help you while you are at Hunts Point Multi-Service Center, Inc.
- All employees, staff and other personnel who may need access to your information.

- All entities, sites and locations of Hunts Point Multi-Service Center, Inc., follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care purpose described in this notice.

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

The following categories describe different ways that we may use and disclose medical information. For each category of uses and disclosures we will try to provide a clear example and/or description. Not every use or disclosure in a category will be listed.

- A. FOR TREATMENT.** We may use medical information about you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, training doctors, or other health care professionals who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange appropriate meals. Different health care professionals also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We may also disclose medical information about you to people outside Hunts Point Multi-Serviced Center, Inc., who may be involved in your medical care after you leave Hunts Point Multi-Service Center, Inc., or that provide services that are part of your care.
- B. FOR PAYMENT.** We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, your insurance company may need to know about surgery you received so they will pay us or reimburse you for the surgery. We may also use and disclose medical information about you to obtain prior approval or to determine whether your insurance will cover the treatment.
- C. HEALTH CARE OPERATIONS.** We may use and disclose medical information about you for health care operations. Health care operations means the support functions of our practice 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 protected health information to evaluate the performance of our staff when caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. In addition, we may remove information that identifies you from your patient information so that others can use the de-identified information to study health care and health care delivery without learning who you are.
- D. TO CORONERS, MEDICAL EXAMINERS, FUNERAL DIRECTORS, ORGAN PROCUREMENT ORGANIZATIONS OR TISSUE BANKS.** We may disclose your protected health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We may also disclose your health information to a funeral director for the purpose of carrying out your wishes and/or for the funeral director to perform his/her necessary duties.

If you are an organ donor, we may disclose your protected health information to the organization that will handle your organ, eye or tissue donation for the purpose of facilitating your organ or tissue donation or transplantation.

**E. TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY.** We may use and disclose medical information about you when necessary to prevent serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, will only be released to those law enforcement agencies or individuals who have the ability or authority to prevent or lessen the threat of harm. Some examples where your protected health information may be disclosed are:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse and neglect
- To report reactions to medications or problems with products
- To notify individuals of recalls of products they may be using
- 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 we believe a patient has been the victim of abuse, neglect or domestic violence

**F. FOR SPECIFIC GOVERNMENT FUNCTIONS.** We may disclose protected health information of military personnel and veterans, when requested by military command authorities, to authorized federal authorities for the purposes of intelligence, counterintelligence, and other national security activities (such as protection of the President), or to correctional institutions.

**G. LAWSUITS AND DISPUTES.** We may disclose medical information about you in response to a subpoena, discovery request, or other lawful order from a court.

**H. FOR RESEARCH PURPOSES.** We may disclose your protected health information for research purposes only when management has approved of the research project. However, we may use or disclose your protected health information to individuals preparing to conduct an approved research project in order to assist such individuals in identifying persons to be included in the research project. Researchers identifying persons to be included in the research project will be required to conduct all activities onsite. If it becomes necessary to use or disclose information about you that could be used to identify you by name, we will obtain your written authorization before permitting the researcher to use your information.

**NOTE.** HIV-related information, genetic information, alcohol and/or substance records, mental health records and other specially protected health information may enjoy certain special confidentiality protections under applicable State and Federal law. Any disclosure of these types of records will be subject to these special provisions.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

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

**RIGHT TO INSPECT AND COPY.** You have the right to inspect and copy medical information that may be used to make decisions about your care, except:

1. For psychotherapy notes, which are notes that have been recorded by a mental health professional documenting or analyzing the contents of conversations during an individual counseling session or a group, joint or family counseling session and that have been separated from the rest of your medical record;

2. For information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
3. For protected health information involving laboratory tests when your access is restricted;
4. If you are a prison inmate, obtaining a copy of your information may be restricted if it would jeopardize your health, safety, security, custody, or rehabilitation or that of other inmates, or the safety of any officer, employee, or other person at the correctional institution or person responsible for transporting you;
5. If we obtained or created protected health information as part of a research study, your access to the health information 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;
6. For protected health information 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; and
7. For protected health information in records kept by a Federal agency or contractor when your access is restricted by law.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer at the address on the last page. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances:

1. If a licensed health care professional has determined, in accordance with the exercise of professional judgment, that the access requested is reasonably likely to endanger your life or physical safety or that of another person.
2. If the protected health information makes reference to another person (unless such other person is 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 other person;  
or
3. The request for access is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person.

If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional will review your request and denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**RIGHT TO AMEND.** If you feel that medical information we have about you is incorrect or incomplete, you may ask to amend the information. You have the right to request an amendment for as long as the information is kept.

To request an amendment, you must complete the following form – Request for Amendment/Correction of Protected Health Information and submit it to our Privacy Officer.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

- Is not part of the medical information kept by Hunts Point Multi-Service Center, Inc.
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete

**RIGHT TO AN ACCOUNTING OF DISCLOSURES.** You have the right to request an “accounting of disclosure”. This is a list of certain disclosures we made of medical information about you.

To request an accounting disclosure you must complete the following form – Request for an Accounting of Disclosures of Protected Health Information and submit it to our Privacy Officer.

**RIGHT TO REQUEST RESTRICTIONS.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment.

To request restrictions, you must complete the form – Request to Restrict the Use and Disclosures of Protected Health Information and submit it to our Privacy Officer.

**CHANGES TO THIS NOTICE.** We reserve the right to change this notice. We reserve the right the revised or changed notice effective for medical information we already have about you as well as any medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice. The notice will contain on the first page, in the top right-hand corner, effective date.

**COMPLAINTS.** If you believe your privacy rights have been violated, you may contact our Privacy Officer or the Secretary of Department of Health and Human Services. To file a complaint with Hunts Point Multi-Service Center, Inc., contact our Privacy Officer at the address and/or phone number below. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

**Persons to Contact to Follow- Up on Privacy Related Issues.**

You may contact the individuals listed below to follow up on any issues related to the privacy of your protected health information:

Hunts Point Multi Service Center Inc.  
 Director of Corporate Compliance  
 (HIPAA Privacy Officer)  
 Tracy McCoy, M.H.S.  
 754 E. 151<sup>st</sup> Street  
 Bronx, New York 10455  
 Telephone: (718) 401- 5457  
 Fax: (718) 993- 5994

U.S. Dept. of Health & Human Services  
 200 Independence Avenue, S.W.  
 Washington, DC 20201  
 Telephone: (202) 619- 0257  
 (877) 696- 6775