

**Chemung ARC, Chapter, NYSARC Inc.****Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW IDENTIFIABLE MEDICAL\*  
INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW  
YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY**

This notice replaces the one effective as of April 14, 2003 and is effective September 1, 2013. If you have any questions about this notice, please contact the Privacy Officer (Quality Enhancement Director) at 607.734.6151, extension 121.

**Our Privacy Commitment to You**

At Chemung ARC, we understand that information about you and your family is personal. We are committed to protecting your privacy and sharing information only with those who need to know and are allowed to see the information to assure quality services for you. This notice tells you how Chemung ARC uses and discloses information about you. It describes your rights and what Chemung ARC responsibilities are concerning information about you.

**1. Who will follow this notice:**

All people who work for Chemung ARC will follow this notice. This includes staff members, volunteers and persons Chemung ARC contracts with (contractors) who are authorized to enter information in your clinical record or need to review your record to provide services to you.

**2. What information is protected:**

All information we create or keep that relates to your health or care and treatment, including your name, address, birth date, social security number, your medical information, your individualized service plan, and other information (including photographs and other images) about your care in our programs. In this Notice, we refer to protected information as “clinical information”.

**Your Clinical Information Rights**

You have the following rights concerning your clinical information. When we use the word “you” in this notice we also mean your personal

representative. Depending on your circumstances and in accordance with state law, this may be your guardian, your health care proxy, or your involved parent, spouse, or adult child.

- ❑ You have a right to see or inspect your clinical information and obtain a copy. Some exceptions apply, such as certain records regarding incident reports and investigations, and information compiled for use in court or administration proceedings. NOTE: Chemung ARC may require you to make your request for records in writing.
- ❑ If we deny your request to see your clinical information, you have the right to request a review of that denial. Professionals chosen by Chemung ARC who were not involved in denying your request will review the record and decide if you may have access to the record. You may have further appeal rights under New York Law.
- ❑ You have the right to ask Chemung ARC to change or amend clinical information that you believe is incorrect or incomplete. We may deny your request in some cases, for example, if the record was not created by Chemung ARC or if after reviewing your request, we believe the record is accurate and complete.
- ❑ You have the right to request a list of the disclosures Chemung ARC has made of your clinical information. The list, however, does not include certain disclosures, such as those made for treatment, payment, and health care operations for a record in paper format, or disclosures made to you or made to others with your permission.
- ❑ You have the right to request a restriction on uses or disclosures of your health information related to treatment, payment, health care operations and disclosures to involved family. Chemung ARC, however, is not required to agree to your request, unless it relates to disclosures to a payor of health care services where you or another person has paid for the services in full.
- ❑ You have the right to request that Chemung ARC communicate with you in a way that will help keep your information confidential.
- ❑ You have the right to receive a paper copy of this notice. You may ask Chemung ARC staff to give you another copy.
- ❑ To request access to your clinical information or to request any of the rights listed here, you may contact your service provider at Chemung ARC.

### Chemung ARC's Responsibilities For Your Clinical Information

Chemung ARC is required to:

- ❑ Maintain the privacy of your information in accordance with federal and state laws.
- ❑ Give you this notice of our legal duties and practices concerning the clinical information we have about you.
- ❑ Follow the rules in this notice. Chemung ARC will use or share information about you only with your permission except for the reasons

- explained in this notice.
- ❑ Tell you if we make changes to our privacy practices in the future. If significant changes are made, Chemung ARC will give you a new notice.
  - ❑ Advise you if there is a breach of your unsecured protected health information.

### How Chemung ARC Uses and Discloses Clinical Information

Chemung ARC may use and disclose clinical information with your general consent for the purposes described below. For each of the categories of uses and disclosures, we explain what we mean and offer an example. Not every use or disclosure is described, but all of the ways we will use or disclose information will fall within these categories.

- ❑ **Treatment:** Chemung ARC will use your clinical information to provide you with treatment and services. We may disclose clinical information to doctors, nurses, psychologists, social workers, qualified mental retardation professionals (QMRPs), developmental aides, and other Chemung ARC personnel, volunteers or interns who are involved in providing you care. For example, involved staff may discuss your clinical information to develop and carry out your individualized service plan (ISP). Other Chemung ARC staff may share your clinical information to coordinate different services you need, such as medical tests, respite care, transportation, etc. We may also need to disclose your clinical information to your service coordinator and other providers outside of Chemung ARC who are responsible for providing you with the services identified in your ISP or to obtain new services for you.
- ❑ **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services at one of our programs.
- ❑ **Payment:** Chemung ARC will use your clinical information so that we can bill and collect payment from you, a third party, an insurance company, Medicare or Medicaid or other government agencies. For example, we may need to provide the NYS Department of Health (Medicaid) with information about the services you received in our facility or through one of our HCBS waiver programs so they will pay us for the services. In addition, we may disclose your clinical information to receive prior approval for payment for services you may need. Also, we may disclose your clinical information to the US Social Security Administration, or the Department of Health to determine your eligibility for coverage or your ability to pay for services.
- ❑ **Health Care Operations:** Chemung ARC will use clinical information for administrative operations. These uses and disclosures are necessary to operate Chemung ARC programs and residences and to make sure all consumers receive appropriate, quality care. For example, we may

use clinical information for quality improvement to review our treatment and services and to evaluate the performance of our staff in caring for you.

We may also disclose information to clinicians and other personnel for on-the-job training. We will share your clinical information with other Chemung ARC staff for the purposes of obtaining legal services through Chemung ARC Counsel's Office, conducting fiscal audits, and for fraud and abuse detection and compliance through our Quality Enhancement Office. We will also share your clinical information with Chemung ARC staff to resolve complaints or objections to your services. We may also disclose clinical information to our business partners who need access to the information to perform administrative or professional services on our behalf.

#### Other Uses and Disclosures that Do Not Require your Permission

In addition to treatment, payment and health care operations, Chemung ARC will use your clinical information without your permission for the following reasons:

- ❑ When we are **required to do so by federal or state law**;
- ❑ For **public health reasons**, including prevention and control of disease, injury or disability, reporting births and deaths, reporting child abuse or neglect, reporting reactions to medication or problems with products, and to notify people who may have been exposed to a disease or are at risk of spreading the disease;
- ❑ To report **domestic violence and adult abuse or neglect** to government authorities if you agree or if necessary to prevent serious harm;
- ❑ For health oversight activities, including audits, investigations, surveys and inspections, and licensure. These activities are necessary for government to monitor the health care system, government programs, and compliance with civil rights laws. Health oversight activities do not include investigations that are not related to the receipt of health care or receipt of government benefits in which you are the subject;
- ❑ For judicial **and administrative proceedings**, including hearings and disputes. If you are involved in a court or administrative proceeding we will disclose clinical information if the judge or presiding officer orders us to share the information;
- ❑ For **law enforcement** purposes, in response to a court order or subpoena, to report a possible crime, to identify a suspect or witness or missing person, to provide identifying data in connection with a criminal investigation, and to the district attorney in furtherance of a criminal investigation of client abuse;
- ❑ Upon your death, to coroners or medical examiners for identification purposes or to determine cause of death, and to **funeral directors** to

- allow them to carry out their duties;
- ❑ To organ procurement organizations to accomplish cadaver, eye, tissue, or **organ** donations in compliance with state law;
  - ❑ **For research purposes** when you have agreed to participate in the research an Institutional Review Board or Privacy Committee has approved the use of the clinical information for the research purposes;
  - ❑ To **prevent or lessen a serious and imminent threat** to your health and safety or someone else's;
  - ❑ To authorized federal officials for intelligence and other **national security** activities authorized by law or to provide protective services to the President and other officials.
  - ❑ To **correctional institutions** or **law enforcement officials** if you are an inmate and the information is necessary to provide you with health care, protect your health and safety or that of others, or for the safety of the correctional institution.
  - ❑ To **governmental agencies that administer public benefits** if necessary to coordinate the covered functions of the programs
  - ❑ 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 raise money to help us operate. We may also share this information with a charitable foundation that will contact you or your personal representative to raise money on our behalf. You have a right to opt out of receiving such communications.

### Uses and Disclosures that Require Your Agreement

Chemung ARC may disclose clinical information to the following persons if we tell you we are going to use or disclose it and you agree or do not object:

- ❑ To family **members and personal representatives** who are involved in your care if the information is relevant to their involvement and to notify them of your condition and location; or
- ❑ To disaster **relief organizations** that need to notify your family about your condition and location should a disaster occur.

### Authorization Required For All Other Uses and Disclosures

- ❑ For all other types of uses and disclosures not described in this Notice, Chemung ARC will use or disclose clinical information only with a written authorization signed by you that states who may receive the information, what information is to be shared, the purpose of the use or disclosure and an expiration for the authorization. Written authorizations are almost always required for use and disclosure of psychotherapy notes, for marketing purposes and for the sale of

protected health information.

**Note:** If you cannot give permission due to an emergency, Chemung ARC may release clinical information in your best interest. We must tell you as soon possible after releasing the information.

You may revoke your authorization at any time. If you revoke your authorization in writing we will no longer use or disclose your clinical information for the reasons stated in your authorization. We cannot, however, take back disclosures we made before you revoked and we must retain clinical information that indicates the services we have provided to you.

### Changes to this Notice

**We reserve the right to change this notice.** We reserve the right to make changes to terms described in this notice and to make the new notice terms effective to all clinical information that Chemung ARC maintains. We will offer you a copy of the revised notice at your next scheduled service-planning meeting.

We will post the new notice with the effective date on our website at [www.ChemungARC.org](http://www.ChemungARC.org) and in our facilities.

### Complaints

If you believe your privacy rights have been violated:

- ❑ You may file a complaint with the Quality Enhancement Director at 711 Sullivan Street, Elmira, New York 14901 (607-734-6151 ext. 121)
- ❑ You may also contact the Secretary of the Department of Health and Human Services. To write to them: 200 Independence Ave. S.W. HHH Building Room 509H, Washington, DC, 20201 or call them at 877-696-6775
- ❑ The federal Office for Civil Rights 200 Independence Ave. S.W. Room 509F, HHH Bldg. Washington, D.C., 20201 Phone 866-627-7748, TTY 886-4989 or e-mail [www.hhs.gov/ocr](http://www.hhs.gov/ocr).

All complaints must be submitted in writing. You will not be penalized for filing a complaint.