



## **NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION AND HOW YOU CAN REQUEST AN ACCOUNTING OF DISCLOSURES WHICH IDENTIFIES CERTAIN OTHER PERSONS OR ORGANIZATIONS TO WHOM WE HAVE DISCLOSED YOUR HEALTH INFORMATION IN ACCORDANCE WITH APPLICABLE LAW AND THE PROTECTIONS AFFORDED IN THIS NOTICE OF PRIVACY PRACTICES. PLEASE REVIEW THIS IMPORTANT DOCUMENT CAREFULLY.

We are required by law to protect the privacy of health information that may reveal your identity, and to provide a copy of this notice to you which describes our health information privacy practices. A copy of our current notice will be posted in our reception area. You or your personal representative may also obtain a copy of this notice by accessing our website at [www.LakeviewHS.org](http://www.LakeviewHS.org) or by requesting a copy from our program staff.

*If you have any questions about this notice or would like further information, please contact the Lakeview Health Services Privacy Officer at (315) 789-0550*

### **WHO WILL FOLLOW THIS NOTICE?**

Lakeview Health Services, Inc. provides health care to individuals jointly with physicians and other health care professionals and organizations. The privacy practices described in this notice will be adhered to by:

- Any health care professional or other treatment provider who treats you at any of our locations.
- All employees, health care professionals, students, interns, or volunteers at any of our locations.
- Any business associates of Lakeview Health (which are further described below).

### **PERMISSIONS DESCRIBED IN THIS NOTICE**

This notice will explain the different types of permission we will obtain from you before we use or disclose your health information for a variety of purposes. The three types of permissions referred to in this notice are:

- A “general written consent,” which we must obtain from you in order to use and disclose your health information, to treat or care for you, to obtain payment for that treatment or care, and to conduct our business operations. We must obtain this general written

consent the first time we provide you with treatment or care. This general written consent is a broad permission that does not have to be repeated each time we provide treatment or care to you.

- An “opportunity to object,” which we must provide to you before we may use or disclose your health information for certain purposes. In these situations, you will have an opportunity to object to the use or disclosure of your health information in person, over the phone, or in writing.
- A “written authorization,” which will provide detailed information about the persons who may receive your health information and the specific purposes for which your health information may be used or disclosed. We are only permitted to use and disclose your health information as described and explained within your signed written authorization. The written authorization will have an expiration date.

### **IMPORTANT SUMMARY INFORMATION**

**Requirement for Written Authorization.** We will generally obtain your written authorization before using your health information or sharing it with others outside the programs. If you provide us with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it. To revoke an authorization, please write to your Lakeview Health Services Program Supervisor or Program Manager. You may also initiate the transfer of your records to another person by completing a written authorization form.

**Exceptions to Written Authorization Requirement.** Certain situations do not require your written authorization before we use your health information or share it with others. They are:

- **Exception for Treatment, Payment, and Business Operations.** We will only obtain your general written consent one time to use and disclose your health information to treat or care for your condition, collect payment for that treatment or care, or run our business operations. In some cases, we also may disclose your health information to another health care provider or payor for its payment activities and certain of its business operations. For more information, see pages 5-6 of this notice.
- **Exception for Disclosure to Family and Friends Involved in Your Care.** We will ask whether you have any objection to sharing information about your health with your friends and family involved in your care. For more information, see page 6 of this notice.
- **Exception in Emergencies or Public Need.** We may use or disclose your health information in an emergency or for important public needs. For example, we may share your information with public health officials with the New York state or city health departments who are authorized to investigate and control the spread of diseases. For more examples, see pages 6-8 of this notice.
- **Exception if Information is Completely or Partially De-Identified.** We may use or disclose your health information if we have removed any information that might identify

you personally so that the health information is “completely de-identified.” We may also use and disclose “partially de-identified” information if the person who will receive the information agrees in writing to protect the privacy of the information. For more information, please see page 9 of this notice.

**How to Access Your Health Information:** You generally have the right to inspect and copy your health information. For more information, please see page 9 of this notice.

**How to Correct Your Health Information:** You have the right to request that we amend your health information if you believe it is inaccurate or incomplete. For more information, please see page 10 of this notice.

**How to Identify Others Who Have Received Your Health Information:** You have the right to receive an “accounting of disclosures” which identifies certain persons or organizations to whom we have disclosed your health information in accordance with the protections described in this Notice of Privacy Practices. Routine disclosures will not be included in this accounting, but the accounting will identify non-routine disclosures of your information. For more information, please see page 10 of this notice.

**How to Request Additional Privacy Protections:** You have the right to request further restrictions on the way we use your health information or share it with others. We are not required to agree to the restriction you request, but if we do, we will be bound by our agreement. For more information, please see page 11 of this notice.

**How to Request More Confidential Communications:** You have the right to request that we contact you in a way that is more confidential for you. We will try to accommodate all reasonable requests. For more information, please see page 11 of this notice.

**How Someone May Act on Your Behalf:** You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information of minors unless the minors are permitted by law to act on their own behalf.

**How to Learn About Special Protections for HIV, Alcohol and Substance Abuse, Mental Health and Genetic Information:** Special privacy protections apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information. Some parts of this Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you will be provided with separate notices explaining how the information will be protected. To request copies of these other notices, please contact, the Lakeview Health Services Privacy Officer at (315) 789-0550

**How to Obtain a Copy of This Notice:** You (or your personal representative) have the right to request a paper copy of this notice. To do so:

- Contact Lakeview’s Privacy Officer at (315) 789-0550
- Request a copy from program staff
- Visit our website at [www.LakeviewHS.org](http://www.LakeviewHS.org)

**How to Obtain a Copy of the Revised Notice:** We may change our privacy practices from time to time. If we do, we will revise this notice to present an accurate summary of our practices. The revised notice will apply to all of your health information. We will post the revised notice in the residential program reception area. You or your personal representative will also be able to obtain a copy of the revised notice. To do so:

- Contact Lakeview's Privacy Officer at (315) 789-0550
- Request a copy from program staff
- Visit our website at [www.LakeviewHS.org](http://www.LakeviewHS.org)

The revision date of the notice will always be noted in the lower right corner of the document. We are required to abide by the terms of the notice that is currently in effect.

**How to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint by contacting one of the following:

- The Lakeview Health Services Privacy Officer, at (315) 789-0550
- The Secretary of the Department of Health and Human Services (HHS) via written complaint mailed to 200 Independence Avenue, SW, Washington, D.C. 20201, or by calling 1-877-696-6775
- The Federal Center for Deaf and Hearing Impaired at 1-800-877-8339

*No one will retaliate or take action against you for filing a complaint.*

## **WHAT HEALTH INFORMATION IS PROTECTED**

We are committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected health information are:

- Information indicating that you are a person receiving services at one or more of our programs
- Information about your health condition (such as a psychiatric diagnosis you may have received)
- Information about benefits or services you have received or may receive in the future
- Information about rehabilitation, support services, or other counseling that you may be receiving
- Information about benefits you may receive under Medicaid, or
- Information about your health care benefits under an insurance plan (such as whether a prescription is covered)

*when combined with:*

- Demographic information (such as your name, address, or insurance status)
- Unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number); and
- Other types of information that may identify who you are

## HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

### 1. Treatment, Payment and Business Operations

*With your general written consent, we may use your health information or share it with others to provide you with treatment or care, obtain payment for that treatment or care, and run our business operations. In some cases, we may also disclose your health information for payment activities and certain business operations of another health care provider or payor. Following are additional examples of how your information may be used and disclosed for these purposes.*

**Treatment.** We may share your health information with other Lakeview employees involved in direct services or program management who are involved in your care, and they may in turn use that information to treat you. A treatment provider at our program may share your health information with another treatment provider inside our program, or with a treatment provider at another health care facility to determine how to diagnose or treat you. Your treatment provider may also share your health information with another treatment provider to whom you have been referred for further health care.

**Payment.** We may use your health information or share it with others so that we may obtain payment for your health care services. For example, we may share information about you with Medicare, Medicaid, or your health insurance company to obtain reimbursement for treatment or care we have provided to you, or to determine coverage eligibility for your future treatment or care. Finally, we may share your information with other providers and payors for their payment activities.

**Business Operations.** We may use your health information or share it with others to conduct our business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you. Finally, we may share your health information with other health care providers and payors for needed for their business operations if the information is related to a relationship the provider or payor currently has or previously had with you, and if the provider or payor is required by federal law to protect the privacy of your health information.

**Treatment Alternatives, Benefits and Services.** In the course of providing treatment to you, we may use your health information to contact you to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

**Fundraising.** To support our business operations, we may use demographic information about you, including information about your age and gender, when deciding whether to contact you or your personal representative to discuss charitable donations for our operations. We may also share this information with a charitable foundation that may contact you or your personal representative on our behalf.

**Business Associates.** We may disclose your health information to contractors, agents and other business associates who need the information to assist us with obtaining payment or carrying out our business operations. For example, we may share your health information with a billing company that assists us in obtaining payment from Medicaid, Medicare, or your insurance

company. We may also share your health information with an accounting firm or law firm that provides professional advice to us about how to improve our health care services and comply with the law. If we do disclose your health information to a business associate, we will require a written contract to ensure that our business associate also protects the privacy of your health information.

*All the above situations apply if you have signed a general written consent form. Your signed general written consent form will be in effect indefinitely until when and if you revoke your general written consent. You may revoke your general written consent at any time, except to the extent that we have already relied upon it. For example, if we provide treatment or care to you before you revoke your general written consent, we may still share your health information with your insurance company in order to obtain payment for that treatment or care. To revoke your general written consent, please mail your written request to the Lakeview Health Services Privacy at 600 West Washington Street, Geneva, NY 14456*

## **2. Family and Friends Involved in Your Care**

We may share your health information with family and friends involved in your care, without your written authorization. We will always provide an opportunity for you to object unless you are incapacitated when you first arrive at the program (in which case we will discuss your preferences with you as soon as you regain capacity). We will follow your wishes unless we are required by law to do otherwise.

If you do not object, we may share your health information with a family member, relative, or close friend who is involved in your care or payment for your care. We may also notify a family member, personal representative, or another person responsible for your care about your location and general condition while in one of our programs, including notification of the unfortunate event of your death. In some cases, we may need to share your information with a disaster relief organization that will help us notify these individuals.

## **3. Emergencies or Public Need**

We may use your health information, and/or share it with others, for your treatment during an emergency or to meet important public needs. We will not be required to obtain your general written consent before using or disclosing your information for these reasons. We will however, obtain your written authorization for, or provide you with an opportunity to object to, the use and disclosure of your health information in these situations when state law specifically requires that we do so.

**Emergencies.** We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your general written consent. If this happens, we will try to obtain your consent within a reasonable amount of time after we treat you.

**Communication Barriers.** We may use and disclose your health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would desire treatment if we could communicate with you.

**As Required by Law.** We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures if notice is required by law.

**Public Health Activities.** We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury, or disability. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so.

**Victims of Abuse, Neglect or Domestic Violence.** We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect, or domestic violence. For example, we may report your information to government officials if we reasonably believe that you have been a victim of such abuse, neglect, or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases, we may be required or authorized to act without your permission.

**Health Oversight Activities.** We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operations of health care systems, government benefit programs such as Medicare and Medicaid, and examine compliance with government regulatory programs and civil rights laws.

**Product Monitoring, Repair and Recall.** We may disclose your health information to a person or company that is regulated by the Food and Drug Administration for the purpose of: (1) reporting or tracking product defects or problems; (2) repairing, replacing, or recalling defective or dangerous products; or (3) monitoring the performance of a product after it has been approved for use by the general public.

**Lawsuits and Disputes.** We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute.

**Law Enforcement.** We may disclose your health information to law enforcement officials for the following reasons:

- To comply with court orders or laws that we are required to follow
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person
- If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your general written consent because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interests
- If we suspect that your death resulted from criminal conduct, or
- If necessary to report a crime that occurred on our property

**To Avert a Serious and Imminent Threat to Health or Safety.** We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the general public. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person, or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

**National Security and Intelligence Activities or Protective Services.** We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

**Inmates and Correctional Institutions.** If you later become incarcerated at a correctional institution or detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers, if necessary, to provide you with health care, or to maintain safety, security, and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

**Workers' Compensation.** We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

**Coroners, Medical Examiners and Funeral Directors.** In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties.

**Organ and Tissue Donation.** In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes, or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

**Research.** In most cases, we will ask for your written authorization before using your health information or sharing it with others to conduct research. However, under some circumstances, we may use and disclose your health information without your written authorization if we obtain approval through a special process to ensure that research without your written authorization poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly. We may also release your health information without your written authorization to people who are preparing a future research project, so long as any personally identifying information does not leave our facility. In the unfortunate event of your death, we may share your health information with individuals who are conducting research using the information of deceased persons, as long as they agree not to remove any information that identifies you from our facility.



#### **4. Completely De-Identified or Partially De-Identified Information**

We may use and disclose your health information after we have removed any information that has the potential to identify you. This health information is described as “completely de-identified.” We may also use and disclose “partially de-identified” health information about you if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will *not* contain any information that would directly identify you such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number.

#### **5. Incidental Disclosures**

While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during a treatment session, other individuals in the treatment area may see, or overhear discussion of, your health information.

### **YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION**

You have the following rights to access and manage your health information. These rights are important because they help to ensure that your health information is accurate. These rights help you to control the way we use and share your information and the way we communicate with you about your medical matters.

#### **1. Right to Inspect and Copy Records**

You have the right to obtain and inspect a copy of any of your health information, including medical and billing records, that might be used to make decisions about you and your treatment for as long as we maintain this information in our records. To inspect or obtain a copy of your health information, please submit your written request to the Lakeview Health Services Privacy Officer, 600 West Washington Street, Geneva, NY 14456. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. The standard fee is \$0.75 per page and must generally be paid before or at the time we provide the copies. We will respond to your request for inspection of records within 10 days. We ordinarily will respond to requests for copies within 30 days if the information is located in our facility, and within 60 days if it is located off site. If we need additional time to respond to a request for copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

Under very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If denied, we will provide a summary of your information instead. We will also deliver a written notice that explains our reasons for providing only a summary, including a complete description of your rights to have that decision reviewed and how you can exercise those rights. The notice will also include information on how to file a complaint about these

issues with us or with the Secretary of the Department of Health and Human Services. If we have reason to deny only part of your request, for information we will provide complete access to the remaining parts.

## **2. Right to Amend Records**

If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please write to the Lakeview Health Services Privacy Officer, 600 West Washington Street, Geneva, NY 14456. Your request should include the reasons why you think we should make the amendment. Ordinarily we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and the date you can expect to have a final answer to your request.

If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

## **3. Right to An Accounting of Disclosures**

After April 14, 2003, you have a right to request an “accounting of disclosures” which identifies certain other persons or organizations to whom we have disclosed your health information in accordance with applicable law and the protections afforded in this Notice of Privacy Practices. An accounting of disclosures does not describe the ways that your health information has been shared within and between the residential program and the facilities listed at the beginning of this notice, as long as all other protections described in this Notice of Privacy Practices have been followed.

An accounting of disclosures also does not include information about the following disclosures:

- Disclosures we made to you or your personal representative
- Disclosures we made pursuant to your written authorization
- Disclosures we made for treatment, payment, or business operations
- Disclosures made to your friends and family involved in your care or payment for your care
- Disclosures that were incidental to permissible uses and disclosures of your health information (for example, when information is overheard by another resident passing by)
- Disclosures for purposes of research, public health, or our business operations of limited portions of your health information that do not directly identify you
- Disclosures made to federal officials for national security and intelligence activities
- Disclosures about inmates to correctional institutions or law enforcement officers, or
- Disclosures made before April 14, 2003

To request an accounting of disclosures, please write to the Lakeview Health Services Privacy Officer, 600 West Washington Street, Geneva, NY 14456. Your request must state a time period within the past six years (but after April 14, 2003) for the disclosures you want us to include. For example, you may request a list of the disclosures that we made between January 1, 2004, and January 1, 2005. You have a right to receive one accounting within every 12-month period for free. However, we may charge you for the cost of providing any additional accounting in that same 12-month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily we will respond to your request for an accounting within 60 days. If we need additional time to prepare the accounting you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting. In rare cases, we may have to delay providing you with the accounting without notifying you because a law enforcement official or government agency has asked us to do so.

#### **4. Right to Request Additional Privacy Protections**

You have the right to request that we further restrict the way we use and disclose your health information to provide you with treatment or care, collect payment for that treatment or care, or run our business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. For example, you could request that we not disclose information about a surgery you had. To request restrictions, please write to the Lakeview Health Services Privacy Officer, 600 West Washington Street, Geneva, NY 14456. Your request should include (1) what information you desire to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. However, if we do agree, we will be bound by our agreement unless the information is needed to provide emergency treatment for you or to comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction if we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

#### **5. Right To Request Confidential Communications**

You have the right to request that we communicate with you or your personal representative about your medical matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. To request more confidential communications, please write the Lakeview Health Services Privacy Officer, 600 West Washington Street, Geneva, NY 14456. We will not require the reason for your request. We will attempt to accommodate all reasonable requests. Please specify in your request how you or your personal representative wish to be contacted, and how payment for your health care will be handled if we communicate with your personal representative through this alternative method or location.

## ACKNOWLEDGMENT AND CONSENT

By signing below, I acknowledge that I have been provided a copy of this Notice of Privacy Practices and have therefore been advised of how my health information may be used and disclosed by staff at Lakeview Health Services, Inc. and the facilities listed at the beginning of this notice, and how I may obtain access to and control this information. I also acknowledge and understand that I may request copies of separate notices explaining special privacy protections that apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information.

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Signature of Individual or Personal Representative

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Printed Name of Individual or Personal Representative

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Date

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Description of Personal Representative's Authority

By signing below, I consent to the use and disclosure of my health information for arranging my treatment and medical care to seek and receive payment for services given to me, and for the business operations of Lakeview Health Services, Inc., its staff, and the facilities listed at the beginning of this notice.

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Signature of Individual or Personal Representative

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Printed Name of Individual or Personal Representative

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Date

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Description of Personal Representative's Authority