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.

If you have any questions about this Notice please contact our Vice President for Operations and Corporate Compliance Officer at: (845) 486-2703 x 1327

We understand that health information about you is personal. We are committed to protecting health information about you. We need to maintain certain information about you to provide you with quality services and comply with law and regulation. This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition, related health care services and payment for those services. We are required to abide by the terms of this Notice of Privacy Practices. We are also required to notify you following a breach of unsecured health care information. We may change the terms of our notice, and such changes will apply to all protected health information that we maintain. You may obtain any revised Notice of Privacy Practices by contacting our Vice President for Operations and our Privacy Officer. Any notice will be effective for all protected health information that we maintain. You may obtain any revised Notice of Privacy Practices by contacting our Vice President for Operations and our Privacy Officer.

PAYMENT: Your protected health information will be used, as needed, to obtain payment for services that we provide to you. This may require that your relevant protected health information be disclosed to the health plan to obtain approval for mental health services. In addition, bills may be sent to you or third party payers, such as insurance companies or health plans. The information on the bill may contain information that identifies you, your diagnosis and services provided.

PUBLIC HEALTH: We may disclose your protected health information for public health activities and pur- poses that may be necessary to protect your health and well-being. These may include, but are not limited to, quality assessment activities, employee review activities, training of health profession- als and students, licensing, and conducting or arranging for other business activities. For example, we may use or disclose your information to evaluate the performance of staff involved in your care, to maintain the quality of care you receive, and to learn how to improve our services.

We will share your protected health information with third party “business associates” that perform various activities for us, such as, making a determination of eligibility or coverage for insurance benefits, and undertaking utiliza- tion review activities. For example, obtaining services or payment for services may require that your relevant protected health information be disclosed to the health plan to obtain approval for mental health services. In addition, bills may be sent to you or third party payers, such as insurance companies or health plans. The information on the bill may contain information that identifies you, your diagnosis and services provided.

HEALTHCARE OPERATIONS: We may use or disclose, as needed, your protected health information in order to support the business activities of FSI. These activities include, but are not limited to, quality assessment activities, employee review activities, training of health profession- als and students, licensing, and conducting or arranging for other business activities. For example, we may use your information to evaluate the performance of staff involved in your care, to maintain the quality of care you receive, and to learn how to improve our services.

We may use or disclose certain information about you in order to contact you for fundraising activities supported by FSI. You have the right to opt-out of receiving these materials. If you or your family do not want to receive these materials, please contact our Vice President for Operations and Corporate Compliance Officer and request that these fundraising materials not be sent.

You will be asked by Family Services, Inc. (FSI) staff to sign a financial data sheet. This document includes consent to the use and disclosure of your protected health information for treatment, payment and health care operations pur- poses, as described in Section 1. Your refusal to sign this document may be used and disclosed by our staff and those outside of our agency that are involved in your care and treatment for purposes of providing services to you. Your protected health information may also be used and disclosed to bill your insurance and to support the opera- tions of FSI.

Following are examples of the types of uses and disclo- sures of your protected health care information that FSI is permitted to make. These examples are not meant to be ex-haustive, but to give you a sense of the types of uses and disclosures that may be made by our Agency.

The use and disclosure of protected health information to provide, coordinate, or manage your services. This includes the coordination or management of your health care and treatment decisions and the use of your protected health information to bill your insurance companies. Your protected health information may also be used and disclosed to bill your insurance and to support the operations of FSI.

We will use and disclose your protected health information to provide, coordinate, or manage your services. This includes the coordination or management of your health care and treatment decisions and the use of your protected health information to bill your insurance companies. Your protected health information may also be used and disclosed to bill your insurance and to support the operations of FSI.

You may have the right to amend your protected health information. You may request an amendment of your protected health information for as long as we maintain the protected health information.

You may have the right to request a restriction of uses and disclosures we have made, if any, of your protected health information. You may request restrictions on the following uses or disclosures purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It is possible that we may not agree to your request for a restriction. We will provide you with a written explanation if you have questions about amending your medical record.

You may have the right to receive a counting of certain disclosures we have made, if any, of your protected health information. You may request an accounting of the following uses or disclosures purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It is possible that we may not agree to your request for an accounting.

Complaints.

You may contact our Vice President for Operations and Corporate Compliance Officer. We will not retaliate against you for filing a complaint.

You may contact our Vice President for Operations and Corporate Compliance Officer, Casey Hons, at (845) 486-2703 x 1327 for further information about the complaint process.

This Notice was published and becomes effective on 12/26/19.