

# Intandem

## NOTICE OF PRIVACY PRACTICES

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

**For questions /requests related to this notice, please contact the agency's Privacy Officer:**

**Susan A. Cross**

**C/o Intandem**

**1439 Buffalo Street, Olean, NY 14760 or at**

**(716) 375-4747 ext 1610**

### Who this notice applies to:

This notice applies to all programs and services of Intandem; including but not limited to; all employees, volunteers, contractors, business associates, students, interns, aides and assistants affiliated with our agency.

### Our Policy:

Intandem will make every effort to secure and protect the information you have provided us. The privacy of your personal information is taken very seriously, and in turn, we will take reasonable steps to ensure that you have access to this information if and when you want, and to keep this information private from those who should not have access to it.

By law, we are required:

- to keep your information private and secure
- to provide you with this notice stating how we will use and disclose it within the course of providing services to you (treatment), to be reimbursed for our services (payment), and to maintain business operations; and
- to follow the terms of this notice.

### When and how we may use or disclose information used to provide services to you:

In this section, we will explain by example ways that may necessitate our agency to use or disclose information about you (hereafter referred to as, "your information" or "information about you"). For each of the following uses or disclosures, until otherwise indicated, we are not required to obtain your authorization or permission.

- To provide services to you for the purpose of treatment:

Staff who are involved in providing you services may use your information in order to best assist you. Your information may only be disclosed to clinical professionals, interns, students, aides, business associates, and volunteers who are involved in providing direct services to you. For example, direct care staff may use dietary guidelines developed by a dietician to ensure that you receive the right type of food in the appropriate consistency. Similarly, we may, for example, share/disclose your psychological evaluation or treatment data to the psychiatrist we consult with so that he can identify the appropriate treatment to best meet your current needs.

Your information may also be shared/disclosed to another health care provider in order to refer you to that provider, or so that the provider can provide appropriate treatment to you. For example, if you fall and hurt your leg, we may share your medical information with the hospital so that they can treat you correctly. There may also be incidental uses or disclosure. For example, during the normal course of business, secretarial staff not working directly with you or your program may see information about you simply through the nature of their position (I.e. agency's Records Retention Manager, secretarial staff completing documentation of treatment team meetings, etc.). However; these staff are charged with the same responsibility of all staff to ensure this information is kept confidential at all times.

- To receive reimbursement (payment):

We may use or disclose pieces of your information so that we can receive reimbursement for the services we provide. For example, we may need to share your Medicaid number with our finance office staff so that they can bill the government for services you receive. Similarly, we may, for example, submit a diagnosis or diagnoses to the government as a means of verifying that the services you receive are medically necessary so that we can receive payment. Due to the regulatory oversight of surveyors, auditors, and outside regulatory staff, coupled with your agreement to receive our services; you subsequently authorize such entities access to your information for the purposes of recertification of continued services provide by this agency.

- For agency operations:  
We may use or disclose your information in order to maintain ongoing agency operations. This may include, but is not limited to, the need to access/share information with various local, county, state and /or federal government oversight agencies; such Social Security, Department of Social Services, NYS Medicaid, HUD, etc. Doing so helps us to ensure quality care and a consistent approach to the services we provide.  
Additionally, your information may be used by our Quality Management department as part of our internal monitoring of services and systems. Similarly, we may, for example, disclose your information to state and/or Federal auditors, surveyors, or recertifiers. Such a disclosure is necessary in order for us to maintain our required certifications and the funding associated with it.
- Appointment reminders:  
Within our clinical services, we may use and disclose your information in order to contact you as a reminder that you have an appointment.
- Notification regarding new services or opportunities:  
We may use and disclose your information in order to share with you about new services or opportunities that we are planning or developing, and which you might find of interest.
- Marketing:  
We may use or disclose your information for the purposes of marketing the services of the agency. This disclosure would only be the result of a face to face meeting with your and/or if it relates to services/products of nominal value.
- Fundraising:  
In order for Intandem to continue providing quality services, fundraising activities are necessary and contact with you as an individual receiving services can/will occur to support this effort. Only your basic demographic information will be accessed; such as your name, address, phone number and specific dates in which you may have received services. If you do not want Intandem to contact you for fundraising activities, you must notify the Privacy Officer in writing.
- Other key individuals in your life:  
We may share/discard your information to key people involved in your life; including but not limited to your parents (if you are under the age of 21) and/or legal guardians. Some of these disclosures may be required by law; meaning you are not able to object to. In the event that other individuals require/need access to your information; such as other family members, service coordinator and/or friends, we will not disclose this information without first obtaining your written consent; or the written consent of the individual who has the legal right to make such decisions for you.
- To avert a serious threat to health or safety:  
We may use or disclose your information when necessary to prevent a serious threat to your health and safety, or that of another person. Such a disclosure would only be to someone who could help prevent or deal with the immediate threat.
- To demonstrate compliance with HIPAA:  
We may share/discard information about you to governmental representatives in order to demonstrate that we are complying with all HIPAA regulations; laws to which we are held accountable in protecting your personal information.

#### Special Situations:

- Organ and tissue donation:  
If you are an organ donor, we may disclose parts of your information to organizations or individuals who handle organ procurement and transplantation.
- Workers' compensation:  
If you are employed in our sheltered employment program, we may disclose your information for workers' compensation or similar programs. These programs provide benefits for work-related injuries and/or illnesses.
- Public health risks:  
We may disclose information about you for public health activities. These activities generally include the following:
  - \*to prevent or control disease, injury, or disability;
  - \*to report births or deaths;
  - \*to report child abuse or neglect;
  - \*to report reactions to medications or problems with products;
  - \*to notify people of recalls of products they may be using;
  - \*to notify a person who may have been exposed to a disease or may be at risk for

contracting or spreading a disease or condition;

\*to notify the appropriate government authority if we believe that a consumer has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- Lawsuits or disputes:

If you are involved in a lawsuit or dispute, we may disclose your information in response to a court or administrative order. We may also disclose your information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

- Law Enforcement:

We may disclose your information if asked to do so by law enforcement personnel. This would generally involve one of the following:

\*to identify or locate a suspect, fugitive, material witness, or missing person;

\*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 which occurs within Intandem

\*in emergent circumstances to report a crime, the location or victims of a crime, and/or the identity, description, or location of someone who committed a crime

- Medical Examiners and Funeral Directors:

We may disclose your information to the medical examiner if necessary to identify a deceased person or to determine the cause of death. We may also disclose your information to a funeral director in order for them to fulfill their duties.

Uses and disclosures for which we require your authorization:

Prior to using or disclosing your information for purposes other than those noted above, we are required to obtain a signed authorization from you (or your parent/legal guardian), allowing us to do so. For example, if you asked us to send a copy of your clinical evaluations to another agency or service provider with whom we do not have an established business agreement, we would ask you to sign a very specific authorization which states:

- the specific information that will be used or disclosed
- the name of the person who is able to authorize the use or disclosure
- the name of the person to whom Intandem may make the requested use or disclosure
- a date by when the authorization is no longer valid
- a statement of your right to revoke the authorization in writing
- a statement that the information being released may be redisclosed by the party receiving it, and that we are not able to control such actions
- your signature or, if the authorization is signed by someone else, a description of his/her authority to sign the authorization on your behalf

If we ask you to authorize the disclosure of Protected Health Information (PHI) to us from another provider, the request will include the following information:

- a statement describing why we are requesting the information
- a statement indicating that the treatment you receive will not be affected by whether or not you agree to our request
- a statement indicating that you have the right to refuse signing this authorization if you so choose

Your rights regarding information we use to provide services to you:

You have the following rights regarding your information:

- The right to have access to, review, and receive copies of your information:

Intandem acknowledges and supports your right to have access to, review of, and to receive copies of information contained within your formal records and charts (to use the regulation's terminology, the designated record set). In order to receive access, copies, or the opportunity to review your information, you must submit a written request to the director of the program where the records are that you wish to see. Intandem may deny your request under certain circumstances however; if we do so, you will be notified in writing of the reasons why. If the information you are requesting is located in more than one program or site, we will give you access to it at the site or location where you first requested it, or from which the information was initially generated. Information/PHI that is maintained electronically will be provided to you by Intandem in the electronic form/format you requested, unless otherwise agreed to by both parties of an alternate format.

Upon your request, Intandem will transmit your PHI to another person designated by you, ONLY when the specific PHI is identified and to whom the information should be specifically disclosed to. This request will require you to sign a Consent for

Release of Information to ensure maintained HIPAA compliance. Your request must be made in writing and signed; clearly identifying the designated individual to release to and its specific located to be sent.

If Intandem permits your access, it will provide such access in the form requested by you if it is readily producible in such form. If not, access will be provided in a form or format that you and Intandem both agree to.

You have the right to file a complaint regarding any denial to your personal information/record should be directed to the agency's Privacy Officer and Director for Quality Management, and must be submitted in writing. Ms. Cross can be reached at:

Susan A. Cross  
C/o Intandem  
1439 Buffalo Street  
Olean, NY 14760

She will conduct a review of the circumstances regarding the denial, and will render a final decision. Intandem will comply with this decision. Prior to allowing you access to, review, or copies of your information we reserve the right to verify your identity or the identity of your representative. This is to ensure that we are not disclosing your private information to someone who has no right to receive it.

If we do not maintain the information about you that you are requesting but we know of its' location, we will direct you to where you may request it.

- Under Intandem's Notice of Privacy Practices, you have the right to be notified in the event your information has been breached and/or accessed without authorization. Intandem will make notification to you / your loved one within 14 days of the discovered breach.
  - This notification will be made initially by phone with written documentation outlining the specifics of what information was breached/accessed immediately following that notification. This notification will additionally provide you guidance and direction regarding what steps are being taken as a result of the breach.
- The right to amend your information:  
If you feel that information contained within your records here at Intandem are inaccurate or incomplete, you have the right to ask that they be amended. You must make your request for amendments in writing and these should be sent to the manager of the program where the records are you are asking us to amend.

We may deny your request should one of the following situations exist/apply:

- \*the record/documentation in question was not created by Intandem
- \*it is not part of your chart (or to use the words in the regulation, it is not part of the designated record set)
- \*we consider the information to be accurate and complete at the time we receive your request

You do have the right to file a complaint regarding any denial. This should be directed to the agency's Privacy Officer, Susan A. Cross and must be submitted in writing. Ms. Cross will conduct a review of the circumstances regarding the denial, and will render a final decision. Intandem will comply with this decision.

- The right to an accounting of disclosures:  
You have the right to request an "accounting of disclosures." This means that you can receive a listing of all the disclosures we have made of your information. Such request must be submitted in writing to the agency's Privacy Officer Susan A. Cross. Your request must clearly identify the period you want the accounting for. This period cannot exceed 6 years and cannot include any dates prior to April 14, 2003.
- The right to request restrictions:  
You have the right to request that we restrict the use and disclosure of your information if : a) a disclosure is for purposes of carrying out payment of health care operations and is not otherwise required by law and/or b) PHI pertains solely to health care items or services for which the individual, or person on behalf of the individual other than the health plan, has paid the covered entity in full. We are not required to agree to any request of restriction you submit.

We will terminate restrictions on use and disclosure of your information if you agree, in writing, to terminate the restriction, if you orally agree to terminate the restriction and such oral agreement is documented, or we inform you in writing that we are terminating the restriction. In this latter case, the termination would only apply to any information about you which is created or received after we have told you we are terminating the restriction.

To request a restriction on the use and disclosure of your information, you must submit a written request to the manager of the program involved. You must specify what information you want limited, whether you are asking us to limit use, disclosure, or

both, and to whom the limits apply, if anyone. You will then be notified by Intandem as to whether or not the restriction is being agreed to or not.

- The right to request confidential communications:

You have the right to receive communication about your information from Intandem in ways that are comfortable and acceptable to you. For example, you can ask that we not leave a message with your mother, father, or housemate about such things as clinic appointments, or case review dates and times.

You must make your request for confidential communications to the manager of the program involved. We will not ask you to specify a reason for the request. We will accommodate all reasonable requests. You must specify how or where you wish to be contacted.

- The right to receive a copy of this notice:

You have the right to receive a paper copy of this notice at any time. To obtain a copy of this notice, please contact the agency's Privacy Officer; Susan A. Cross. She can be reached at (716) 375-4747 ext. 1610. You can also find a copy of this notice on the agency's intranet site at [www.intandem.org](http://www.intandem.org)

Changes to this notice:

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice apply to information we already have about you as well as any information we create or receive in the future. In addition, whenever a revision to this notice occurs, you shall be informed within 60 days of a material revision to the notice. As indicated above, you are entitled to receive a copy of our notice at any time.

Complaints:

If you believe that your privacy rights have been violated, you may file a complaint with Intandem directly. This can be done by submitting your complaint in writing to the manager of the program involved or to the agency's Privacy Officer Susan A. Cross whose address is noted at the beginning and within this notice.

In addition, you have the right to file a complaint with the Secretary of the Federal Department of Health and Human Services.

You will not be treated differently, nor will your services change based on your decision to file a complaint.