



Notice of Privacy Practices

Revised 6/25/2021

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 VIP's Compliance/Privacy Officer, Tabitha Gaffney who can be reached at (718) 583-5150, at ext. 8210.

General Information:

This Notice of Privacy Practices describes how Vocational Instruction Project Community Services, Inc. ("VIP") and its professional staff may use and disclose your protected health information to carry out treatment, payment, or 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 and related health care treatments and services.

According to federal law and regulations, and New York State law, VIP is required to maintain the privacy of your protected health information. We provide you with this Notice to inform you of our legal duties and privacy practices with respect to your protected health information. We are required to follow the terms of this Notice of Privacy Practices. We may change the terms of our Notice at any time. The new Notice will be effective for all protected health information that we maintain at that time. If we revise this Notice of Privacy Practices, we will post the new Notice throughout VIP, and if you request a copy of the revised Notice, we will provide a copy to you.

Substance Use Privacy regulations, 42 CFR Part 2 requires that VIP provide the **Notice** at the time of admission or as soon thereafter as the patient is capable of communication (**42 C.F.R. §2.22(a)**). The **Privacy Rule** requires that the substance abuse treatment program must provide the **Notice** to a patient on the date services are first delivered, including delivered electronically, after April 14, 2003. The program must also have copies of the **Notice** available on site for patients, on request, to take, and posted in a location where patients can easily read it. Whenever there is a material change to the notice, the notice must be promptly revised, made available upon request, and re-posted

A. Uses and Disclosures of Protected Health Information

We can use or disclose protected health information for purposes of treatment, payment, and health care operations. The following examples are offered to show you the types of uses and disclosures of your protected health care information that VIP is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

1. **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care within VIP's programs and with a third party for purposes of providing you care.

VIP maintains a Uniform Reporting System, which is a computer application that contains information regarding demographic information, medical information including HIV/AIDS status, substance abuse information and other treatment information. VIP uses the Uniform Reporting System to coordinate treatment of its clients throughout the agency. Your protected health information will be stored on the Uniform Reporting System and will only be used by VIP's staff members who are authorized to use it for your treatment. If you have any questions regarding the Uniform Reporting System, please contact VIP's Privacy Officer.

2. **Payment:** Your protected health information will be used, as needed, to obtain payment for your health care treatment and services. This may include certain activities that Medicaid or other government sponsored health insurance may undertake before it approves or pays for the health care treatment services, we recommend for you such as: deciding eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.
3. **Healthcare Operations:** We may use or disclose, as needed, your protected health information to support VIP's business activities. These activities include, but are not limited to, quality assessment, staff member review, training of counselors, licensing, and conducting or arranging for other business activities. For example:
 - Using a sign-in sheet at the registration desk.
 - Calling you by name in the waiting room.
4. **Business Associates:** We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services). Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract with that business associate which contains terms which will protect the privacy of your protected health information. In addition, and for example, we will share your protected health information:
 - Independent practice associations or IPAs
 - a regional health information exchange (RHIO) which allows a secure flow of data amongst providers
 - a web-based application known as PSYCKES supporting clinical decision making, care coordination, and quality improvement under the New York Office of Mental Health
- 5.
6. **Emails:** We may communicate using email; however, VIP will not send you unsecured emails pertaining to your health information without your prior authorization. If you do authorize communications via unsecured email, you have the right to revoke the authorization at any time.

B. Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization, at any time, in writing, except to the extent that VIP may have already acted in reliance on your authorization.

C. Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object¹

1. **Others Involved in Your Healthcare:** Unless you object, we may disclose to persons you have identified in the VIP acknowledgement form, such as a member of your family, a relative or a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care or the payment of your care.
2. **Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. If this happens, a VIP staff member shall try to obtain your consent as soon as possible after the delivery of treatment. If a VIP staff member is required by law to treat you and the VIP staff member has attempted unsuccessfully, he or she may still use or disclose your protected health information to treat you if we determine that it is in your best interest based on our professional judgment.
3. **Communication Barriers:** We may use and disclose your protected health information for interpretation purposes, if a VIP staff member has attempted to obtain consent from you but is unable to because of substantial communication barriers, and VIP reasonably concludes that you have chosen to be assisted by an interpreter, from your willingness to continue the encounter using the interpreter, and reasonably infers that you do not object to VIP's use or disclosure of your health information under the circumstances.
4. **Required or Permitted by Law:** We may use or disclose your protected health information to the extent that the law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
5. **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. The disclosure will be made for the purpose of controlling disease, injury or disability or preventing death.
6. **Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
7. **Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
8. **Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect.
9. **Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, or product deviations; to track products; to enable product recalls; to make repairs or replacements; or to conduct post-marketing surveillance, as required.
10. **Legal Proceedings:** VIP, as a drug and alcohol treatment center is required to comply with the federal regulations as stated in 42 C.F.R. Part 2. VIP will only disclose your information in response to a subpoena if it is accompanied by a court order.

¹ This section refers to medical records that do not include psychotherapy notes, as described in Section B, above.

11. **Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes to investigate a crime that has occurred on VIP's premises or against VIP staff members. All other disclosures to law enforcement require a court order.
12. **Coroners, Funeral Directors, and Organ Donation:** 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. We may also disclose protected health information to a funeral director, as authorized by law, to permit the funeral director to carry out his/her duties. Protected health information may be used and disclosed for organ, eye, or tissue donation purposes.
13. **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces staff member for activities deemed necessary by appropriate military command authorities. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities.
14. **Workers' Compensation:** Your protected health information may be disclosed by us as authorized by law to comply with workers' compensation laws and other similar legally-established programs.
15. **Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

D. Your Rights

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

1. **You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that VIP possesses for the past six years. The records may contain medical and billing records and any other records that VIP uses for making decisions about you. VIP has the right to charge you the cost of copying your medical and billing record files.

Under federal law, however, you may not inspect or copy the following records: (1) psychotherapy notes; (2) information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and (3) protected health information that is subject to a law that prohibits access to it.

2. **You have the right to request a restriction on the use and disclosure of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request, which must be in writing, must state the specific restriction requested and to whom you want the restriction to apply. VIP is not required to agree to a restriction that you request, except if you request that your protected health information not be disclosed to a payor and you agree to pay out of pocket, VIP must comply. If VIP does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency medical treatment and services. You

may request a restriction by contacting VIP's Privacy Officer and specifying in writing what restriction you wish to place on VIP's use of your protected health information.

You have the right to request confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or for specification of the alternative address or other method of contact. We will not request an explanation from on the reason for the request. Please make this request in writing to VIP's Privacy Officer.

You have the right to request to have VIP amend your protected health information. This means you may request an amendment of protected health information about you in VIP's possession for as long as we maintain this information. In certain cases, we may deny your request for an amendment if, for example, the record was not created by VIP, or the record is deemed complete and accurate. If we deny your request to amend, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal. Any such statement of disagreement or rebuttal will become part of your health information file. You must make your request in writing.

You have the right to receive an accounting of certain disclosures (including electronic disclosures) we have made, if any, of your protected health information. You may request an accounting for a specific timeframe but for no greater than six years prior to the date of the request. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

You have the right to receive a notification if there is a breach of your PHI. Generally, upon the discovery of a breach of unsecured protected health information, VIP must notify everyone whose unsecured information has been or is reasonably believed to have been accessed, acquired, used, or disclosed because of such breach.

You have the right to obtain a paper copy of this Notice. If you want a copy of this Notice, please contact VIP's Privacy Officer at 718-583-5150, ext. 8210

E. Complaints/Questions

You may file a complaint with us by notifying VIP's Chief Compliance Officer, of your complaint. You may contact our Privacy Officer at (718) 583-5150, ext. 8210 or visit at 770 East 176th Street, Bronx, NY 10460 **OR**;

Contact the Office for Civil Rights at:
Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 202-619-0257
Toll Free: 1-877-696-6775
OCR Hotline-Voice: 800-368-1019

VIP will not retaliate against you for filing a complaint and will continue to treat you.

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of VIP Community Services' Notice of Privacy Practices on _____.

Patient/Client Printed Name: _____

Patient/Client Signature: _____

Today's Date: _____

If signed by a personal representative:

Personal Representative Printed Name: _____

Personal Representative Signature: _____

Relationship to the patient/client: _____

Today's Date: _____

Employee Printed Name: _____

Employee Signature: _____

Today's Date: _____