

HUDSON VALLEY CENTER FOR DEVELOPMENT

1124 Route 94, Suite 201

New Windsor, New York 12553

Phone: (845)787-1350 / Fax: (845)787-1366

HIPAA PRIVACY STATEMENT

This notice describes how protected medical information about you or your child may be used and disclosed and how you can gain access to this information. Please review it carefully.

There are a variety of federal and state laws and regulations that protect the data about you at this facility. This is an attempt to describe these for you since it is very important that you understand how the data is kept and how it may be shared with others. It is also important for you to understand that these regulations apply to your current contact with the facility and to all future contacts, whether the contact is in person, by telephone, by mail, or by computer. This policy applies to all Hudson Valley Center for Development programs.

1. *Hudson Valley Center for Development (HVCD)* is permitted to make uses and disclosures of protected health information (PHI) for treatment, payment, and health care operations, as described in the following examples:
 - For treatment - We may use information about you to provide you with mental health treatment. For example, we may disclose information about you to employees, students, or volunteers who are involved in treating you. We may disclose information about you in a medical emergency. **Your therapist may discuss your case with other clinicians in the facility, and/or with the Director or Assistant Director of the facility.**
 - For payment - We may use and disclose information in order to bill and collect the payment for services. For example, we may provide some of your information to our billing department and to a collection agency if bills are not paid. We may also provide information to our business associates or trading partners for claims processing and computer programming.
 - For health care operations - We may use and disclose PHI about you for health care operations. For example, we may use information to evaluate the performance of our staff treating you.
2. *HVCD* is permitted or required, under specific circumstances, to use or disclosed protected health information without the individual's written authorization for the following reasons:
 - **When disclosure is required by federal or state law or judicial or administrative proceedings:**
 - In response to a court order, warrant, summons, or similar process
 - About the victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement
 - About a death we believe may be the result of criminal conduct
 - About criminal conduct on our premises

- To identify a deceased person
- **In emergency circumstances to report a crime; the location of the crime or victims, or the identity, description, or location of the person who committed the crime.**
- **For public health activities:**
 - In response to a court order, warrant, summons, or similar process
 - To report child abuse or neglect or vulnerable adult abuse
- **For health oversight activities:** For example, we may provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
- **Appointment Reminders and Health Related Services:** We may use and disclose PHI to contact you as a reminder that you have an appointment or give you information about treatment alternatives or services we offer.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of another person.
- **Military and Veterans:** If you are a member of the armed forces, we may release information as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation:** We may release information about you for services provided for work-related injuries or illnesses.
- **National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose information about you to authorized federal officials to provide protection to the President, other authorized persons, or foreign heads of state or to conduct special investigations.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose information about you in response to a court or administrative order. We may also disclose 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 an order protecting the information requested.
- **Inmates:** If you are an inmate of a correctional institution or under the care of a law enforcement official, we may release information about you to the correctional institution or law enforcement official. 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; or (3) for the safety and

security of the correctional institution.

3. Other uses and disclosures will be made only with the Individual's written authorization, and the individual may revoke such authorization.
4. The Individual has the following rights regarding protected health information:
 - The right to request restrictions on certain uses and disclosures of protected health information. HVCD is not required to agree to a requested restriction. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or as otherwise required by law. To request restrictions, you must make the request in writing and present it to the treating clinician. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply.
 - The right to receive confidential communications of protected health information, as applicable. For example, you can ask that we only contact you at work or by mail. You must make your request at to the treating clinician or in writing. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
 - The right to inspect and copy protected health information. You must submit your request in writing to the treating clinician. We will respond within 10 days. We may charge a fee. We may deny your request in some circumstances. If so, we will tell you our reasons for the denial and explain your right to have the denial reviewed.
 - The right to receive an accounting of disclosures of protected health information, if any, we have made to third parties other than for treatment, payment, or health care operations, by authorization and certain other limited exceptions. Your request should indicate a time period, which may not be longer than six years. We will respond within 60 days. The first list you request within a 12 month period will be free. For additional lists, we may charge you the costs of providing the list. We will notify you of the cost, and you may choose to withdraw or modify your request.
5. *HVCD* is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and Privacy practices with respect to protected health information.
6. *HVCD* is required to abide by the terms of the Notice currently in effect.
7. *HVCD* reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that we have about you, as well as any information we receive in the future. *HVCD* will provide individuals with a revised notice when such revision takes place.

8. Individuals may complain in writing to HVCD or to the Secretary of the Department of Health and Human Services, without fear of retaliation by the organization, if they believe their privacy rights have been violated.

9. *HVCD's* contact person for matters relating to complaints is:
Practice Manager
(845)787-1350
1124 Route 94, Suite 201 New Windsor, New York 12553

I have read the Hudson Valley Center for Development HIPAA Privacy Statement, which describes how my protected health information may be used and/or distributed. I understand and agree to comply with the Privacy Statement and I acknowledge that I have received a written copy. I agree that by typing my name below I am signing this form.

Signature of patient (or parent)

Print name

Signature of child (12 and over)

Print Name (Child)

Date