



Seneca Cayuga Counties Chapter, NYSARC, Inc.

Notice of Privacy Practices

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

This notice is effective as of April 14, 2003 and was amended on September 4, 2013. If you have any questions about this notice, please contact the Privacy Officer at 315-539-5067.

Our Privacy Commitment to You

At Mozaic, we understand that information about you and your family is personal. We are committed to protecting your privacy and sharing information only with those who need to know and are allowed to see the information to assure quality services for you. This notice tells you how Mozaic uses and discloses information about you. It describes your rights and access to this information if and when you want it. By law, we are required:

- To keep your information private and secure
- To provide you with this notice stating how we will use and disclose it within the course of providing services to you (treatment), to be reimbursed for our services (payment) and to maintain business operations
- To follow the terms of this notice

1. Who will follow this notice:

This notice applies to all programs and services of Mozaic. It applies to all employees, volunteers, contractors, business associates, students, interns, aides and assistants affiliated with Mozaic.

2. What information is protected:

All information we create or keep that relates to your health or care and treatment; including your name, address, birth date, social security number, your medical information, your individualized service plan, and other information about your care in our programs.

Your Health Information Rights

You have the following rights concerning your health information. When we use the word "you" in this notice, we also mean your personal representative. Depending on your circumstances and in accordance with state law, this may be your guardian, involved parent, spouse, adult child, or your advocate.

- ❖ You have a right to see or inspect your health information. Mozaic acknowledges and supports your right to have access to, review of, and to receive copies of information contained within your formal records and charts.

In order to receive access, copies, or the opportunity to review your information, you must submit a written request, specifically identifying dates and content, to the director of the program where the records are that you wish to see. We encourage you to use your service coordinator to assist you in this process. If the information you are requesting is located in more than one program or site, we will provide you access to it at the site or location where you first requested it or from which the information was initially generated. If access is permitted, copies are provided at a cost of \$.25 per page. Some exceptions to the record apply and are not accessible, certain records regarding incident reports and investigations, and information compiled for use in court or administration proceedings.

If Mozaic permits your access, it will provide such access in the form specified and requested by you if it is readily producible in such form. If not, access will be provided in a form and format that you and Mozaic agree to.

Prior to allowing you access to, review of, or copies of your information, we reserve the right to verify your identity or the identity of your representative. This is to insure that we are not disclosing your private health information to someone who has no right to receive it.

If we do not maintain the information about you that you are requesting but we know where it is, we will tell you where you may request it.

- ❖ If we deny your request to see your health information, we will notify you in writing, providing the reasons why. You have the right to file a complaint, in writing. This should be directed to the Associate Executive Director and must be submitted in writing. He/she will conduct a review of the circumstances regarding the denial, and will render a written, final decision within 60 days. The Associate Executive Director's address is

Mozaic
1083 Waterloo-Geneva
Road Waterloo, New York
13165

- ❖ You have the right to ask to change or amend your health information that you believe is inaccurate or incomplete. You must make these requests in writing to the director of the program where the records are that you are asking us to amend. We may deny your request in some cases, for ex-

ample,

- if the record was not created by Mozaic.
- if it is not part of your record (designated record set per regulation)
- we consider it accurate and complete at the time we receive your request

- ❖ You have the right to request an accounting of disclosures
Mozaic has made of your health information. We will not, however, keep or provide you with a list of certain disclosures, for example, disclosures made for treatment, payment, and health care operations, or disclosures made to you or made to others with your permission.

To request this accounting, you must submit a written request clearly identifying the period of time you want the accounting for, to the Privacy Officer. This period can not exceed six (6) years and cannot include any dates prior to April 14, 2003. The Privacy Officer's address is:

Mozaic
1083 Waterloo-Geneva
Road Waterloo, New York
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- ❖ You have the right to request a restriction on uses or disclosures of your health information related to treatment, payment, health care operations and disclosures to involved family. Mozaic, however, is not required to agree to your request.

Mozaic will terminate restrictions on use and disclosure of your information if you agree, in writing, to terminate the restriction; if you orally agree to terminate the restriction and such oral agreement is documented or we inform you in writing that we are terminating the restriction. In this latter case, the termination would only apply to any information about you which is created or received after we have told you we are terminating restriction.

To request a restriction on the use and disclosure of your information, you must submit a written request to the director of the program involved. You must specify what information you want limited, whether you are asking us to limit use, disclosure, or both and to whom the limits apply. You will then be notified by Mozaic, in writing, as to whether or not the restriction is being agreed to or not.

- ❖ You have the right to request confidential communication
Mozaic will communicate with you in a way that will help keep your information confidential. For example, you can ask that we not leave a message with your mother, father or housemate about such things as clinic appointments or ISP review dates and times.

You must make your request for confidential communications to the director of the program involved. It needs to be in writing, specifying how or where you wish to be contacted. We do not need to have a reason stated. We will accommodate all reasonable requests.

- ❖ You have the right to receive a paper copy of this notice at any time. You may access a copy on our website, www.mozaic.org, or you can find a copy of this notice at every program site. You may ask Mozaic staff to give you another copy or to request access to your health information or to request any of the rights listed here, you may contact the Privacy Officer at 315-539-5067.

Mozaic's Responsibilities for Your Health Information

- ❖ *Mozaic is required by law to:*
- ❖ Maintain the privacy of your information.
- ❖ Give you this notice of our legal duties and practices concerning the health information we have about you.
- ❖ Follow the rules in this notice. Mozaic will use or share information about you only with your permission, except for the reasons explained in this notice.
- ❖ Tell you if we make changes to our privacy practices in the future. If significant changes are made, Mozaic will give you a new notice and post a new notice on our website at www.Mozaic.org, as well as posting a new notice at all of our facilities.

How Mozaic Uses and Discloses Health Care Information

Mozaic may use and disclose health information **without your permission or authorization** for the purposes described below. For each of the categories of uses and disclosures, we explain what we mean and offer an example. Not every use or disclosure is described, but all of the ways we will use or disclose information will fall within these categories.

- ❖ **Treatment:** Mozaic will use your health information to provide you with treatment and services. We may disclose health information to doctors, nurses, psychologists, social workers, aides, volunteers, interns and other Mozaic personnel, who are involved in providing services to you. For example, involved staff may discuss your health information to develop and carry out your individualized service plan (ISP). Other Mozaic staff may share your health information to coordinate different services you need, such as medical tests, respite care, transportation, etc. We may also need to disclose your health information to your service coordinator or other providers outside of Mozaic who are responsible for providing you with the services identified in your ISP or to obtain new services for you. There may also be incidental uses and disclosures. For example, during the normal course of business, secretarial staff not working directly with you or your program may see information about you.
- ❖ **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services at one of our programs.
- ❖ **Payment:** Mozaic will use your health information so that we can bill and collect payment from you, a third party, an insurance company, Medicare or Medicaid or other government agencies. For example, we may need to provide the NYS Department of Health (Medicaid) with information about the services you received in our agency or through one of our Home and Community Based Services (HCBS) Waiver programs so that they will pay us for the services. In addition, we may disclose your health information to receive prior approval for payment for services you may need. Also, we may disclose your health information to the US Social Security Administration, or the Department of Health to determine your eligibility for coverage or your ability to pay for services.

❖ **Health Care Operations:** Mozaic will use health information for administrative operations. These uses and disclosures are necessary to ensure all consumers receive appropriate, quality care and a consistent approach to the services we provide. For example, we may use health information in our Quality Assurance Division as part of our internal monitoring of services and systems. We may also disclose information to clinicians, interns, students and other personnel for on-the-job training. We will share your health information with other Mozaic staff for the purposes of obtaining legal services from our attorneys, conducting fiscal audits and for fraud and abuse detection and compliance through our Quality Assurance Division. We will also share your health information with our funding and regulatory oversight agencies including, but not limited to OPWDD, New York State Justice Center for Vulnerable Persons New York State Office of Family and Children, Mental Hygiene Legal Services (MHLS), New York State Education Department and New York State Department of Health to report serious incidents, fraud and abuse detection, fiscal audits and program certification and compliance. We may also disclose your health information to our business associates who need access to the information to perform administrative or professional services on our behalf.

❖ **Marketing:** Mozaic may use or disclose your health information for the purposes of marketing if we do this in a face-to-face meeting with you or if it relates to services or products of a nominal value.

❖ **Fundraising:** Mozaic may use or disclose your information to a business associate with whom we have a contract or agreement for the purposes of raising funds. If we do this, we will only use or disclose basic demographic information such as your name, address, phone number and specific dates you may have received services. If you do not want Mozaic to contact you for fundraising activities, you must notify the Privacy Officer, in writing. The address is:

Mozaic
1083 Waterloo-Geneva
Road Waterloo, New York
13165

❖ **Notification regarding new services or opportunities:** Mozaic may use and disclose your information in order to tell you about new services or opportunities that we are planning or developing, and which you might find of interest.

❖ **Other key individuals in your life:** Mozaic may disclose your information to key people involved in your life. Some of these disclosures may be required, meaning that you are not able to object. This may include, but is not limited to, your parents and legal guardians. Other individuals we may disclose your information to include family members, service coordinators or a friend. We will not disclose your information to any of these individuals without first obtaining your consent or the consent of the individual who has the legal right to make decisions for you. To protect your information, we will require your legal guardian to provide the legal document appointing them as your guardian.

❖ **To avert a serious threat to health or safety:** Mozaic may use or disclose your information when necessary to prevent a serious threat to your health and safety or that of another person. Such a disclosure would only be to someone who could help prevent or deal with the threat.

❖ **To demonstrate compliance with HIPAA:** Mozaic may disclose information about you to governmental representatives in order to demonstrate that we are complying with the HIPAA regulations.

Other Uses and Disclosures that Do Not Require your Permission

In addition to treatment, payment and health care operations, Mozaic will use your health information **with-out your permission for the following reasons:**

When we are required to do so by federal or state law;

❖ For public health reasons, including prevention and control of disease, injury or disability; to report births or deaths; to report child abuse or neglect; to report reactions to medication or problems with products; to notify people of recalls of products they may be using and to notify people who may have been exposed to a disease or are at risk of spreading or contracting a disease;

❖ To report domestic violence, adult abuse or neglect to government authorities. We will only make this disclosure if you agree, or when required or authorized by law;

❖ For health oversight activities, including audits, investigations, surveys, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. Health oversight activities do not include investigations that are not related to the receipt of health care or receipt of government benefits in which you are the subject;

❖ For judicial and administrative proceedings, including hearings and disputes. If you are involved in a court or administrative proceeding, we will disclose health information if the judge or presiding officer orders us to share the information;

❖ For law enforcement purposes, in response to a subpoena, or other legal process, to identify or locate a suspect, fugitive, material witness or missing person, regarding a victim of a crime, a death, criminal conduct which occurs within the agency and in emergency circumstances to report a crime; the locations or victims of a crime, and/or the identity, description or location of someone who has committed a crime;

❖ Upon your death, to coroners or medical examiners for identification purposes or to determine cause of death, and to funeral directors to allow them to carry out their duties;

❖ To organ procurement organizations to accomplish cadaver, eye, tissue, or organ donations in compliance with state law;

❖ For research purposes when you have agreed to participate in the research and an Institutional Review Board or Privacy Committee has approved the use of the health information for the research purposes;

❖ To prevent or lessen a serious and imminent threat to your health and safety or someone else's;

❖ To authorized federal officials for intelligence and other national security activities authorized by law or to provide protective services to the President and other officials;

❖ To correctional institutions or law enforcement official if you are an inmate and the information is necessary to provide

you with health care, protect your health and safety or that of others, or for the safety of the correctional institution;

- ✦ To governmental agencies that administer public benefits, if necessary, to coordinate the covered functions of the program.

Uses and Disclosures that require Your Agreement or Authorization

Prior to using or disclosing your health information for purposes other than those noted above, Mozaic will be required to obtain a signed authorization from you allowing us to do so. For example, we may use and disclose psychotherapy notes only with your prior authorization, if you ask us to send a copy of your clinical evaluations to another agency or service provider with whom we do not have an established business agreement, we will ask you to sign a very specific authorization which states:

- the specific information that will be used or disclosed
- the name of the person who is able to authorize the use or disclosure
- the name of the person to whom Mozaic may make the requested use or disclosure
- a date of when the authorization is no longer valid
- a statement of your right to revoke the authorization in writing
- a statement that the information being released may be redisclosed by the party receiving it, and that we are not able to control such actions
- your signature or, if the authorization is signed by someone else, a description of his/her authority to sign the authorization on your behalf

If Mozaic asks you to authorize disclosure of your health information to us from another provider, the request will include the following information:

- a statement describing why we are requesting the information
- a statement indicating that the treatment you receive will not be affected by whether or not you agree to our request
- a statement indicating that you have the right to refuse to sign this authorization if you so choose

Authorization Required For All Other Uses and Disclosures

You may revoke your authorization at any time. If you revoke your authorization in writing, we will no longer use or disclose your health information for the reasons stated in your authorization. We cannot, however, take back disclosures we made before you revoked and we must retain health information that indicates the services we have provided to you.

Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice apply to information we already have about you as well as any information we create or receive in the future. The current version of our notice can be found on our website at www.mozaic.org. In addition, whenever a revision to this notice occurs, you shall be informed within 60 days of a material revision to the notice and we will ask you to sign a copy and return it to us so that we know you received it. You are entitled to receive a copy of our Privacy Notice at any time.

Complaints

If you believe your privacy rights have been violated, you may file a complaint, in writing, with the Privacy Officer at:

Mozaic
1083 Waterloo-Geneva Road
Waterloo, New York 13165

or, you may write:

Secretary of the Department of Health and Human Services
200 Independence Ave.
Washington, DC 20201

or call

(202) 619-0257 or toll free (877)696-6775

or you may file a grievance with:

Office of Civil Rights
866-OCR-PRIV or
(866) 627-7748, or
(886) 788-4989 (TTY)

You will not be penalized for filing a complaint.