

Notice of Privacy Practices

Your Information

Your Rights

Our Responsibilities



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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 the types of disclosures that HIPAA permits WellLife to make without authorization. To the extent a more restrictive state or federal law restricts such disclosures, this notice reflects the more restrictive law.

We will share your protected health information with third party “business associates” that perform various activities for the Agency. Whenever an arrangement between our Agency and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

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.

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 **347-682-2852**, or emailing HIM-Recordsfacility@welllifenet.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. 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. 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; we may say “no” if it would affect your care.
 - You have the right to request restrictions for use in a facility directory (if applicable).
 - You have the right to request restrictions to family members and others involved in your care. We are not required to agree to your request; 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. Minimum Necessary
 - Except for treatment, only the minimum information necessary to achieve the purpose should be used or disclosed.
 6. Incidental Disclosures
 - Incidental disclosures are permitted if reasonable safeguards are in place.
 7. Get a list of those with whom we've shared information.
 - You can ask for a list of the times we have shared your information for six (6) 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, payments and health care operations, and certain other disclosures (such as any you asked us to make).
 - We will provide one (1) accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within twelve (12) months.
 8. 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.
 9. 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.
 10. 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 (1) Sending a letter to: 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington,

D.C. 20201, (2) Calling 877-696-6775, or (3) Visiting
<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

We will not retaliate against you for filing a complaint.

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.

We typically share your health information, with as limited information as possible, 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 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.*

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.*

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:

<https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/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.

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 are 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. After your death, we can continue to disclose your information to your family members and others that were involved in your care prior to your death, unless you objected prior to your passing.

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
- Limited disclosures to identify suspects, report crimes on-premises, or in emergencies
- 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 court ordered subpoena. We can share your information in response to certain administrative orders only if the requesting party provides adequate assurances that you have been notified, or if there is a qualified protective order in place.

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.

Highly Confidential Information

Certain state and federal laws require special privacy protection 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 you 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.

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. Records regarding substance use disorders are subject to stricter, specialized confidentiality protections under federal law (42 CFR Part 2) compared to standard protected health information. Drug and alcohol treatment records, (“other applicable law” that is more stringent than the HIPAA Privacy Rule). 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. Records received from Part 2 Programs will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the records, as provided in 42 CFR part 2. 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. For treatment, payment, and health care operations, Part 2 records generally require specific patient consent, unlike general HIPAA information;
 - 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), provided the disclosure is for treatment, payment, or healthcare operations (TPO) and adheres to specific consent and confidentiality requirements. Part 2 programs can obtain single consent for future TPO disclosures to business associates;

- d. for research, audit or evaluations (e.g. State licensing review, accreditation, program data reporting as required by 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.

You have the right to a revision of any existing description of a permissible use or disclosure of protected information to reflect any more stringent legal requirements for the use and disclosure of information, including requirements under 42 CFR Part 2.

If we intend to use or disclose such Part 2 Program records for fundraising purposes that benefit us, we will provide you with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

You have the right to request restrictions on disclosures for TPO and the right to request a list of disclosures. You have the right to file a complaint for a violation of your Part 2 privacy rights and will not be retaliated against for doing so.

PHI that is properly disclosed by us can be "redisclosed" by the recipient following your authorization for disclosure, thus making the information no longer protected.

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.)

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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 to Maintain Your Privacy:

We are required by law to:

- Maintain the privacy and security of your protected health information.
- To 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.

For More Information, see:

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 the 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 **Barbara Selden, WellLife Network Privacy Officer** at **718-559-0536** or Barbara.Selden@WellLifeNetwork.org.

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



Notice of Privacy Practices Acknowledgement and Consent

I have been advised of how health information about me may be used and disclosed by WellLife Network Inc. and how I may obtain access to and control this information.

By signing below, I acknowledge that I have reviewed WellLife Network Inc.'s HIPAA Notice of Privacy Practices document and understand that I may obtain a copy of this Notice of Privacy Practices for my records upon request.

Signature of Person Served or Personal Representative Date

Print Name of Person Served or Personal Representative Date

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

Name Signature of WellLife Network Inc. Representative Date

