Adirondack Health Institute

Collaboration Catalyst Community

100 Glen Street, Suite 1A; Glens Falls, NY 12801, Telephone: 518-480-0111 x103, www.ahihealth.org

Notice of Privacy Practices

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.

I. Who We Are

This notice describes the privacy practices of AHI and our employees and volunteer staff. This notice applies to all of the Personal Health Information (PHI) generated or received by any AHI facility.

II. Our Privacy Obligations

We are required by law to maintain the privacy of your health information and provide you with a description of our privacy practices. When we use or disclose health information we are required to abide by the terms of this Notice or other Notice in effect at the time of the use or disclosure.

III. Electronic and Paper Health Records

AHI uses an electronic health record database to store and retrieve much of your health information. One of the advantages of AHI's electronic health record database is the ability to share and exchange health information among community health care providers who are involved in your care. When AHI enters your information into the electronic health record database, it may share that information by using shared databases or health information exchanges. AHI may also receive information about you from other health care providers in the community who are involved with your care by using shared databases or health information exchanges. If you have any questions or concerns about the sharing or exchange of your information, please discuss them with your provider.

AHI also currently uses paper records/health records to store information from some of the programs we administer. All paper records are maintained in a confidential manner and are stored in locked cabinets. Client information may be kept on file for up to six (6) years, if mandated by law for some programs, and is then shredded and disposed of after use.

100 Glen Street, Suite 1A; Glens Falls, NY 12801, Telephone: 518-480-0111 x103, www.ahihealth.org

IV. Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- 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

Get an electronic or paper copy of your health and claims record

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

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 consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

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.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've 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.

Get a copy of this privacy notice

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

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.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on the header of page 1 or by emailing ahicompliance@ahihealth.org.
- 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 1-877-696-6775, or visiting their website at: **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

V. 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

100 Glen Street, Suite 1A; Glens Falls, NY 12801, Telephone: 518-480-0111 x103, www.ahihealth.org

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
- Include your information in a hospital directory

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.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

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

VI. Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Bill for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

100 Glen Street, Suite 1A; Glens Falls, NY 12801, Telephone: 518-480-0111 x103, www.ahihealth.org

How do we typically use or share your health information?

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

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.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

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.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: The State of NY DOH contracts with us to provide a health plan, and we provide NYSDOH with certain statistics to explain the services provided.

Business Associates

Some of our services are provided through contracts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third party payer for the services provided. We require that our business associates protect your health information.

100 Glen Street, Suite 1A; Glens Falls, NY 12801, Telephone: 518-480-0111 x103, www.ahihealth.org

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: www.hhs.gov/ocr/privacy/hipaa/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 can use or share your information for health research.

Comply with the Law
We will share information about you if 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 law.

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.

Marketing of Personal Information
We never market or sell personal information.

100 Glen Street, Suite 1A; Glens Falls, NY 12801, Telephone: 518-480-0111 x103, www.ahihealth.org

VII. 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.

VIII. Effective Date and Duration of Terms of this Notice

Effective Date
This Notice describes the privacy policy of AHI that became effective on September 30, 2015.

Right to Change Terms of this Notice
We may change the terms of this Notice at any time. If we change this Notice, we may make the new terms effective for any information created or received prior to issuing the new notice. The new notice will be available upon request, on our web site at www.ahihealth.org, and will be posted in AHI facilities. You may also obtain a new notice by contacting AHI Compliance Staff at (518)-480-0111 x103.