

THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) PRIVACY RULE

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule provides consumers with important privacy rights and protections with respect to their health information, including important controls over how their health information is used and disclosed.

The notice that follows refers to The Clear View School Day Treatment Center as “we” and/or “us”. It is addressed to “you”, which includes students 18 years of age or older and the parents and guardians of students under 18 years of age.

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.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we share your information
- Get a copy of this notice of privacy practices
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a program directory
- Provide mental health care
- Advertise and promote our services
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers’ compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask how to do this by contacting, in writing, the Executive Director, 480 Albany Post Road, Briarcliff Manor, NY 10510.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

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

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have designated someone as your health care agent or if someone has been appointed by a court as your legal guardian with health care powers, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting, in writing, the Executive Director, 480 Albany Post Road, Briarcliff Manor, NY 10510

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or submitting electronically [here](#). We will not retaliate against you for filing a complaint.

Your Choices

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

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a program directory

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

In these cases, we never share your information unless you give us written permission:

- Advertisement or promotion of our services
- Fundraising

In the case of fundraising:

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

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Treat you

- We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition or what medications have been prescribed to you to avoid prescribing another medication, which, in combination, may cause a negative reaction.*

Run our organization

- We can use and share your health information to run our program, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. More information can be found [here](#).

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. More information can be found [here](#).

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request to the Executive Director, 480 Albany Post Road, Briarcliff Manor, NY 10510 and on [our website](#).

Special Notices

This Notice of Privacy Practices is effective as of its revision date.

Any questions or inquiries regarding The Clear View School Day Treatment Center's Privacy Practices or any requests or complaints pursuant to this Notice of Privacy Practices should be directed to The Clear View School Day Treatment Center's Executive Director, who is the officer responsible for our Privacy Practices, at 480 Albany Post Road, Briarcliff Manor, NY 10510 (914) 941-9513

The Clear View School Day Treatment Center never markets or sells Personal Health Information (PHI) or any personally identifiable information (PII) maintained in any of its records.

Confidentiality of HIV Related Information and Alcohol or Substance Abuse Related Information:

Under NYS Law, there are special protections afforded HIV and Alcohol or Substance Abuse Related Information. This information may not be released or disclosed without a specific, written authorization by you. A general consent to the release or disclosure of PHI does not satisfy the requirement of a specific, written authorization for the release or disclosure of HIV and Alcohol or Substance Abuse Related Information.

Confidentiality of Mental Health Information:

Under NYS Law, there are special protections afforded Mental Health Information. This information may not be released or disclosed without a specific, written authorization by you. A general consent to the release or disclosure of PHI does not satisfy the requirement of a specific, written authorization for the release or disclosure for Mental Health Information. Other protections regarding Mental Health Information may be found in NYS Mental Hygiene Law §§33.13; 33.16.

Special Treatment of Psychotherapy Notes:

Psychotherapy notes are treated differently from other Mental Health Information both because these notes contain particularly sensitive information and are the personal notes of the therapist. Typically, except for the health care professional who created them, psychotherapy notes are not required or useful for treatment nor for payment, or health care operations. With few exceptions, therefore, the HIPAA Privacy Rule requires specific, written authorization prior to the release or disclosure of psychotherapy notes for any reason, **including a disclosure for treatment purposes to a health care provider other than the originator of the notes**. See 45 CFR 164.508(a)(2). A general consent to the release or disclosure of PHI, or even a general consent to the release or disclosure of Mental Health Information does not satisfy the requirement of a specific, written authorization for the release or disclosure of Psychotherapy Notes. There are limited exceptions to this rule, such as for mandatory reporting of abuse and neglect (SSL Art.6, Title 6), and mandatory "duty to warn" of substantial risk or threat of harm (MHL §9.46).