

# Notice of Privacy Practices

Your Information

Your Rights

Our Responsibilities



September 15, 2020



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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 Inc. ("WellLife") 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 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.**

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## 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 by:

- Calling 718-559-0553, faxing your request to 718-359-2381, or emailing [HIM-Recordsfacility@welllifenetwork.org](mailto: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.

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.

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**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.

**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 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
- 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.

## Our Uses and Disclosures without Authorization

We may use and/or disclose your information for many different reasons. In certain situations, which are described within this notice, your written authorization must be obtained in order to use and/or disclose your PHI. However, your written authorization is not required for the following uses and/or disclosures by WellLife for treatment, payment, or healthcare operations.

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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.

### **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.*

### **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.*

## **How else can we use or share your health information?**

We are allowed or required to share your information in other ways that do not require authorization (except with respect to certain highly confidential information described within) – 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:

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

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

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

- Preventing disease
- 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

### **Do Research**

We will use or share your information for health research.

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## **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.

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

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

## **Work with a 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.

## **Uses and Disclosures with Written Authorization**

We must ask for your written authorization for any other use and/or disclosure of your PHI which was not described above. If you authorize us to use and/or disclose your PHI, you can later revoke the authorization and stop any future use or disclosure of your PHI under that prior authorization. You can revoke an authorization by providing a written request of such revocation to the WellLife program where you received services or by contacting the WellLife Privacy Officer.

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## Highly Confidential Information

Certain state and federal laws require special privacy protections for certain highly confidential information about you, including the subset of your PHI that: (i) is maintained in psychotherapy notes; (ii) is about services for mental health treatment provided by us; (iii) is about services for alcohol or drug abuse or addiction by substance use programs operated by us; or (iv) involves genetic information or information about HIV/AIDS (“Highly Confidential Information”). We must generally get your authorization to disclose any Highly Confidential Information about you, but may disclose it without first getting your authorization in the following circumstances:

1. Psychotherapy notes. In general, we will not use or disclose information recorded by a mental health professional to document or analyze conversations with you in therapy, unless you authorize us to do so. However, we can use or disclose such PHI without your authorization for the following purposes:
  - (a) the health professional who recorded the information can use it to treat you;
  - (b) in limited situations, we can use or disclose such PHI in connection with mental health counseling training that occurs at one of our facilities;
  - (c) we can use or disclose your psychotherapy notes to defend against any legal proceeding brought by you; and
  - (d) we can use or disclose our PHI to comply with law, public health, health oversight, or to avoid harm.
  
2. Mental health treatment. Information regarding your mental health treatment may be used by or disclosed to those who are providing you with treatment. It may also be disclosed to entities responsible for paying for your care, such as insurance companies, but only the amount of information necessary for payment purposes will be disclosed. If they ask and we think it is in your best interest, we may tell your lawyer, your guardian or conservator (if any), or a member of your family that you are a patient, unless you tell us not to. If you are a patient, we may tell the mental health advocate your name and when your treatment began, unless you tell us not to.

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Information regarding your mental health treatment may be disclosed when ordered by a court or otherwise required by law, such as reporting suspected child abuse or reports to the department of health or other regulatory agencies. We may also use or disclose mental health treatment information for purposes of program evaluation or research under limited circumstances. In an emergency, information regarding your mental health treatment may be used or disclosed in order to prevent someone, (including you) from, being harmed. If you are a minor, your mental health treatment records may be released to your parent or guardian under certain circumstances.

3. Drug and alcohol treatment records. The confidentiality of alcohol and drug use related PHI which is maintained by the substance use and prevention programs we may operate is protected by federal law and regulations. In general, we may not tell a person outside the program that you attend the program, or disclose any information identifying you as an alcohol or drug user unless:
- (a) you consent in writing
  - (b) it's to program staff for the purposes of providing treatment and maintaining the clinical record;
  - (c) pursuant to an agreement with a business associate (e.g. Clinical laboratories, pharmacy, record storage services, billing services);
  - (d) for research, audit or evaluations (e.g. State licensing review, accreditation, program data reporting as required by the State and/or Federal government);
  - (e) to report a crime committed on the program's premises or against program personnel;
  - (f) to medical personnel in a medical/psychiatric emergency;
  - (g) to appropriate authorities to report suspected child abuse or neglect;
  - (h) to report certain infectious illnesses as required by state law; or
  - (i) as allowed by a court order.

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Federal laws and regulations do not protect any PHI about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for federal laws and 42 CFR part 2 for Federal regulations.)

4. HIV/AIDS-Related Information. HIV/AIDS -related information is subject to special protection under New York law. We will disclose your HIV/AIDS-related information to others who are not qualified to act as your personal representative without your written authorization as follows:
- (a) to health care providers for treatment or payment purposes;
  - (b) to an emergency care provider or health care worker who is accidentally exposed to potentially infectious body fluids;
  - (c) to a government agency as required by law;
  - (d) to health insurers for reimbursement purposes if the information is needed to pay for care;
  - (e) in response to a special court order issued by a judge;
  - (f) to medical personnel and certain other supervisory staff who provide or monitor services if you are in jail or prison or on parole;
  - (g) oversight agencies or government agencies that are authorized to have access to medical records when it is needed to supervise, monitor, or administer health service or social service; or
  - (h) as otherwise permitted by law.

## **Our Responsibilities:**

We are required by law to:

- Maintain the privacy and security of your protected health information.
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- Follow the duties and privacy practices described in this notice and give you a copy of it.
- 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.

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**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)*

**Minors And Personal Representatives**

In most situations, parents, guardians, and/or others with legal responsibilities for minors (children under 18 years of age) may exercise the rights described in this Notice on behalf of the minor. However, there are situations where minors may themselves exercise the rights described in this Notice and the minor's parents or guardians may not.

**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 website.

**If You Have Any Questions**

Please feel free to call or email:

- **WellLife 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 Person Served or Personal Representative

Date

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Print Name of Person Served or Personal Representative

Date

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Description of Personal Representative's Authority

Date

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

Person Served or Personal Representative refuses to sign this  
Acknowledgement and Consent

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Name

Signature of WellLife Network Inc. Representative

Date



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