



CONCERN HOUSING NOTICE OF PRIVACY PRACTICES

This notice describes the privacy practices of CONCERN HOUSING and the privacy rights of the individuals to whom we provide care or services. It will describe how information about you may be used and disclosed and how you can get access to this information.

PLEASE REVIEW THIS NOTICE CAREFULLY

Our Privacy Commitment to You:

CONCERN HOUSING provides many different services to you. We understand that information about you 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. Concern Housing is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. This notice tells you how Concern Housing uses and discloses information about you. It describes your rights and what Concern Housing's responsibilities are concerning information about you.

If you have questions about any part of this notice or if you want more information about the privacy practices at Concern Housing, please contact:

Elizabeth Weinbaum, Privacy Officer
312 Expressway Dr. South, Medford, NY 11763
631-750-2221
lweinbaum@concernhousing.org

Who will follow this Notice:

All people who work for Concern Housing will follow this notice. This includes employees, interns, volunteers, and persons with whom Concern Housing contracts who are authorized to enter information in your record or need to review your record to provide services to you.

What information is protected:

All information that we create or keep that relates to your health or care and treatment, including but not limited to your name, address, birth date, social security number, medical information, service or service/support plan, and other information (including photographs or other images) about your care, is considered protected information. In this Notice, we refer to protected information as protected health information or "PHI". We create and collect information about you and we keep a record of the care and services that you receive through Concern Housing. The information about you is kept in a record; it may be in the form of paper documents in a chart or on a computer. We refer to the information that we create, collect, and keep as a "record" in this Notice.



How CONCERN HOUSING Uses and Discloses Your Health Information:

CONCERN HOUSING may use and disclose information without your permission 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:** Concern Housing will use your information to provide you with treatment and services. We may disclose information to doctors, nurses, psychologists, social workers, and other Concern Housing personnel, volunteers, or interns who are involved in providing your care. For example, involved staff may discuss your information to develop and carry out your treatment or service plan and other Concern Housing staff may share your information to coordinate different services you need, such as medical tests, respite care, transportation, etc. We may also need to disclose your information to other providers outside of Concern Housing who are responsible for providing you with services.
- **Payment:** Concern Housing will use your 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 your healthcare insurer with information about the services you received from us so they will pay us for the services. In addition, we may disclose your information to receive prior approval for payment for services you may need.
- **Healthcare Operations:** Concern Housing will use clinical information for administrative operations. These uses and disclosures are necessary to operate Concern Housing and to make sure all individuals receive appropriate, quality care. For example, we may use information for quality improvement to review our treatment and services and to evaluate the performance of our staff in serving you.

We may also disclose information to clinicians and other personnel for on-the-job training. We will share your health information with other Concern Housing staff for the purposes of obtaining legal services from our attorneys, conducting fiscal audits, and for fraud and abuse detection and compliance through our Compliance Program. We may also disclose information to our business partners who need access to the information to perform administrative or professional services on our behalf.

We may also contact you for **fundraising** efforts, or we may disclose information to a charitable program that assists us in fundraising. You have the right to refuse or opt out if you previously agreed to communications regarding fundraising.

Other Uses and Disclosures that Do Not Require Your Permission:

In addition to treatment, payment, and healthcare operations, Concern Housing will use your information without 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, reporting births and deaths, reporting child abuse or neglect, reporting reactions to medication or problems with products, and to notify people who may have been exposed to a disease or are at risk of spreading the disease.
- To report **domestic violence and adult abuse or neglect** to government authorities if necessary to prevent serious harm.



- For **health oversight activities**, including audits, investigations, surveys and inspections, and licensure. These activities are necessary for government to monitor the healthcare system, government programs, and compliance with civil rights laws. Health oversight activities do not include investigations that are not related to the receipt of healthcare 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 information if the judge or presiding officer orders us to share the information.
- For **law enforcement purposes**, in response to a court order or subpoena, to report a possible crime, to identify a suspect or witness or missing person, to provide identifying data in connection with a criminal investigation, and to the district attorney in furtherance of a criminal investigation of client abuse.
- 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 the Privacy Oversight Committee has approved the use of the clinical information for the research purposes.
- To **prevent or lessen a serious and imminent threat** to your or someone else's health and safety.
- 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 officials** if you are an inmate and the information is necessary to provide you with healthcare, 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 programs.

Uses and Disclosures that Require Your Agreement:

Concern Housing may disclose information to the following persons if we tell you we are going to use or disclose it and you agree or do not object:

- To **family members and personal representatives** who are involved in your care if the information is relevant to their involvement and to notify them of your condition and location.
- To **disaster relief organizations** that need to notify your family about your condition and location should a disaster occur.
- For **marketing** of health-related services, we will not use your health information for marketing communications without your permission.

Authorization Required For All Other Uses and Disclosures:

- For all other types of uses and disclosures not described in this Notice, Concern Housing will use or disclose information only with a written authorization signed by you that states who may receive the information, what information is to be shared, the purpose of the use or disclosure and an expiration for the authorization. Written authorizations are always



required for the sale of PHI and use and disclosure for marketing purposes, such as agency newsletters and press releases.

Note: If you cannot give permission due to an emergency, Concern Housing may release information in your best interest. We must tell you as soon as possible after releasing the information.

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

Your Health Information Rights:

Unless otherwise required by law, your record is the physical property of Concern Housing, but the information in it belongs to you and you have the right to have your information kept confidential. You have the following rights concerning your PHI:

- You have a right to see or inspect your PHI and obtain a copy of the information. Some exceptions apply, such as information compiled for use in court or administration proceedings. NOTE: Concern Housing requires you to make your request for records in writing to the QI and Compliance Department. You may request copies in paper format or in an electronic form. In some instances, we may charge you for copies.
- If we deny your request to see your information, you have the right to request a review of that denial. Concern Housing will appoint a licensed healthcare professional to review the record and decide if you may have access to the record.
- You have the right to ask Concern Housing to change or amend information that you believe is incorrect or incomplete. We may deny your request in some cases, for example, if the record was not created by Concern Housing or if after reviewing your request, we believe the record is accurate and complete.
- You have the right to request a list of the disclosures that Concern Housing has made of your PHI. The list, however, does not include certain disclosures, such as those made for treatment, payment, and healthcare operations, or disclosures made to you or made to others with your permission.
- You have the right to request a restriction on uses or disclosures of your health information related to treatment, payment, healthcare operations, and disclosures to involved family. Concern Housing, however, is not required to agree to your request.
- You have the right to request that Concern Housing communicate with you in a way that will help keep your information confidential. You may request alternate ways of communication with you or request that communications be forwarded to alternative locations.
- You have the right to limit disclosures to insurers if you have paid for the service completely out of pocket.
- You will be notified if there is a breach of unsecured PHI containing your information; we are required by federal law to provide notification to you.

To request access to your clinical information or to request any of the rights listed here, you may submit a request to the QI and Compliance Department.



NOTE: Other regulations may restrict access to HIV/AIDS information, federally protected education records, genetic information and federally protected drug and alcohol information. See any special authorizations or consent forms that will specify what information may be released and when, or contact the Privacy Officer listed above.

Our Responsibilities to You:

We are required to:

- Maintain the privacy of your information in accordance with federal and state laws.
- Give you this Notice that tells you how we will keep your information private.
- Tell you if we are unable to agree to a limit on the use or disclosure that you request.
- Carry out reasonable requests to communicate information to you by special means or at other locations.
- Get your written permission to use or disclose your information except for the reasons explained in this notice.
- We have the right to change our practices regarding the information we keep. If practices are changed, we will tell you by giving you a new notice.

Complaints:

- If you believe your privacy rights have been violated, you may file a complaint with your supervisor and/or the QI and Compliance Department.
- Or you may mail or email your complaint to U.S. Department of Health and Human Services Office of Civil Rights (OCR):
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
OCRMail@hhs.gov
- Or through the OCR Complaint Portal at <https://ocrportal.hhs.gov/>
- Or call the U.S. Department of Health and Human Services, Office for Civil Rights toll-free at: 1-800-368-1019, TDD: 1-800-537-7697.

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**