



Notice of Privacy Practices

Effective February 1, 2014

This notice of Privacy Practices describe how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information.

OUR OBLIGATION TO YOU

Spectrum Human Services values the trust and confidence that you have placed in us, and has adopted the following practices for the protection of your privacy. These policies and procedures are consistent with applicable Federal and State laws protecting the privacy of information regarding health, mental health, and/or substance abuse treatment, and with our own Code of Ethics. We are required by law to maintain the privacy of “protected health information” about you, to notify you of our legal duties and your legal rights, and to follow the privacy policies described in this notice. “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 or condition and related health care services.

I. USE AND DISCLOSURE OF PROTECTED HEATH INFORMATION

Your protected health information may be used and disclosed by your physician, nurse, clinician or support staff who is involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills. When we disclose Protected Health Information, we will follow the Minimum Necessary Rule to disclose only what is necessary for the intended purpose.

Following are examples of the types of uses and disclosures of your protected health information that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Service and Treatment: Your signature on the accompanying “Notice of Privacy Practices Acknowledgement and Consent Form” will serve as your consent for our staff to share your protected health information within Spectrum Human Services as necessary to provide service of the highest quality to you. Only the minimum necessary information will be shared for this purpose. Here are some examples:

- Various members of our staff may use your clinical record in the course of our care for you. This includes clinicians and program staff, physicians, nurses and supervisors.
- Our support staff will use the information about you that is necessary for scheduling and/or contacting you about your appointments.
- We may contact you to tell you about services that we offer that might be of benefit to you.

Payment: Your signature on the accompanying “Notice of Privacy Practices Acknowledgement and Consent Form” will serve as your consent for our staff to share protected health information as needed to arrange for payment for services to you. Here are some examples:

- Information about your diagnosis and the services we render is included in the bills that we submit to your health plan or other payor (e.g., Medicaid, Medicare, commercial health insurance, etc.)
- Your health plan or other payor may require information from your clinical record in order to confirm that the services rendered are covered by your benefit program, and are medically necessary.

Health Care Operations: Your signature on the accompanying “Notice of Privacy Practices Acknowledgement and Consent Form” will serve as your consent for our staff to share protected health information as needed for our health care operations, or those of another organization that has a relationship with you. Here are some examples:

- Our quality assurance/improvement staff reviews records to be sure that we deliver appropriate treatment of high quality.
- Your health plan may wish to review your records to be sure that we meet national standards for quality of care.

Disclosure To or From Third Parties: It is Spectrum’s policy to obtain your specific written permission on through an authorization form for every disclosure of protected health information to, or that we request from, third parties. Here are some examples of third parties:

- Your primary care physician or other medical specialists
- Your family/friends
- Residential facilities or other service providers
- Attorneys

Research: Under certain circumstances, we may use and disclose protected health information about you for research purposes. For example, a research project may involve comparing the health and recovery of clients who received one medication to those who received another, for the same condition. Before we use or disclose PHI for research, the project will have been approved through a research approval process.

Business Associates: We may disclose medical information about you to our business associates who will need that information in order to provide a service to us or on behalf of us. A business associate is a person who is not part of Spectrum’s workforce, a company or other entity which uses or has access to your medical information in order to perform a function on behalf of our programs. For example, business associates of Spectrum may include copying companies, document shredding companies, consultants, accountants and attorneys.

Disclosure that May be Made Without Your Consent or Authorization: There are certain circumstances in which we may be required by law to disclose protected health information without your permission, or in which we may need to disclose such information to insure the safety of yourself or others. These circumstances include:

- Emergencies – We may disclose your protected health information as needed to avert any serious threat to the health or safety of yourself or others, including reporting as required under the SAFE Act. The NY SAFE Act requires certain professionals to report to government officials circumstances in which an individual may be at immediate risk for suicide, homicide or assault on others.
- To health oversight agencies – We are legally obligated to disclose protected health information to certain government agencies, including the federal Department of Health and Human Services, the state Office of Mental Health and Office of Alcoholism and Substance Abuse Services, and the County Department of Mental Health.
- Abuse and Neglect – We may disclose protected health information as needed to comply with state law requiring reports of suspected incidents of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the

governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

- Legal Proceedings – We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court, or in certain conditions in response to a subpoena, discovery request or other lawful process.
- Public Health – We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.
- Law Enforcement – We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes
- Correctional Institutions – We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.
- Military Activity and National Security – When appropriate we may disclose your protected health information to authorized federal officials for lawful military or intelligence activities
- Coroners, Medical Examiners, and Funeral Directors – We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.
- To researchers involved in approved research projects.

Disclosure Regarding Alcohol and Drug Abuse Issues or Treatment: If your protected health information includes information about alcohol and drug abuse issues or treatment, Spectrum Human Services will follow the provisions of federal law 42 CFR Part 2 regarding the confidentiality of such information. Except for emergencies, we will not disclose information regarding alcohol and drug abuse issues or treatment to a third party without your written authorization or a court order.

II. YOUR LEGAL RIGHTS

You have the right to request to receive confidential communications from Spectrum Human Services. You may request that communications to you, such as appointment reminders, bills, or explanations of health benefits, be made in a confidential manner. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.

You have the right to request restrictions on use and disclosure of your information. You have the right to request restrictions on our use of your protected health information for particular purposes. We are not obligated to agree to a requested restriction, but we will consider your request.

You have the right to revoke a Consent or Authorization. You may revoke a written Consent or Authorization for us to use or disclose your protected health information. The revocation will not affect any previous use or disclosure of your information.

You have the right to review and copy record. You have the right to see records used to make decisions about you. We will allow you to review your record unless a clinical professional determines that would create a substantial risk of physical harm to you or someone else. If another person or organization provided information about you to our clinical staff in confidence, that information may be removed from the record before it is shared with you. We will also delete any protected health information about other people. At your request, we will make a copy of your record for you. As permitted by law, we may charge you a reasonable copy fee for a copy of your records.

You have the right to amend your record. If you believe your record contains an error, you may ask us to amend it. If there is a mistake, a note will be entered in the record to correct the error. If not, you will be told and allowed the opportunity to add a short statement to the record explaining why you believe the record is inaccurate. A decision will be made and you will be notified within 60 days of our receipt of your request. This information will be included as part of the total record, and shared with others if it might affect decisions they make about you.

You have the right to receive an accounting of certain disclosure we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or health care operations in this Notice of Privacy Practices. This does not include disclosures that you authorize; disclosures that occur in the context of treatment, payment, or health care operations; or certain additional types of disclosures specified by law. We will provide an accounting of other disclosures occurring within a period of up to six years preceding the request.

You have the right to receive notice of a breach. We will notify you if your unsecured protected health information has been breached.

You have the right to a paper copy of this notice. You have the right to receive a paper copy of this Notice of Privacy Practices.

III. HOW TO EXERCISE YOUR RIGHTS

Questions about our privacy practices, requests to exercise individual rights, and complaints about privacy issues should be directed to our compliance officer. We will never retaliate against you for filing a complaint. Our Contact Person is:

Sara Oche
**Managing Director of Quality and Compliance/
Compliance Officer**
227 Thorn Avenue, Box 631
Orchard Park, NY 14127
(716) 539-5400

Complaints about privacy issues may also be submitted to the United States Department of Health and Human Services:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Toll-Free Phone: (800) 368-1019
TDD Toll-Free: (800) 537-7697

Information about your options to file a complaint electronically is available at www.hhs.gov.

Spectrum Human Services reserves the right to change the terms of this Notice, and to make new Notice provisions effective for all protected health information it maintains. Copies of any such revised Notice will be published in advance of the effective date of any change, will be posted at each Spectrum Human Services site, will be available to all individuals who are currently involved with services, and will be provided to all individuals who begin services after the effective date. Others may request a copy from the contact person listed above.