



**ROSE F. KENNEDY
CHILDREN'S EVALUATION AND REHABILITATION CENTER
C.E.R.C.**
ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNIVERSITY
1410 PELHAM PARKWAY SOUTH, BRONX, NEW YORK 10461

NOTICE OF PRIVACY PRACTICES

Effective Date: **April 14, 2003**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT OUR CONSUMERS MAY BE USED AND DISCLOSED, HOW THAT INFORMATION IS SAFEGUARDED, AND HOW OUR CONSUMERS, THEIR PARENTS, LEGAL GUARDIANS, OR PERSONAL REPRESENTATIVES CAN ACCESS AND AMEND THAT INFORMATION. PLEASE REVIEW IT CAREFULLY.

NOTE: THE WORDS "YOU" AND "YOUR" IN THIS NOTICE REFERS TO THE CONSUMER, NOT TO THE PARENT OR LEGAL GUARDIAN.

We are required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice which describes the health information privacy practices of our agency, its staff, and affiliated health care providers that jointly provide treatment to you, perform various payment activities, and carry out business operations.

Requirement For Written Authorization.

We will generally obtain your written authorization before using your health information or sharing it with others outside of our agency, its affiliates or business associates, except as required by federal, state or local law. You may also initiate the transfer of your records to another person or agency by completing an authorization form. If you provide us with written authorization, you may revoke that authorization at any time, except to the extent that we have already relied upon it. To revoke an authorization, please write to **Ms. Sophie Walsh, Medical Records Department**, at the address shown on the top of this notice.

A COPY OF OUR CURRENT NOTICE WILL ALWAYS BE POSTED IN OUR RECEPTION AREA. YOU CAN ALSO OBTAIN A COPY THROUGH OUR WEBSITE AT <http://www.aecom.yu.edu/cerc>, CALLING OUR OFFICE AT (718) 430-8500, OR ASKING OUR RECEPTIONIST OR REGISTRATION STAFF FOR ONE AT THE TIME OF YOUR NEXT VISIT TO THE CENTER.

If you have any questions about this notice or would like further information, please contact the Administrator for Medical Records at **(718) 430-8500**.

WHAT HEALTH INFORMATION IS PROTECTED

We are committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected health information are:

- the fact that you are a participant at, or receiving treatment or health-related services from, our agency;
- information about your health condition;
- information about health care services or products you have received or may receive in the future (such as a medication or treatment); or
- information about your health care benefits under an insurance plan (such as whether a prescription is covered).

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

1. TREATMENT, PAYMENT AND AGENCY BUSINESS OPERATIONS

CERC and its staff may use your health information or share it with others in order to treat your condition, obtain payment for that treatment, and run the agency's normal business operations. Your health information may also be shared with business associates so that they may jointly perform certain payment activities and business operations along with our agency. Below are further examples of how your information may be used and disclosed by our agency.

For Treatment (45 C.F.R. §§164.506(1)&(2)): We may share your health information with doctors, nurses, therapists, aides and other health care workers at CERC who are involved in providing services to you, and they may in turn use that information to diagnose or treat you, or to develop a plan of services for you. A health care professional at our agency, generally with your consent, may share your health information with a health care professional at another agency who is involved in your care, to determine how best to diagnose or treat you. Your health care professional may also share your health information with

another agency or provider to whom you have agreed to be referred for further health care. Finally, we may share your health information with staff involved in your care from another agency which is operated or licensed by the New York State Department of Mental Hygiene, as necessary, to further develop, amend or carry out your approved treatment plan.

For Payment: We may use your health information or share it with others so that we obtain payment for your health care services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have provided services to you. In some cases, we may share information about you with your health insurance company to determine whether it will cover your services. We might also need to inform your health insurance company about your health condition in order to obtain pre-approval for your services.

For Business Operations: We may use your health information or share it with others in order to conduct our normal business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to train staff, medical students, residents and other health care professionals. We may also share your health information with another company that performs business services for us, such as an accounting, law, computer or billing company. If so, we will have a written contract to ensure that this company also protects the privacy of your health information.

For Appointment Reminders, Treatment Alternatives, Benefits And Services: We may use your health information when we contact you with a reminder that you have an appointment for treatment or services at our facility. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

2. FRIENDS AND FAMILY

If you do not object, we may share your health information with friends and family members involved in your care, **without** your written authorization or other written permission. We will always give you an opportunity to object unless there is insufficient time because of a medical emergency (in which case we will discuss your preferences with you as soon as the emergency is over). We will follow your wishes unless we are required by law to do otherwise.

3. INCIDENTAL DISCLOSURES

While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other consumers in the treatment area may see, or overhear discussion of, your health information.

4. PUBLIC NEED

We may use your health information, and share it with others, in order to meet important public needs. We will not be required to obtain your written authorization, consent or any other type of permission before using or disclosing your information for these reasons. Specific examples of public need are described below.

As Required By Law. We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures, if notice is required by law.

Public Health Activities. We may disclose your health information to authorized public health officials so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury or disability. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so. And finally, we may release some health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

Victims Of Abuse, Neglect Or Domestic Violence.

We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, we may report your information to government officials if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

Health Oversight Activities. We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Product Monitoring, Repair And Recall. We may disclose your health information to a person or company that is required by the Food and Drug Administration to: **(1)** report or track product defects or problems; **(2)** repair, replace, or recall defective or dangerous products; or **(3)** monitor the performance of a product after it has been approved for use by the general public.

Lawsuits And Disputes. We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute.

Law Enforcement. We may disclose your health information to law enforcement officials for the following reasons:

- To comply with court orders or laws that we are required to follow;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- If you have been the victim of a crime and we determine that: **(1)** we have been unable to obtain your consent because of an emergency or your incapacity; **(2)** law enforcement officials need this information immediately to carry out their law enforcement duties; and **(3)** in our professional judgment disclosure to these officers is in your best interests;
- If we suspect that your death resulted from criminal conduct;
- If necessary to report a crime that occurred on our property; or
- If necessary to report a crime discovered during an offsite medical emergency (for example, by emergency medical technicians at the scene of a crime).

To Avert A Serious Threat To Health Or Safety. We may use your health information or share it with others when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information

with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling), or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

National Security And Intelligence Activities Or Protective Services. We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Military And Veterans. If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Inmates And Correctional Institutions. If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

Workers' Compensation. We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

Coroners, Medical Examiners And Funeral Directors. In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties.

Organ And Tissue Donation. In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

Research. In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your health information without your authorization if we obtain approval through a special process to ensure that research without your authorization poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly. We may also release your health information without your authorization to people who are preparing a future research project, so long as any information identifying you does not leave our facility. In the unfortunate event of your death, we may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our facility any information that identifies you.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

We want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.

How Someone May Act On Your Behalf. **(1)** Parents and guardians will generally have the right to control the privacy of health information about minors, unless the minors are permitted by law to act on their own behalf. **(2)** If you are an adult, you have the right to name a personal representative who may act on your behalf to control the privacy of your health information.

1. RIGHT TO INSPECT AND OBTAIN A COPY OF YOUR RECORDS

You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you and your treatment, for as long as we maintain this information in our records. This usually includes medical,

mental health, dental and billing records. To inspect or obtain a copy of your health information, you must submit your request in writing to **Medical Records Coordinator** at the address shown on the top of this notice. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. The standard fee is \$0.75 per page and must generally be paid before or at the time we give the copies to you.

We will respond to your request for inspection of records within 10 days. We ordinarily will respond to requests for copies within 30 days if the information is located in our facility, and within 60 days if it is located off-site at another facility. If we need additional time to respond to a request for copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we do, we will provide you with a summary of the information instead. We will also provide a written notice that explains our reasons for providing only a summary, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. The notice will also include information on how to file a complaint about these issues with us or with the Secretary of the Department of Health and Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

2. RIGHT TO REQUEST AMENDMENT OF RECORDS

If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please write to **Medical Records Coordinator** at the address shown on the top of this notice. Your request should include the reasons why you think we should make the amendment. Ordinarily we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

3. RIGHT TO AN ACCOUNTING OF DISCLOSURES

After April 14, 2003, you have a right to request an "accounting of disclosures" which is a list that contains certain information about how we have shared your information with others. An accounting list, however, unless required by New York State law, will not include any information about:

- Disclosures we made to you;
- Disclosures we made for our treatment, payment or health care operations;
- Disclosures made to your friends and family involved in your care or payment for your care;
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures that were incidental to permissible uses and disclosures of your health information;
- Disclosures for some purposes of research, public health activities, or our normal business operations, of limited portions of your health information that do not directly identify you;
- Disclosures to law enforcement officials, as required by law;
- Disclosures made before April 14, 2003.

To request this accounting list, please write to **Medical Records Coordinator** at the address shown on the top of this notice. Your request must state a time period within the past six years (but after April 14, 2003) for the disclosures you want us to include. You have a right to receive one accounting list within every 12 month period for free. However, we may charge you for the cost of providing any additional accounting list in that same 12 month period. We will always notify you of any cost involved so that you

may choose to withdraw or modify your request before any costs are incurred.

Ordinarily we will respond to your request for an accounting list within 60 days. If we need additional time to prepare the accounting list you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting list. In rare cases, we may have to delay providing you with the accounting list without notifying you because a law enforcement official or government agency has asked us to do so.

4. RIGHT TO REQUEST ADDITIONAL PRIVACY PROTECTIONS

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our agency's normal business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. For example, you could request that we not disclose information about a surgery you had. To request restrictions, please write to **Director of Medical Records** at the address shown on the top of this notice. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; (3) to whom you want the limits to apply; and, (4) if known to you, the name of your Case Coordinator at C.E.R.C..

We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. *However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law.* Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

5. RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about your medical matters in a more confidential way by requesting that we communicated with you by alternative means or at alternative locations. For example, you may ask that we contact you by fax instead of by mail, or at work instead of at home. To request more confidential communications, please write to **Director of Medical Records** at the address shown on the top of this notice, and, if known to you, please include the name of your C.E.R.C. Case Coordinator or Unit Director.

We will not ask you the reason for your request, and we will try to accommodate all reasonable requests. Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.

How To Learn About Special Protections For HIV.

Special privacy protections apply to HIV-related information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If you would like information on this, please contact: Administrator for Medical Records at (718) 430-8500.

How To Obtain A Copy Of Revised Notice. We may change our privacy practices from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices. The revised notice will apply to all of your health information, and we will be required by law to abide by its terms. We will post any revised notice in our agency's reception areas. You will also be able to obtain your own copy of the revised notice by accessing our website at <http://www.aecom.yu.edu/cerc>, calling our office at **(718) 430-8500**, or asking our receptionist or registration staff for one at the time of your next visit to the Center. The effective date will always be noted on the top left of this notice.

How To File A Complaint. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services. To file a complaint with us, please contact: **Clinic Administrator, Rose F. Kennedy Center, 1410 Pelham Parkway South, Bronx, New York 10461** or telephone **(718) 430-8500**. *No one will retaliate or take action against you for filing a complaint.*