

COUNTY OF ROCKLAND
NOTICE OF PRIVACY PRACTICES

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 of Privacy Practices (“Privacy Notice”) describes the type of information the County of Rockland (the “County”) may gather about you, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also generally describes your rights to access and amend your medical information. If the practices described in this notice meet your expectations, there is nothing you need to do. If you prefer that we do not share your medical information, we may honor your written request, as described below. If you have any questions regarding this Privacy Notice, please contact our County Privacy Hotline at (845) 364-2089.

WHO WILL FOLLOW THIS NOTICE?

This Privacy Notice describes the County’s practices and that of:

- Any health care professional authorized to enter information into your medical record maintained by the County;
- All departments and units part of the County, including its hospitals, clinics, community providers, and affiliates working with the County to provide health care at our facilities; and
- Any member of the County’s workforce, including all employees, staff, volunteers, students, and other County personnel.

Generally, all of these individuals, entities, and locations follow the terms of this Privacy Notice. In addition, these individuals, entities, and locations may share your medical information with each other for purposes of treatment, payments, and health care operations, as described in this Privacy Notice.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

We understand that information about you and your health is personal. We are committed to protecting the confidentiality of your medical information. As part of our routine operations, we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This Privacy Notice applies to all of the records of your care generated by the County, whether made by your personal doctor or other County personnel.

Whenever we use the term “medical information” in this Privacy Notice, we mean information entered or received by the County about you that concerns your health care and payment for that health care.

This Privacy Notice tells you about the ways we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

Federal law requires us to:

- Make sure that your medical information is kept private.
- Give you this Privacy Notice of our legal duties and privacy practices related to your medical information.
- Follow the terms of the Privacy Notice that is currently in effect.

HOW WE USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following describes different ways that we may use and disclose your medical information. For each category of uses or disclosures we will explain what we mean and give examples. These examples are not exhaustive. In general, we are not required to obtain your prior authorization to use and disclose your medical information for the purposes described below. However, in some circumstances, New York law (“NY Law”) does require us to obtain your prior permission before we may use and disclose your medical information. In “Appendix A” – “Additional Protections” - we have listed those situations we believe may arise with respect to services provided to you by the County where NY Law is more stringent than HIPAA. In these situations, we will follow the rules set forth in Appendix A rather than those described here.

A. Generally:

For Treatment. The County may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, and technicians. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different components of the County also may share medical information about you to coordinate the different things you need, such as prescriptions, lab work, and x-rays. When necessary, we also may disclose medical information about you to people outside one of our facilities who may be involved in providing you medical care.

For Payment. Your medical information will be used, as needed, to obtain payment for your health care services. For example, we may need to give your health plan information about a procedure you received from us so your health plan will pay us or reimburse you for the procedure. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose medical information about you, as needed, to run our health care operations on a daily basis and to make sure that all of our patients receive quality care. For example, we may use your medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. When necessary, we may also disclose information to our accountants, consultants, and other professionals who help to operate our facilities.

Appointment Reminders. We may use and disclose your medical information to contact you as a reminder that you have an appointment with us.

Treatment Alternatives. We may use and disclose your medical information to tell you about treatment options that may interest you.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits, services, and events that may interest you.

Facility Directory. Unless you tell us you object, we may include certain limited information about you in the inpatient directory for the facility at which you may be staying. This information may include your name, location in such facility, your general condition (e.g. fair, stable, etc.), and your religious affiliation. All of this information, except for your religious affiliation, may also be released to people who ask for you by name. Only members of the clergy will be told your religious affiliation. If you would prefer that we not include some or all of this information in the facility directory, please contact the registration personnel at the facility at which you may be staying.

Individuals Involved in Your Care or Payment for Your Care. Unless you tell us you object, we may release medical information about you in order to notify your family or assist in notifying your family or another person (i.e., a friend) responsible for your care or who helps pay for your care. We may tell your family or responsible friends your condition and that you are in one of our facilities. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in any communications with your family and others.

Individuals Who May Act on Your Behalf. We may release medical information about you to your personal representative, guardian or, if you are a minor, to your parent. You have the right to name a personal representative who may act on your behalf to control the privacy of your medical information. Parents and guardians will generally have the right to control the privacy of medical information about minors, unless the minor is permitted by NY Law to act on his or her own behalf.

As Required By Law. We will disclose medical information about you if we are required to do so by federal, state, or local law. For example, we may disclose your medical information to respond to a court order.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you, when necessary, to prevent a serious threat to your health and safety or the health and safety of the public or another person.

B. Special Disclosure Situations:

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

Workers' Compensation. We may release medical information about you as necessary to comply with Workers' Compensation laws.

Public Health Activities. We may share medical information about you for public health purposes with government organizations that are authorized by law to prevent the spread the disease, or to receive reports of certain medical conditions, births, deaths, abuse, neglect, and domestic violence. We will try to obtain your permission before releasing this information, except when we are required or authorized to act without your prior authorization.

Health Oversight Activities. We may disclose medical information about you to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, and inspections.

Legal Proceedings. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order protecting the information requested.

Law Enforcement. With certain limitations, we may release medical information about you for law enforcement purposes, including the following:

- To respond to legal proceedings.
- To identify or locate a suspect, fugitive, material witness or missing person.
- In circumstances pertaining to victims of a crime, but only if you agree to the disclosure.
- In the case of death we believe may be the result of criminal conduct.
- In the case of crimes occurring at one of our facilities.
- In emergency situations, in order to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

Medical Examiners, Coroners, and Funeral Directors. We may release medical information about you to a coroner or medical examiner. We may also release your medical information to funeral directors, as necessary, to carry out their duties.

Cadaveric, Organ, Eye or Tissue Donation. We may release medical information about you to be used and disclosed for organ, eye, and tissue donations.

Inmates. If you are an inmate at a correctional institution, we may release medical information about you to such correctional institution or its law enforcement officials. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; and (3) for the safety and security of the correctional institution.

C. Other Uses of Medical Information:

Other uses and disclosures of medical information not covered by this Privacy Notice or the laws that apply to us will be made only with your prior written authorization. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission and that we are required to retain in our records of the care that we provided to you.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding medical information we maintain about you:

Right to Access and Copy. You have the right to request access to, and obtain a copy of, information that may be used to make decisions about you. Generally, this includes medical and billing records, but does not include psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a court, criminal or administrative proceeding. *In addition, we may not release or in any manner make available information concerning treatment of infants for venereal disease to the parent or guardian of the infant.*

To access and copy information that may be used to make decisions about you, please submit your request in writing to the appropriate county facility or program. *We must allow you to*

inspect your information within 10 days of your request. If you request a copy of the information, we may charge a fee to cover the costs of copying, preparing, and mailing the request. *However, we may not deny you access based upon your inability to pay the reasonable costs of copying.* If you are denied access to information, we will provide you with an explanation. Except in certain circumstances where we are permitted to deny you access without the right for review, you may request that the denial be reviewed. Another licensed health care professional chosen by the County will review your request and the denial. The person conducting the review will not be the person who denied the request. We will comply with the outcome of the review.

In certain situations, NY Law provides you rights that are different that as provided above. Specifically, NY Law provides the following:

- *If you are a minor over 12 years of age or older, generally, you may refuse access to your records by your parent.*
- *If you receive services at our mental health program or hospital licensed by the Office of Mental Health, in addition to the rights listed above: (1) we may not limit your access to psychotherapy notes; (2) if your guardian or appointed committee seeks to access your records, we will notify you.*
- *If you are a resident in our skilled nursing facility, you have the right to inspect all records pertaining, without limitations, and we must permit you to inspect such records within 24 hours.*
- *If you are a resident at our hospital for developmentally disabled, we may deny access to your “correspondent” (your legal representative) only if you object or a court order prohibits the correspondent’s access.*

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend it. You have the right to request an amendment for as long as the information is kept by or for any of our facilities. Please submit your request for amendment in writing to the registration personnel at the appropriate county facility or program. In addition, you must provide a reason to support your request. We may deny your request for an amendment if it is not in writing and does not include a reason to support the request. In addition we may deny your request if you ask us to amend information that:

- Was not created by us, unless you provide us with a reason to believe that the person who created the information is no longer available to act on the requested amendment;
- Is not part of the information that may be used to make decisions about you (is not part of the “Designated Record Set”);
- Is not part of the information that you would be permitted to inspect and copy; or,
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your medical information. The list will not include certain disclosures, such as information we have shared for your treatment, payment, or our health care operations, or those disclosures we have made with your written authorization. To request this list, please submit your request in writing to the registration personnel at the appropriate county facility or program. Your request must include a time period that may not be longer than six years, and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (i.e. on paper or electronic format). The first list you request within a 12-month period will be free. For additional lists, we may charge a fee to cover the cost of providing the information. We will notify you of the cost involved and you may choose to cancel or change your request at that time before you have been charged.

Right to Request Restrictions. You have the right to request a restriction on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, like a family member or friend. For example, you could ask that we not use or disclose information about a medical procedure that you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, please submit your request in writing to [the registration personnel at the appropriate county facility or program]. In your request, please tell us

- What information you want to limit
- Whether you want to limit our use, disclosure or both
- To whom you want the limits to apply (for example, disclosure to your spouse).

Right to request Confidential Communication. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, please submit your request in writing to the registration personnel at the appropriate county facility or program. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Privacy Notice. You have the right to a paper copy of this Privacy Notice. You may ask us to give you a copy of this notice at any time. Even if you have obtained the Privacy Notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please request one from the registration personnel at the appropriate county facility or program, or visit our website at www.co.rockland.ny.us.

CHANGES TO THIS NOTICE

We reserve the right to change this Privacy Notice at any time. We reserve the right to make the revised or changed Privacy Notice effective for medical information we already have about you as well as any medical information we receive in the future. We will post a copy of the current Privacy Notice in the County facilities where medical services are provided. The Privacy Notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the County and/or with the Secretary of Health and Human Services.

To file a complaint **with the County**, please call the County's hotline at: (845) 364-2089.

You may also register a complaint **with the Department of Health and Human Services** at:

Office for Civil Rights
U.S. Department of Health and Human Services,
Jacob Javits Federal Building
26 Federal Plaza-Suite 3313
New York, NY 10278

You will not be penalized for filing a complaint.

APPENDIX A
ADDITIONAL PRIVACY PROTECTIONS & RIGHTS

The Notice of Privacy Practices sets forth the rules the County must follow in order to use and disclose your health information. These rules are created by the federal “HIPAA” law. However, in certain cases, New York’s laws are “more stringent” with respect to the privacy protection of your health information than the HIPAA law. For example, in some cases, NY law requires that you provide permission for the County to use or disclosure your health information where the HIPAA law does not. In those cases, the County must follow New York law. New York law provides “more stringent” protection of your health information under the following circumstances and, under these circumstances, the County will follow these rules:

I. Minors – Care of Children

If You Are a Minor, NY Law permits you to independently consent to:

- General medical, dental, health and hospital services if you are: (1) 18 years or older, (2) a parent of a child, or (3) married;
- Prenatal care, if you are pregnant;
- Treatment for or health services relating to a sexually transmitted disease or potential exposure to a sexually transmitted disease;
- Treatment for or health services relating to HIV/AIDS, provided we believe that you “understand and appreciate the nature and consequences of the proposed HIV-Related health care service, treatment, or procedure”;
- Alcohol or substance abuse treatment, if one of our doctor’s determines that involving your parent or guardian would have a detrimental effect on the course of your treatment and the doctor believes the treatment is necessary and in your best interest;
- An initial mental health screening interview;
- Outpatient mental health services, if one of our doctor’s determines that involving your parent or guardian would have a detrimental effect on the course of your treatment and the doctor believes the treatment is necessary and in your best interest; and
- Non-emergency administration of psychotropic medication, if you are at least 16 years old and two doctors determine that: (1) involving your parent or guardian would have a detrimental effect on the course of your treatment, (2) you have the capacity to independently consent to the proposed treatment; and (3) such medication is in your best interest.

If you are a minor who is exercising his or her right to independently seek any of the above-listed treatments or services from us, we will treat you as the individual with the rights described in this Privacy Notice.

II. Health Care Professionals

*If you receive services from a **credentialed alcoholism and substance abuse counselor**, any information he or she acquires about you through teaching, practice, research or investigation may not be disclosed.*

*If a child receives **preventive alcoholism counseling services**, a written form authorizing the release of information must be signed by the child only (if services are being provided without parental consent) or by the child and his or her parent for each disclosure made to another person or agency. If both the child and parent’s consent is required and the child refuses to consent, the parent may not be asked for consent. The release form may not have an expiration date of longer*

than 90 days after its execution and will comply with the federal regulations concerning confidentiality of alcohol patient records.

*If you receive services from a **health care provider licensed to provide any of the following list of services**, unless authorized or required by law to do so, such provider may not reveal personally identifiable facts, data or information he/she obtained about you in a professional capacity without your prior consent: (1) Acupuncture; (2) Athletic Training; (3) Audiology; (4) Certified Dental Assisting; (5) Chiropractic; (6) Dental Hygiene; (7) Dentistry; (8) Dietetics/Nutrition; (9) Licensed Practical Nursing; (10) Massage Therapy; (11) Medicine; (12) Midwifery; (13) Occupational Therapy; (14) Occupational Therapy Assistant; (15) Ophthalmic Dispensing; (16) Optometry; (17) Pharmacy; (18) Physical Therapist Assistant; (19) Physical Therapy; (20) Physician Assistant; (21) Podiatry; (22) Psychology; (23) Registered Professional Nursing; (24) Respiratory Therapy; (25) Respiratory Therapy Technician; (26) Social Work; (27) Specialist Assistant; (28) Speech-Language Pathology.*

*If you receive services from a **pharmacist at a registered pharmacy**, he/she must obtain your express request and approval to transfer prescription information to, or accept a transfer from, another registered pharmacy or pharmacy authorized to do business in another jurisdiction for the exclusive purpose of providing one authorized refill per transfer. If a pharmacy uses a common electronic file or database created to maintain personally identifiable dispensing information, the pharmacy may only access your information if it has obtained your express permission to do so.*

*If you receive services from a **rape crisis counselor**, he/she may not be required to disclose a communication made by you to him/her or advice given in the course of his/her services except (1) where you authorize the disclosure; (2) where the communication reveals the contemplation of a crime or harmful act; or (3) where you waive the privilege by bringing charges against the social worker and the charges involve confidential communications between you and the social worker. In all other cases, the privilege may only be waived by you, your personal representative (if you are deceased) or a committee or conservator (if you have been adjudicated incompetent or if a conservator has otherwise been appointed for you).*

*If you receive services from a **certified social worker**, he/she may not disclose communications made by you to him/her or any advice given in the course of professional employment on your behalf except (1) where you authorize the disclosure; (2) where the communication reveals the contemplation of a crime or harmful act; (3) where you are under 16 years old and the information indicates that you have been the victim or subject of a crime, in which case the social worker may be required to testify fully in a trial or proceeding where the commission of the crime is the subject of the inquiry; or (4) where you waive the privilege by bringing charges against the social worker and the charges involve confidential communications between you and the social worker.*

III. Sensitive Information

A. AIDS/HIV-Related Information

*If you receive **general health or social services** from us and we obtain your **AIDS/HIV-Related information** when providing you with such health or social service or because you have authorized another person to disclose your AIDS/HIV-Related information to us, we are obligated to keep such information confidential in accordance with New York Public Health Law § 2782 et seq. and Part 63 of the NY Rules and Regulations (collectively referred to as the “**NY Public Health HIV Law**”). We may not disclose your AIDS/HIV-Related information to any individual or entity not authorized to obtain such information without prior written authorization. In addition, specifically, we may not disclose your AIDS/HIV-Related*

information to another health care provider or health care facility for the sole purpose of implementing infection control precautions without your prior authorization. We can, however, permit infection control personnel to access your AIDS/HIV-Related information so that they may fulfill their designated responsibility. Also we will not release your AIDS/HIV-Related information for any legal proceeding pursuant to a subpoena; we will require a court order.

Under the NY Public Health HIV Law, we *may* disclose you AIDS/HIV-Related information without your prior written authorization to the following individuals and entities:

1. You or your legally authorized representative;
2. An agent or employee of a health facility or health care provider if the agent or employee provides you with health care;
3. An agent or employee of a health facility or health care provider if the agent or employee maintains or processes medical records for billing or reimbursement;
4. A health care provider or facility when the disclosure is necessary to provide you or your child with medical treatment;
5. A health facility or provider, in connection with the procurement, processing, distributing or use of a human body part for purposes of transplantation, medical education, research or therapy;
6. Health facility staff committees or accreditation or oversight review organizations; such committees or organizations are only permitted to further disclose your AIDS/HIV-Related Information (a) back to a facility or provider of a health or social service or (b) to carry out the monitoring, evaluation or service review for which it was obtained;
7. To a federal, state or local government agency, but only if we are required by federal or state law to make such disclosure;
8. Third party reimbursers or their agents so that we can obtain reimbursement, provided that an agent maintains or processes medical records for billing or reimbursement;
9. An insurance institution, for other than third party reimbursement purposes, provided the insurance institution secures a dated and written authorization that indicates that health care providers, health facilities, insurance institutions, and other persons are authorized to disclose information about the protected individual, the nature of the information to be disclosed, the purposes for which the information is to be disclosed and which is signed by you, your legal representative (if you cannot consent) or your beneficiary or claimant for benefits under an insurance policy, a health service plan, or an employee welfare benefit plan;
10. Any person to whom disclosure is ordered by a court of law;
11. A medical director, if you are an inmate of a local correctional facility, to the extent the medical director is authorized to access records to carry out his or her functions to you at the correctional facility;
12. Where consent for health care is necessary, we are permitted to disclose your AIDS/HIV-Related information to a person authorized to consent to health care for you, provided that if disclosure is to a person authorized to consent to the health care of a contact or to a contact state, requirements governing contact notification are met;
13. A law guardian, appointed to represent a you (if you are a minor); however, if the you have the capacity to consent, your guardian may not redisclose the information without your consent, and if you lack the capacity, your guardian may disclose information for the sole purpose of representing you;
14. Upon the request of the Health Care Worker HIV/HBV Advisory Panel, when reasonably necessary for the evaluation of a worker who has voluntarily sought the panel's review;
15. A funeral director, upon the unfortunate event of your death, in order to take charge of your remains when such funeral director has access in the ordinary course of business to AIDS/HIV-Related information on your death certificate;

16. Authorized employees or agents of a governmental agency when the person providing health or social services is regulated, supervised or monitored by the governmental agency or when the governmental agency administers the health program or a social service program, and when such employees or agents have access to records in the ordinary course of business and when access is reasonably necessary for regulation, supervision, monitoring, administration or provision of services; and
17. Authorized employees or agents of a provider of health or social services when such provider is either regulated, supervised or monitored by a governmental agency or when a governmental agency administers the provider's health or social service program, and when such employees or agents have access to records in the ordinary course of business and when access is reasonably necessary for regulation, supervision, monitoring, administration or provision of services.

In addition, a **physician** may disclose your AIDS/HIV-Related information to a contact under the following conditions: (1) disclosure is made to a contact or to a public health officer for the purpose of making the disclosure to the contact and in order to comply with the required reporting of HIV information to the commissioner; or (2) the physician believes disclosure is medically appropriate and there is a significant risk of infection to the contact; and (3) the physician has counseled you regarding the need to notify the contact; and (4) the physician has informed you of his or her intent to make such disclosure to a contact. You will have the opportunity to express your preference as to whether the physician or public health officer is to disclose the HIV information to the contact.

*If you receive services from our **Hospital, Public Health Center, Diagnostic Center, Treatment Center, Dental Clinic, Dental Dispensary or Rehabilitation Center** and we obtain AIDS/HIV-Related information about you, we will obtain your express written consent, or the consent of a person authorized by law to consent to health care for you, or a court order before we disclose your HIV status to an exposed individual.*

*If you are a resident at our **Skilled Nursing Facility** and we obtain AIDS/HIV-Related information about you, in the unfortunate event of your death, we will not release your HIV-related information to a funeral director unless the funeral director has access in the ordinary course of business to HIV-Related information on the death certificate of deceased individuals.*

*If you receive services from our **Alcoholism Facility, Alcoholism Outpatient Facility** or are a resident at a **Community Residence** and we obtain AIDS/HIV-Related information about you, the following apply:*

1. Generally, we may disclose your HIV-Related information as outlined above in the NY Public Health HIV Law (*see above*).*
2. If the disclosure of your AIDS/HIV-Related Information is part of your drug and alcohol record and subject to federal Drug and Alcohol Law, we will not disclose your medical information without your written authorization if the disclosure of your information is prohibited by federal Drug and Alcohol law, even if NY Law would otherwise permit the disclosure of HIV-Related information.
3. If the facility desires to release your HIV-related information and we cannot obtain appropriate written consent, we may not release your information unless we have applied for and received a court order.

* Please note that although the NY Public Health HIV Law does not directly apply to facilities licensed by the Department of Mental Health (i.e., alcoholism treatment facilities), the disclosures of AIDS/HIV-Related information that are permitted under HIV-laws specifically applicable to such facilities are substantially similar to those permitted under the NY Public Health HIV Law.

*If you receive **mental health services** from a program certified or funded by the Office of Mental Health, and we obtain AIDS/HIV-Related information about you, generally, we may disclose your HIV-Related information as outlined above in the NY Public Health HIV Law (see above).**

*If you participate in our **Medical Assistance program** and we obtain AIDS/HIV-Related information about you in the course of administering the Medical Assistance program, we may only disclose your AIDS/HIV-Related information for purposes connected with the administration of the medical assistance program, and then only as permitted by the NY Public Health HIV Law (see above). In addition, we may only disclose your AIDS/HIV-Related information for a judicial administration purpose if we obtain a court order for the disclosure and then only if the court order is one of the disclosures permitted under NY Public Health HIV Law. We will not otherwise disclose your AIDS/HIV-Related information without your prior written authorization.*

*If you receive **public assistance** and we obtain AIDS/HIV-Related information about you in the course of administering public assistance, we may not disclose your AIDS/HIV-Related information for purposes other than those directly connected with the administration of public assistance, and then only as permitted by the NY Public Health HIV Law (see above). In addition, we may only disclose your AIDS/HIV-Related information for a judicial administration purpose if we obtain a court order for the disclosure and then only if the court order is one of the disclosures permitted under NY Public Health HIV Law. We will not otherwise disclose your AIDS/HIV-Related information without your prior written authorization.*

*If you are a resident at an **Adult Care Facility** and we obtain AIDS/HIV-Related information about you, generally, we may not disclose such information without specific written authorization from you or a person authorized by law to consent to health care for you. However, without your prior permission, we may disclose your AIDS/HIV-Related information to a health care provider or health facility when knowledge of your AIDS/HIV-Related information is necessary to provide you with appropriate care or treatment. We may also disclose your AIDS/HIV-Related information, without your prior permission, to authorized employees or agents of the NY Department of Social Services or social service districts when such information is reasonably necessary to supervise, monitor, or administer the facility.*

*If your newborn receives **HIV-Testing** from us, generally, we may disclose the result of the HIV test only as permitted by the NY Public Health HIV Law (see above).*

B. Sex Crime Victims

*If you are a **victim of a sex offense** and receive services from us, your identity and any alleged transmission of HIV shall be confidential. We will not permit any report, paper, picture, photograph, court file or other document, in our custody, which identifies you as such a victim available for public inspection. In addition, we may only disclose AIDS/HIV-Related information about you as permitted by the NY Public Health HIV Law (see above).*

* Please note that although the NY Public Health HIV Law does not directly apply to facilities and programs operated by the Department of Mental Health (i.e., mental health facilities), the disclosures of AIDS/HIV-Related information that are permitted under HIV-laws specifically applicable to such facilities and programs are substantially similar to those permitted under the NY Public Health HIV Law.

C. Genetic Information

*If you receive a **Genetic Test** from us, we will not disclose the results of your genetic test without your prior authorization except (1) under a court order, (2) for infant screening of specified diseases or (3) with your consent, to a health insurer or HMO for purposes of claim administration, provided that further distribution within the insurer or to other recipients requires your informed consent.*

IV. Facilities

*If you receive services from our **drug and alcohol treatment facility**, information regarding you and your drug and alcohol treatment services is confidential and protected by federal and state laws, including the federal confidentiality law, 42 U.S.C. §290dd-2, and 42 C.F.R. Part 2. Generally, under these laws, we are required to obtain your written consent before we can share any information about you for treatment or payment purposes, or for our health care operations. For example, we must obtain your written consent before we can disclose your information to a health insurer in order to be paid for the services we provide to you. In addition, we will seek your general written consent before we talk to your therapist or other provider. However, without seeking your prior permission, we *may* disclose your drug and alcohol treatment information: (1) to County staff for the purpose of providing treatment and maintaining the clinical record; (2) pursuant to an agreement with a business associate (i.e., billing companies); (3) for research, audit or evaluations (i.e., for program accreditation); (4) to report a crime committed on our premises or against any of our personnel; (5) to medical personnel in a medical emergency; (6) to report under State law suspected child abuse or neglect; (7) to report certain infectious diseases, if such reporting is required by state law and we have entered into a business associate agreement with the agency or individual to whom we are required to make such reports; and (8) as allowed by a court order.*

*If you receive services at our **mental hygiene facility** (i.e., facilities providing services to individuals with mental illness, mental retardation, developmental disabilities, alcoholism, substance or chemical dependency), we will seek your specific written consent before we disclose your mental health treatment information to: (1) any facility or other person in order to provide you with mental health treatment IF such person is not part of our approved local or unified services plan or if such disclosure would not be in accordance with an agreement we have with the Department of Mental Hygiene; (2) the Medical Review Board of the State Commission of Correction; or (3) to any other individual or entity we are not required or authorized to release your information to. However, without seeking your prior permission, we *may* disclose your mental health treatment information to: (1) Facilities and others providing mental health treatment and services to you pursuant to our approved local or unified services plan or pursuant to an agreement we have with the Department of Mental Hygiene; (2) governmental agencies, insurance companies, and other third parties requiring your information necessary for payment for services we provided to you; (3) permit us in operating our facilities in compliance with applicable laws; (4) comply with a subpoena, but only if the subpoena is accompanied by a court order; (5) comply with a court order, but only if there is a finding that the “interest of justice significantly outweighs the need for confidentiality”; (6) law enforcement officials or an endangered individual, but only if your treating psychiatrist or psychologist determines that there is a serious and imminent danger to another individual; (7) law enforcement in order to locating missing persons, but only with the consent of the facility director; (8) your personal representative, provided such person has “a demonstrable need for such information” and disclosure will not reasonably be expected to be detrimental to you or others; (9) a coroner, county medical examiner, or the chief medical examiner, but only with the consent of the facility director; (10) an appropriate person or entity when necessary to prevent imminent serious harm*

to the patient or another person; (11) correctional facilities; (12) the Director of Community Services for purposes of health oversight and/or any specialized governmental function; and (13) appropriate agencies in order to comply with mandatory child abuse or neglect reporting requirements.

*If you are a resident at our **Skilled Nursing Facility***, without first seeking your prior approval or written permission, we may disclose your medical information to: (1) another health care institution to which you may be transferred, or (2) to an individual or entity if state or federal law mandates that we do so. For all other disclosures of your medical information, we will give you an opportunity to approve or refuse the release of your personal or clinical records to any individual outside of our skilled nursing facility. In addition, we will obtain your specific written authorization before we permit the: (1) State Office of Aging to have general access to your medical records; or (2) Board of Visitors to access your medical information for an investigation.

*If you receive services at our **Treatment or Diagnostic Center*** we must provide you with the opportunity to approve or refuse any release or disclosure of the contents of your medical record to any health care practitioner and/or health care facility. However, we are not required to seek your approval to disclose your information if we are required by law or a third-party payment contract to make the disclosure.

V. Special Programs and Services:

*If you receive services through the **AIDS Drug Assistance Program***, all information that is received by the program that may identify you is confidential and will only be used when necessary for supervision, monitoring or administration of the program. Any contractors, agents, employees, or any other person or agency who we may utilize to provide you services through this program will not be receive this information without the written approval of the Director of the AIDS Drug Assistance Program Director who will only approve a disclosure in conformance with Article 27-F of the Public Health Law protecting AIDS/HIV-Related Information (*see above*).

*If your child participates in the **Early Intervention Program***, the following apply:

- A. If your child is less than 3 years old and is suspected of having a disability or at risk of having a disability, primary referral sources may provide the following information to the Early Intervention Program without your written consent (1) your child's name, sex and birth date; (2) name, address and telephone number of the parents; (3) the name and telephone number of another person through whom the parent may be contacted; (4) an indication (in appropriate cases) that the child is not suspected of having a disability but is at risk of developing a disability in the future; and (5) name and telephone number of the primary referral source.
- B. The results of an evaluation for your child will be fully shared with you, in a manner understandable to you. The evaluation team will prepare an evaluation report and written summary and submit the summary, and upon request, the report to (1) you; (2) the Early Intervention official and initial service coordinator; and (3) with your parental consent, your child's primary health care provider and the local social services commissioner or designee. With your permission, the written and oral summary will be provided to you, through an interpreter if necessary, in your dominant language or other mode of communication as you direct. No other personally identifiable data, information or records pertaining to an eligible child may be disclosed by a service provider to any person other than the parent except (a) to other school officials, including teachers, who have a legitimate educational interest; (b) to officials of another school or system where the student seeks or intends to enroll (provided reasonable attempts are made to notify the parent or eligible student at the last known address

of the student); (c) to authorized representatives of the Comptroller General of the United States, Attorney General of the United States, Secretary of the Department of Education, or State and local educational authorities; (d) in connection with financial aid for which you have applied for your child; (e) to State and local officials or authorities to whom the information is specifically allowed to be reported pursuant to State statute; (f) to organizations conducting studies for, or on behalf of, educational agencies or institutions; (g) to accrediting organizations to carry out their accrediting functions; (h) to comply with a judicial order or lawfully issued subpoena after reasonable efforts to notify the parent or student have been made; (i) to the Court in the event an action is initiated by a parent or student against an educational agency or vice versa; (j) in connection with a health or safety emergency; (k) information considered “directory information”; (l) to a victim of an alleged perpetrator of a crime of violence or a non-forcible sex offense; (m) in connection with a disciplinary proceeding at an institution of postsecondary education; or (n) to the parent of a student at an institution of postsecondary education regarding the student’s violation of federal, state or local law or any rule or policy of the institution governing the use or possession of alcohol or a controlled substance. The sharing of information under some of the subparts (a) – (n) above, are limited in scope.

- C. You, or a representative of yours, will have the opportunity to review and inspect within ten working days (or five working days if the request is made as part of a mediation or impartial hearing) all records pertaining to your child that are collected, maintained or used for the purposes of the Early Intervention Program unless you are otherwise prohibited access under state or federal law. You will be charged a reasonable fee not to exceed 10 cents per page for the first copy and 25 cents per page for any additional copies of the record. No fees shall be charged for copies of any evaluation or assessment documents to which you are specifically entitled. A record of all persons who have accessed your child’s information (excluding yourself and agency representatives) will be maintained.
- D. You have the right to present objections and request amendments to the contents of your child’s records where you believe the information is inaccurate, misleading or violates the privacy or other rights of your child. The Early Intervention Program service provider must respond to the your objection and request for amendments within ten working days. If the service provider concurs with your request, the contents of the record will be amended as requested and you will be notified of the amendment in writing or via a verbal explanation in your dominant language (unless it is clearly not feasible to do so). If the service provider does not concur with your request to amend the record, you will be notified in writing of the decision and informed of the right to an administrative hearing.
- E. Any information and documentation necessary to support municipality billing of third party payers, including the Medical Assistance Program will be forwarded by service providers to the early intervention official.

*If you receive **Hospice services**, we will provide you with the opportunity to approve or refuse the release of confidential patient/family records to any individual outside the hospice program; however, without your prior permission, we may disclose such information: (1) to a health care facility in connection with your transfer to such facility; (2) if we are required by law to do so, or (3) pursuant to a third-party payment contract. In addition, we will not release your medical information collected for purposes of health oversight except to the Department of Health; however, we may release your medical information to law enforcement upon a court order based upon probable cause that such information: (a) is relevant to a criminal investigation or proceeding and (b) cannot be obtained through any other means.*

*If you receive **Home Care services** (i.e., certified home health agencies, licensed home care service agencies, providers of long term home health care programs and AIDS home care programs), without first seeking your prior approval or written permission, we may disclose your medical information: (1) to a health care facility to which you may be transferred, (2) as required by law; or (3) as required by a third-party payment contract. For all other disclosures of your medical information, we will give you an opportunity to approve or refuse the release of your patient records to any individual outside of the agency.*

*If you receive services from a **licensed clinical laboratory**, we may disclose the results of any test, examination or analysis of a specimen submitted for evidence of human disease or medical condition only to a physician, the physician's agent, or other person authorized by law to employ the results thereof.*

*If you receive services from either the **Maternal & Child Health or Crippled Children's program**, will not reveal your individually identifiable information without your consent, or the consent of your parent or guardian if you are a minor. However, we may use and disclose your information as is necessary to provide program services to you or your child.*

*If you apply for or receive **Medical Assistance**, your information will be kept confidential and will not be disclosed to persons or agencies other than those considered entitled to such information when such disclosure is necessary for the proper administration of such program.*

*If you apply for or receive **public assistance**, we may not reveal information we obtain about you in the course of administering public assistance for purposes other than those directly connected with the administration of our public assistance program; however, we may release your name, address and the amount received by or expended for you as a recipient of public assistance when the appropriating body or social services official has authorized disclosure to an agency or person deemed entitled to such information.*

NOTE: References in this Privacy Notice to health care professionals include only those professionals that the County currently employs or anticipates employing.