Syracuse Recovery Services

NOTICE OF PRIVACY PRACTICES

[45 CFR 164.520]

This Notice of Privacy Practices describes the privacy practices of Syracuse Recovery Services, LLC (SRS), as required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Acts of 1996 (HIPAA). We are legally required to keep all of your health information private, to notify you of our legal responsibilities and privacy practices that relate to your health information, and to notify you if there is a breach of your secured health information. This information describes how your health information may be used and disclosed, and how you can get access to your individually identifiable health information (IIHI). PLEASE REVIEW IT CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Syracuse Recovery Services is dedicated to maintaining the privacy of your individually identifiable health information. In conducting business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in Syracuse Recovery Services concerning your individually identifiable health information.

We realize that these laws are complicated, but we must provide you with the following important information:

1) How we may use and disclose your health information.
2) Your privacy rights regarding your health information.
3) Our obligations concerning the use and disclosure of your health information.

The terms of this notice applies to all records containing your individually identifiable health information. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Syracuse Recovery Services will post a copy of our current notice in our offices at visible locations at all times, and you may request a copy of our most current notices at any time.

B. UNDERSTANDING YOUR BEHAVIORAL HEALTH RECORD INFORMATION

Each time that you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record will contain your health history, current symptoms, examination and test results, diagnoses, treatment, and a plan for future care and treatment. This information, often referred to as your medical record serves as:

- Basis for planning your care and treatment
- Means of communication between those professional that contribute to your care
- Legal document describing the care you received
- Means by which you and your payer source can verify charges for services
- A medical education tool
- A tool to assess the appropriateness and quality of care you receive
- A tool to improve the quality of healthcare and achieve better patient outcomes
- Assistance in coordinating benefits for you insurance, group, or self-funded employer plans

C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS WITHOUT AUTHORIZATION:

1) **Treatment.** Syracuse Recovery Services may use your IIHI to treat you. Treatment includes diagnosis, treatment and other services, including discharge planning. For example, counselors may disclose you IIHI to each other in order to coordinate individual and group therapy sessions for your treatment, or information about treatment alternatives or other health-related benefits and services that are necessary or may be of interest to you.



Syracuse Recovery Services

2) **Payment.** Syracuse Recovery Services may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. We may have to contact your health insurer to certify that you are eligible for benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment.
3) **Health Care Operations.** Syracuse Recovery Services may use and disclose your IIHI to support activities involved in health care operations. Syracuse Recovery Services may use your IIHI to evaluate the quality of care you received from us to evaluate the quality and competence of our clinical staff. We may disclose information to qualified personnel for outcome evaluation, program planning, management and administrative activities, quality assurance, receiving and responding to complaints, compliance programs, audits, training and credentialing of health care professionals, and certification of accreditation. Such personnel cannot identify, directly or indirectly, any individual patient in any report of such audit or evaluation. We may disclose your information as needed within SRS in order to resolve any complaints or issues arising regarding your care.
4) **Recovery Coach and Continuing Care.** SRS may contact you post-discharge from treatment to inquire about the status of your personal recovery from alcohol and drug use. If SRS is unable to contact you, the client, personally, we may attempt to contact family members with whom we have a signed consent authorizing SRS to disclose your IIHI, to verify your well-being.
5) **Appointment Reminders.** Syracuse Recovery Services may use your IIHI to remind you of an appointment or follow up instructions or to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.
6) **Medical Emergencies.** SRS may disclose your IIHI to medical personnel to the extent necessary to meet a bona fide medical emergency (as defined by 42 CFR Part 2). This information may include HIV status, is applicable.
7) **Decedents.** SRS may disclose IIHI to a coroner, medical examiner, or other authorized person by applicable state law, given in accordance with 42 CFR Part 2.
8) **Public Health Risks.** Syracuse Recovery Services may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of: maintaining vital records such as births and deaths; reporting child abuse or neglect; reporting domestic or elder abuse; preventing or controlling disease, injury or disability; notifying a person regarding potential exposure to a communicable disease; notifying a person regarding a potential risk for spreading or contracting a disease or condition; reporting reactions to drugs or problems with products or devices; notifying individuals if a product has been recalled; notifying your employer under limited circumstances related primarily to workplace injury, illness, or medical surveillance.
9) **Commission of a Crime on Premises or against Organizational Personnel.** SRS may disclose your IIHI to the police or other law enforcement officials if you commit a crime on the premises or against our organizational personnel or threaten to commit such a crime.
10) **Duty to Warn.** Syracuse Recovery Services may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organizations able to prevent the threat.
11) **Disclosures Required By Law.** Syracuse Recovery Services will use and disclose your IIHI when we are required to do so by federal, state or local law. SRS may release IIHI if asked to do so by law enforcement officials: regarding a crime victim in certain situations, if we are able to obtain the person's agreement; concerning a death we believe has resulted from criminal conduct; regarding criminal conduct in our offices.; in response to a warrant, summons or court order, subpoena or similar legal process; to identify/locate a suspect, material witness, fugitive or missing person; and in an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identify or location of the perpetrator).
12) **Inmates.** Syracuse Recovery Services may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary for the institution to provide health care, for the safety and security of the institution and to protect your health and safety of other individuals.

13) **National Security.** Syracuse Recovery Services may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We may also disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of states, or to conduct investigations.

14) **Military.** Syracuse Recovery Services may disclose your IIHI if you are a member of the U.S. Armed Forces (including veterans) and if required by the appropriate authorities.

15) **Worker's Compensation/Automobile Carriers.** Syracuse Recovery Services may release your IIHI for workers' compensation/automobile carriers and similar programs.

D. USE AND DISCLOSURE OF YOUR IIHI WITH YOUR AUTHORIZATION

1) SRS is required to have a written authorization from you or your legally authorized personal representative for uses/disclosures beyond treatment, payment, and health care operations, unless an exception listed above applies.
2) SRS may use or disclose your IIHI when you give your authorization to do so on a form that specifically meets the requirements of laws and regulations that apply.
3) There are some exceptions and special rules that allow for uses and disclosures without your authorization or consent. They are listed in section F of this Notice.
4) You may rescind/revoke your authorization at any time to any person or entity. If you are currently receiving care and wish to rescind/revoke your authorization, you will need to request this to one of your counselors. After you are discharged, you will need to send a written statement to the attention of Syracuse Recovery Services Management Department, or such consents will expire according to expiration indicated on each consent signed.
5) Please know a court with appropriate jurisdiction or other authorized third party could request or compel you to sign an authorization, at any time during or after receiving treatment services from Syracuse Recovery Services.

E. YOUR RIGHTS REGARDING YOUR IIHI

We want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.

1) **Right to Receive Confidential Communications.** Normally, SRS will communicate with you through the phone number and/or address you provide. You may request, and we will accommodate, any reasonable, written request for you to receive you IIHI by alternative means of communication.
2) **Right to Request Restrictions.** At your request, SRS will not disclose your IIHI to your health plan if the disclosure is for payment of a health care items or service for while you have paid SRS out of pocket in full. You may request further restrictions on our use and disclosure of your IIHI for treatment, payment, and health care operations. While we will consider requests for additional restrictions, we are not required to agree to a requested restriction. If you wish to request additional restrictions and you are currently receiving treatment services, please contact your counselor. Once you are no longer receiving services from SRS, contact the Management Department in writing specifying your request to rescind/revoke an authorization or restrict disclosure.
3) **Right to Inspect and Copy Records.** You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information. This includes both medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to *Syracuse Recovery Services, Management Department 319 E. Water Street, Syracuse, NY 13202.* We may charge a reasonable fee of $0.75 per page for the cost of copying. We will respond to your request within 10 business days. If we need additional time to process a request for copies, we will notify you within the above time frame and explain the reason for the delay and when you can expect the final response to your request. Your request to obtain a copy of your health information may be denied. New York State Department of Health allows your physician/therapist to deny the request for copies of your record. If this occurs, your physician/therapist must fill out a "Denial of Access to Patient

1) Information and Appeal Form" (supplied by NYSDOH). The Release of Information Department will notify you of this and explain that you have the right to appeal. The denial form will be sent to you and you must follow the instructions on the form. This form will be sent back directly to NYSDOH.

2) **Right to Amend Records.** You have the right to request an amendment of your record if you believe your record in incorrect or incomplete, as long as the record exists. A request for amendment must done through form TRS-32 to the Management Department of SRS. To submit a Request for Amendment, please write to *Syracuse Recovery Services, Management Department, 319 E. Water Street, Syracuse, NY 13202.* We will respond to your request for amendment
3) within 60 days. If we need time for additional response, we will notify you of the delay and when you can expect to have a final answer to your request. If we deny any or all of your requests for amendment, we will provide a response that explains our reasons for doing so. If you disagree with our decision, you have the opportunity to submit a statement which may be included in your records, along with your original request and our response (if you so decide). We will also include information on how to file a complaint with Syracuse Recovery Services. These procedures will be explained in more detail in any written denial notice we send you.

4) **Right to Receive Account of Disclosures.** After April 14, 2003, you have a right to request an "accounting of disclosures", which lists information about how we have shared your information with others. It is <u>not</u> required that this "accounting of disclosures" contains: disclosures we made to you; disclosures we made in order to provide you with treatment, obtain payment for that treatment, or to conduct our normal business activity; disclosures made to your family and friends involved in your care and treatment; disclosures made to federal officials for national security and intelligence activities; disclosures made about inmates to correctional institutions or law enforcement officers; and disclosures made before April 14, 2003. To request an "Accounting of Disclosures" please submit your request in writing to *Syracuse Recovery Services, Management Department, 319 E. Water Street, Syracuse, NY 13202*. You are entitled to have such an "accounting of disclosures" at no cost to yourself, once in a twelve-month period. However, there may be a charge for additional requests within in a twelve-month period of which you will be informed in advance.

5) **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your medical matters in a more confidential way. For example, you may ask that we contact you at work instead of home. To request Confidential Communications, please write to *Syracuse Recovery Services, Management Department, 319 E. Water Street, Syracuse, NY 13202.* We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.

6) **Right to Receive Notification of Breach.** You will be notified in the event we discover a breach has occurred such that you IIHI or confidentiality may have been compromised. A risk analysis will be conducted to determine the probability that IIHI has been compromised. Most notifications will be provided to the client affected without unreasonable delay and no later than 60 days following the discovery of a breach. Persons will be notified in writing a brief description of the breach, a description of the types of information that were involved in the breach, the steps affected individuals should take to protect themselves from potential harm, a brief description of what SRS is doing to investigate the breach, mitigate the harm, and prevent further breaches.

7) **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.

8) **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our agency. To file a complaint, please submit your complaint in writing to *Syracuse Recovery Services, Management Department, 319 E. Water Street, Syracuse, NY 13202 or in person with Megan Stiles, Executive Director.* You will not be penalized for filing a complaint. In addition, you may contact the Office of Alcoholism and Substance Abuse Services to file a complaint at *(518) 473-3460 or in writing to OASAS Albany Office at 1450 Western Avenue, Albany, NY 12203*
Right to Provide an Authorization for Other Uses and Disclosures. Syracuse Recovery Services will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Effective Date: 01/01/23