



382 Main Street
Port Washington, NY 11050
516.767.7177
www.tncnewyork.org

Notice of Privacy Practices

This notice describes the privacy practices of Nicholas Center, and the privacy rights of the people we serve. It will describe how information about you may be used and disclosed and how you can access this information.

The Health Insurance Portability and Accountability Act (HIPAA) privacy rule does not change the way you get services from Nicholas Center, or the privacy rights you have always had under New York State Mental Hygiene Law. The Privacy rule adds some details about how you can exercise your rights.

Please review this notice carefully.

Our Privacy Commitment to You:

Nicholas Center provides many different services to you. We understand that information about you and your family is personal. We are committed to protecting your privacy and sharing information only with those who need to know and are allowed to see the information to assure quality services for you. Nicholas Center is required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. This notice tells you how Nicholas Center uses and discloses information about you. It describes your rights and our responsibilities concerning information about you.

If you have questions about any part of this notice or want more information about privacy practices at Nicholas Center, please contact:

Brooke Masone, Privacy Officer

*Address: 382 Main Street
Port Washington, NY 11050*

Phone: (516) 767-7177 Ext. 415

Email: brookemasone@nicholascenterusa.org

Who Will Follow this Notice?

All members of Nicholas Center workforce will follow this notice. This includes employees, persons Nicholas Center contracts with to carry out operational or clinical services, and volunteers that may assist you at Nicholas Center.

What Information is Protected?

All information that we create or keep that relates to your health, care or services, including but not limited to your name, address, birthdate, social security number, your health information, your service or treatment plan, and other information (including photographs or other images) about your care in our programs, is considered protected health information. In this notice we refer to protected information as Protected Health Information or “PHI.” We create and collect information about you, and we keep a record of care and services you receive at Nicholas Center. This information is kept in a record; it may be in the form of paper documents in a chart or on a computer. We refer to the information we create, collect and keep as a “record” in this Notice.

Your Health Information Rights:

Unless otherwise required by law, your record is the physical property of Nicholas Center but the information in it belongs to you and you have the right to have your information kept confidential. You have the following rights concerning your PHI:

- You have the right to see and inspect your PHI and obtain a copy of the information. Some exceptions apply, such as information compiled for use in court or administrative hearings. You are required to make your request for records in writing. You may request paper or electronic records. In some instances, we may charge you for copies.
- If we deny your request to see your information, you have the right to request a review of that denial. The Executive Director/designee will appoint a licensed health care professional to review the record and decide if you may have access to the record.
- You have the right to ask Nicholas Center to change or amend information that you believe is incorrect or incomplete. We may deny your request in some cases, for example, if the record was not created by Nicholas Center or if after reviewing your request, we believe the record is accurate and complete.
- You have the right to request a list of the disclosures that Nicholas Center has made with your PHI. The list, however, does not include certain disclosures, such as those made for treatment, payment and healthcare operations or disclosures made to you or made to others with your permission. You have the right to request a restriction on uses or disclosures of your health information related to treatment, payment, and healthcare operations, and disclosures to involved family. Nicholas Center, however, is not required to agree to your request.
- You have the right to request that Nicholas Center communicates with you in a way that will help keep your information confidential. You may request alternate ways of communication with you or request that communications are forwarded to alternative locations.
- You will be notified if there is a breach of unsecured PHI containing your information; we are required by federal law to provide notification to you.
- To request access to your clinical information or to request any of the rights listed here, you may contact:

Brooke Masone, Privacy Officer

Address: 382 Main Street

Port Washington, NY 11050

Phone: (516) 767-7177 Ext. 415

Email brookemasone@nicholascenterusa.org

We will require you to submit your requests in writing to the Privacy Officer.

Note: Other regulations may restrict access to HIV/AIDS information and federally protected drug and alcohol information. See any special authorizations or consent forms that will specify what information may be released and when to contact the Privacy Officer.

Our Responsibilities to You:

We are required to:

- Maintain the privacy of your information in accordance with federal and state laws.
- Give you this Notice that tells you how we will keep your information private.
- Tell you if we are unable to agree to a limit on the use or disclosure that you request.
- Carry out reasonable requests to communicate information to you by special means or at other locations.
- Get your written permission to use or disclose your information except for the reasons explained in this notice.
- We have the right to change our practices regarding the information we keep. If practices are changed, we will tell you by giving you a new notice and new notice will be posted on the agency website: www.nicholascenterusa.org

How Nicholas Center Uses and Discloses Your Health Information:

Nicholas Center may use or disclose information without your permission for the purposes described below. For each of the categories of uses and disclosures, we explain what we mean and offer an example. Not every use and disclosure is described, but all of the ways we will use or disclose information fall within these categories.

- **Treatment:** Nicholas Center will use your information to provide you with treatment and services. We may disclose information to Doctors, Psychologists, clinicians, Nicholas Center personnel, volunteers or interns who are involved in providing your care. For example, we may discuss your information with your Care Coordinator to develop and carry out your service plan. We may disclose your information to other providers outside of Nicholas Center who are responsible for providing you with services.
- **Payment:** Nicholas Center will use your information so that we can bill and collect payment from you, a third party, an insurance company, Medicare or Medicaid, or other government

agencies. For example, we may need to provide your health care insurer with information about the services you received in one of our programs so they will pay us for services.

- **Healthcare Operations:** Nicholas Center may use clinical information for administrative operations. These uses and disclosures are necessary to operate our programs and to make sure all individuals receive appropriate, quality care. For example, we may use information for quality improvement to review our treatment and services and to evaluate the performance of our staff in serving you.

We may also disclose information to clinicians and other personnel for on the job training. We will share your health information with other Nicholas Center staff for the purposes of obtaining legal services from our attorneys, conducting fiscal audits, and for fraud and abuse detection and compliance through our Compliance Program. We may also disclose information to our business partners who need access to the information to perform administrative or professional services on our behalf.

Other Uses and Disclosures that do not Require Your Permission:

In addition to treatment, payment, and health care operations, Nicholas Center will use your information without your permission for the following reasons:

When we are **required to do so by federal or state law:**

- For public **health reasons**, including prevention and control of disease, injury or disability, reporting births or deaths, reporting child abuse or neglect, reporting reactions to medication or problems with products, and to notify people who may have been exposed to a disease or are at risk of spreading the disease.
- To report **domestic violence and adult abuse or neglect** to government authorities if necessary, to prevent serious harm.
- For **health oversight activities**, including audits, investigations, surveys and inspections, and licensure. These activities are necessary for government to monitor the healthcare system, government programs, and compliance of civil rights laws. Health oversight activities do not include investigations that are not related to the receipt of healthcare or receipt of government benefits in which you are the subject.
- For **judicial and administrative proceedings**, including hearings and disputes. If you are involved in a court or administrative proceeding, we will disclose information if the judge or presiding officer orders us to share the information.
- For **law enforcement purposes**, in response to a court order or subpoena, to report a possible crime, to identify a suspect or witness or missing person, to provide identifying data in connection with a criminal investigation, and to the district attorney in furtherance of a criminal investigation of child abuse.
- Upon your death, to **coroners and medical examiners** for identification purposes or to determine cause of death, and to **funeral directors** to allow them to carry out their duties.
- For organ procurement, Nicholas Center will abide by cadaver, eye, tissue, or **organ donations** in compliance with state law.

- For **research** purposes when you have agreed to participate in research and the Privacy Oversight Committee has approved the clinical information for research purposes.
- To **prevent or lessen a serious or imminent threat** to your health and safety or someone else's.
- To **governmental agencies that administer public benefits** if necessary, to coordinate the covered functions of the programs.

Uses and Disclosures that Require Your Agreement:

Nicholas Center may disclose information to the following persons if upon notifying you, you agree or do not object:

- To **family members and personal representatives** who are involved in your care if the information is relevant to their involvement and to notify them of your condition and location.
- For **disaster relief** Nicholas Center may need to notify your family about your condition and location should a disaster occur.
- For **fundraising** purposes, we may disclose information to a charitable program that assists us in fundraising with your permission. You have the right to refuse or opt out.
- For **marketing** of health-related services. We will not use your health information for marketing communications without your permission.

Authorization Required for all other Uses and Disclosures:

For all other types of uses and disclosures not described in this Notice, Nicholas Center will use or disclose information only with a written authorization signed by you that states who may receive the information, what information is to be shared, the purpose of the use or disclosure and an expiration for the authorization. Written authorizations are always required for use and disclosure for marketing purposes, such as agency newsletters and press releases.

You may revoke your authorization at any time. If you revoke your authorization in writing, we will no longer use or disclose your information for the reasons stated in your authorization. We cannot, however, take back disclosures already made before you revoked, and we must retain information that indicates the services we have provided to you.

Changes to this Notice:

We reserve the right to change this notice. We reserve the right to make changes to terms described in this notice and make the new Notice terms effective to all information that Abilities, Inc. maintains. We will post the new notice with the effective date on our website at www.nicholascenterusa.org. In addition, we will distribute the new Notice to all current and future service recipients.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with:

Brooke Masone, Privacy Officer
382 Main Street
Port Washington, NY 11050
Phone: (516) 767-7177 Ext. 415
Email: brookemasone@nicholascenterusa.org

Or you may contact the Office for Civil Rights in writing at:

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

Or you may call the Office of Civil Rights at (877) 696-6775.