
NORTHEAST CAREER PLANNING

339 Broadway
Menands, New York 12204

NOTICE OF PRIVACY PRACTICES

Updated: November 20, 2017

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.

This notice describes the privacy practices of Northeast Career Planning (NCP) and its workforce.

OUR RESPONSIBILITIES

Protecting your personal health information is important, and Northeast Career Planning (NCP) is committed to keeping your protected health information (PHI) private. Northeast Career Planning follows federal and state laws that require us to keep your PHI confidential.

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your protected health information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your PHI other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time and revoke your authorization by giving written notice to your counselor.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

WHO MUST FOLLOW THIS NOTICE

Northeast Career Planning and its workforce -- employees, consultants, interns, and volunteers.

YOUR RIGHTS

When it comes to your protected health information, you have certain rights. This section explains your rights and our responsibilities to help you. All requests made by you under this policy should be in writing.

GET AN ELECTRONIC OR PAPER COPY OF YOUR MEDICAL RECORD

- You can make a written request to the Privacy Officer to see or get an electronic or paper copy of your medical record and other health information we have about you except for (a) personal notes and observations of the treating provider, (b) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, (c) health information maintained by us to the extent to which the provision of access to you is at our discretion and we exercise our professional judgment to deny you access and (d) health information maintained by us to the extent to which the provision of access to you would be prohibited by law.
- We will provide a copy or summary of your health information, usually within 30 days of your written request. We may charge a reasonable fee. We reserve the right to deny you access to and copies of all or certain PHI as permitted or required by law. Upon denial of a request for access or request for information, we will provide you with a written denial specifying the basis for denial, a statement of your rights, and a description of how you may file an appeal.

ASK US TO CORRECT YOUR MEDICAL RECORD

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days, and we’ll tell you how to appeal the decision.

REQUEST CONFIDENTIAL COMMUNICATIONS

- You can ask us to contact you in a specific way; for example, request we use a specific phone number or address to communicate with you.
- We will say “yes” to all reasonable requests.

ASK US TO LIMIT WHAT WE USE OR SHARE

- We do not need your written authorization to disclose your PHI for treatment, payment, and operational purposes. You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.

GET A LIST OF THOSE WITH WHOM WE’VE SHARED INFORMATION

- You can ask for a list (accounting) of the times we’ve shared your protected health information for six years prior to the date you ask, who we shared it with, and why.

- We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

GET A COPY OF THIS PRIVACY NOTICE

YOU CAN ASK FOR A COPY OF THIS NOTICE AT ANY TIME, EVEN IF YOU HAVE AGREED TO RECEIVE THE NOTICE ELECTRONICALLY. WE WILL PROVIDE YOU WITH A PAPER COPY PROMPTLY. CHOOSE SOMEONE TO ACT FOR YOU

- If you have given someone medical power of attorney or if someone is your legal guardian or health care proxy, that person can exercise your rights and make choices about your PHI.
- We will use our best efforts to confirm that the person has this authority and can act for you before we take any action.

FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS ARE VIOLATED

- You can file a complaint if you feel we have violated your rights by contacting:

Nancy Rider
 Privacy Officer
 339 Broadway
 Menands, New York 12204
 (518) 465-5201 ext. 318

- You can also file a complaint with the U.S. Department of Health and Human Services,

By writing to: Secretary of the U.S. Dept. of HHS
 200 Independence Avenue SW
 Washington, D.C. 20201

Or by calling: 1-877-696-6775

Or by visiting:
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

- You can also file a complaint with the Office for Civil Rights,

By writing to: Office of Civil Rights
 U.S. Department of Health and Human Services
 200 Independence Avenue SW, Room 509F
 HHH Building
 Washington D.C., 20201

Or via the OCR hotline: 1-800-368-1019, ocrmail@hhs.gov (email)

Northeast Career Planning will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain protected health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

IN THESE CASES, YOU HAVE BOTH THE RIGHT AND CHOICE TO TELL US TO:

- Share PHI with your family, close friends, or others involved in your care.
- Share PHI in a disaster relief situation.
- Include your PHI in a hospital directory.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your protected health information when needed to lessen a serious and imminent threat to health or safety.

IN THESE CASES WE NEVER SHARE YOUR PHI UNLESS YOU GIVE US WRITTEN PERMISSION:

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

IN THE CASE OF FUNDRAISING:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

HOW WE USE YOUR PERSONAL INFORMATION

- **GENERAL:** When you receive services from Northeast Career Planning, we may use your PHI for activities related to providing you with services, billing for services, and for conducting business (health care operations) as described below, without your written authorization.
- **REPRESENTATIVES AND GUARDIANS:** If you have chosen a personal representative, you can agree to let your personal representative obtain your PHI. If you have a guardian, we will provide information to the guardian.

- **PROGRAM SERVICES:** We must keep records of the care and services provided to you through Northeast Career Planning. For example your counselor and other Northeast Career Planning staff keep notes on all services they provide to you as well as any contacts they make in coordinating and arranging for services from other providers. Northeast Career Planning staff may share your protected health information while helping to develop your service plan.

Some personal records, including confidential communications with a mental health professional, substance abuse records, psychotherapy notes, and HIV/AIDS information may have additional restrictions for use and disclosure under federal and/or state law.

- **BILLING AND PAYMENT:** We keep records that include payment information, eligibility, medical necessity, and documentation of the services provided to you. We can use and share your protected health information to bill and get payment from Medicaid, health plans, or other entities. For example, we may disclose protected health information to confirm your Medicaid eligibility and to obtain payment from Medicaid for services provided to you. Northeast Career Planning may use your protected health information to determine the amount and type of Medicaid services you receive and send this information to New York State agencies for oversight.
- **RUNNING OUR ORGANIZATION:** We can use and share your protected health information to run our practice, conduct case and care management, assess and improve quality of care, review the competence and qualifications of our professional staff, train our staff, operate our compliance program and other quality improvement activities, conduct other required business duties covered under the law, and to contact you when necessary. For example, we may use your protected health information to evaluate the quality of treatment and services provided to you by our staff.

We may also share demographic information about you and other Northeast Career Planning program participants when performing tasks that support our operations such as fundraising and grant solicitation. Please note - Northeast Career Planning does not share demographic information in ways that are personally identifying. Demographic information is shared in aggregate form only.

We may also use your protected health information to:

- Determine your eligibility for various Northeast Career Planning programs and services.
- Make appropriate referrals and recommendations for services and benefits available outside of Northeast Career Planning.
- Allow local, state, and federal agencies to review your services as part of their oversight of Northeast Career Planning.

- Investigate incidents related to health, safety, and suspected agency misconduct, to report such incidents to state/federal oversight agencies, and to take steps to protect your safety and health.
- Prepare required reports to the NYS Office of Mental Health, NYS Education Department, Justice Center and other funding or oversight agencies.

OTHER USES AND DISCLOSURES

Under law, we can share protected health information about you without your signed authorization for additional limited purposes. We have to meet many conditions in the law before we can share your PHI for these purposes.

- For public health purposes such as reporting:
 - Communicable diseases,
 - Work-related illnesses,
 - Other diseases and injuries where disclosure is permitted or required by law,
 - Births and deaths, and
 - Reactions to drugs and problems with medical devices.
- To protect victims of abuse, neglect, or domestic violence.
- For product monitoring and recall.
- For workers' compensation or other similar programs if you are injured at work and are covered by workers' compensation or other similar programs.
- For health oversight activities such as investigations and audits.
- To coroners, medical examiners, and funeral directors when an individual dies.
- In response to organ and tissue donation requests.
- For research, with your consent, or when a review board has approved research that poses minimal risk and your privacy is ensured.
- To comply with the federal or state law.
- In response to an administrative or court order or subpoena.
- For law enforcement purposes or with a law enforcement official.
- For specialized government functions such as military, national security, and presidential protective services.

More information about how we can use your personal information can be found at:

<https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

CONTACT US

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, disagree with a decision that we made about access to your protected health information, or would like to file a complaint, please contact:

Nancy Rider
Privacy Officer
339 Broadway
Menands, NY 12204
(518) 465-5201 ext. 318

All complaints will be investigated, and Northeast Career Planning will not retaliate against you for filing a complaint.

NORTHEAST CAREER PLANNING

339 Broadway, Menands, NY 12204

p: (518) 465-5201

f: (518) 463-8051

As indicated by my signature below, I have received a copy of the Northeast Career Planning's Notice of Privacy Practices. I also consent to the disclosure of personally identifiable protected health information for treatment, payment, and the normal healthcare business operations of Northeast Career Planning in regard to myself and others noted below for whom I can legally consent. This signed form will be kept in my Northeast Career Planning file, and I can request a copy for my records.

Printed Name of Participant

Printed Name of Others Subject to this Consent (such as minors)

Relationships to Others Subject to this Consent (such as minors)

Signature of Participant

Date