

# Notice of Privacy Practices

Your Information

Your Rights

Our Responsibilities



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WellLife Network Executive Offices  
142-02 20th Avenue, Flushing, NY 11351  
718.559.0516  
[www.WellLifeNetwork.org](http://www.WellLifeNetwork.org)

Long Island Administrative Offices  
120 Commerce Drive, Suite 102  
Hauppauge, NY 11788  
T 631.920.8028

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# Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), WellLife Network is required by law to maintain the privacy of health information that identifies you, called protected health information (PHI), and to provide you with notice of our legal duties and privacy practices regarding PHI. WellLife Network is committed to the protection of your PHI and will make reasonable efforts to ensure the confidentiality of your PHI, as required by statute and regulation. We take this commitment seriously and will work with you to comply with your right to receive certain information under HIPAA.

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.

## Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services and sell your information
- Raise funds
- Our Uses and Disclosures

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## **Your Choices** (cont'd)

We may use and share your information to:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits or subpoenas

## **When It Comes to Your Health Information, You Have Certain Rights**

This section explains your rights and some of our responsibilities to help you.

1. **Get a copy of your paper or electronic medical record.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.

- At WellLife Network - NYC, call 718-559-0553, fax your request to 718-359-2381, or email *HIM-Recordsfacility@welllifenetwork.org*

- At WellLife Network - Long Island, call 631-920-8300, fax your request to 631-920-8460, or email *LI-HIM-Recordsfacility@welllifenetwork.org*

We will provide a copy or a summary of your health information, within 30 days of your request. We may charge a reasonable, cost-based fee.

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## **2. Ask us to correct your paper or electronic medical record.**

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

## **3. Request confidential communications.**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

## **4. Ask us to limit what we use or share.**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer. We will say “yes” unless a law requires us to share that information.

## **5. Get a list of those with whom we’ve shared information**

- You can ask for a list of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Your health information may be shared with a Regional Health Information Organization (RHIO) if you have agreed to participate in one. A RHIO is a health information exchange organization that

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brings together a group of organizations within a specific area that share healthcare-related information electronically according to accepted healthcare information technology (HIT) standards for the purpose of improving health and care in the community. If the RHIO has its own Privacy Practices Notice, you will receive a copy of it if you request one.

**6. Get a copy of this privacy notice**

- You can ask for a paper copy of this notice, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**7. Choose someone to act for you**

- If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**8. File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting the Corporate Compliance and Privacy Officer at 718-559-0536 or the WellLife Network compliance hotline at 866-713-2331.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 877-696-6775, or visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints/html>
- We will not retaliate against you for filing a complaint.

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## Your Choices About What We Share

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We will not share any identifying information in the following ways unless you give us written permission:

- Marketing purpose
- Sale of your information
- Research
- Sharing of psychotherapy notes (unless required by a court order or requested by a government entity)

In the case of fundraising:

We may contact you for fundraising efforts, but you can tell us not to contact you again.

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## **Our Uses and Disclosures**

We typically use or share your health information in the following ways:

### **To Treat You**

We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition or providing your physician with your laboratory test results.*

### **To Run Our Organization**

We can use and share your health information to run our business, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services or to coordinate health care or health benefits.*

### **To Bill for Your Services**

We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

### **Help with Public Health and Safety Issues**

We can share health information about you for certain situations such as:

- Preventing disease, injury, or disability
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Comply with the Law**

We will share information about you if local, state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy laws.

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## **Respond to Organ and Tissue Donation Requests**

We can share health information about you with organ procurement organizations.

## **Work with a Coroner, Medical Examiner or Funeral Director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to Lawsuits and Legal Actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **How Else Can We Use or Share Your Health Information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/html>.

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## **Our Responsibilities:**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
  
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

## **For More Information, see:**

*[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)*

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

## **Special Protection Under State Law**

HIV-Related Information. HIV-related information is subject to special protection under New York law. We will disclose your HIV-related information to others who are not qualified to act as your personal representative without your written authorization only as follows: (i) to health care providers for treatment or payment purposes; (ii) in connection with organ and tissue donation and transplantation; (iii) to accreditation and oversight bodies; (iv) to a government agency as required by law; (v) to health insurers for reimbursement purposes; (vi) in response to a court order; (vii) to the medical director of a correctional facility; (viii) to the Commission of Corrections for health oversight purposes; or (ix) to funeral directors.

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## **Alcohol and Substance Abuse Treatment Records**

The records of federally assisted alcohol and substance abuse treatment programs are subject to special protection under federal regulations. We will disclose these records without your written authorization only in the following circumstances: (i) to medical personnel who need the information for the purpose of providing emergency treatment to you; (ii) to medical personnel of the Food and Drug Administration for the purpose of identifying potentially dangerous products; (iii) for research purposes if certain safeguards are met; (iv) to authorized individuals or organizations conducting an on-site audit of our records, provided such individual or organization does not remove the information from our premises and agrees in writing to safeguard the information as required by federal regulations; or (v) in response to an appropriate court order.

## **Mental Health Information**

We will disclose your mental health records without your written authorization only in the following circumstances: (i) to a personal representative, guardian or another person who is authorized to make health care decisions on your behalf; (ii) to government agencies or private insurance companies in order to obtain payment for services we provided to you; (iii) to other mental health providers treating you who are part of the State's organized mental health system; (iv) to comply with a court order, administrative order or a subpoena; (v) with the consent of the appropriate commissioner in certain circumstances; (vi) to appropriate persons who are able to avert a serious and imminent threat to the health or safety of you or another person; (vii) to appropriate government authorities to locate a missing person or conduct a criminal investigation as permitted under Federal and State confidentiality laws; (viii) to other licensed hospital emergency services as permitted under Federal and State confidentiality laws; (ix) to the mental hygiene legal service offered by the State; (x) to attorneys representing patients in an involuntary hospitalization proceeding; (xi) to authorized government officials (including mental health indecent review panels) for the purpose of monitoring or evaluating the quality of care provided to you; (xii) to the to the commission on quality of care for the mentally disabled and any person or agency under contract with the commission that provides protection and advocacy services as required by federal law; (xiii) to the medical review board of the state commission of correction in connection with the death of an individual; (xiv) to qualified researchers without your specific authorization when such research poses minimal risk to your privacy; (xv) to the state board for professional medical conduct or the office or professional discipline to exercise their statutory function; (xvi) to a director of community services or his or her designee in order to exercise his or her statutory functions; (xvii) to the state

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and federal division of criminal justice for the purposes of conducting audits, background checks and criminal investigations; (xviii) to coroners and medical examiners to determine cause of death; and (xix) if you are an inmate, to a correctional facility which certifies that the information is necessary in order to provide you with health care, or in order to protect the health or safety of you or any other persons at the correctional facility.

### **Information Related to Preventive Services**

Any protected health information we maintain that is related to the delivery of preventive services is also subject to special protection under New York State Department of Social Services (DSS) regulations. We will disclose this information to others who are not qualified to act as your personal representative without your written authorization only as follows: (i) to DSS or a local social services district; (ii) to another preventive services or foster care agency serving you for purposes related to treatment, payment or health care operations; (iii) in response to a court order, administrative order or a subpoena; or (iv) to government agencies as necessary for fiscal audits.

### **If You Have Any Questions**

Please feel free to call or email:

- WellLife Network Privacy Officer, Lauren Gasparine,  
at 718 559-0536 or [lauren.gasparine@welllifenetwork.org](mailto:lauren.gasparine@welllifenetwork.org)

In addition to the above contact, the agencies comply with applicable New York State Laws regarding client confidentiality issues.

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## **Notice of Privacy Practices Acknowledgement and Consent**

By signing below, I acknowledge that I have been provided a copy of this ***Notice of Privacy Practices*** and have therefore been advised of how health information about me may be used and disclosed by the agency and how I may obtain access to and control this information.

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Signature of Consumer or Personal Representative

Date

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Print Name of Consumer or Personal Representative

Date

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Description of Personal Representative's Authority

Date

(If Consumer or Personal Representative refuses to sign, please indicate below along with your name, date, and signature)

Consumer or Personal Representative refuses to sign this  
Acknowledgement and Consent

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Name

Signature of WellLife Network Representative

Date



[www.WellLifeNetwork.org](http://www.WellLifeNetwork.org) TEL 718.559.0516