



Notice of Privacy Practices in accordance with the Health Insurance Portability & Accountability Act (HIPAA) of 1996 & 2013

This notice describes how information about you may be used, disclosed and safeguarded and how you can get access to this information. Please review it carefully.

If you have any questions about what is meant by anything in this notice or have any questions regarding the handling of your health information, please ask the person who gave you this notice or contact Astor's Privacy Officer/Quality Assurance & Improvement Coordinator at 6339 Mill Street, PO Box 5005, Rhinebeck, NY 12572-5005, telephone (845) 871- 1118 or 1-800-724-0699.

HIPAA, Health Insurance Portability and Accountability Act, of 1996, is a Federal law that promotes improvements in:

- Electronic data processing of healthcare transactions,
- Security of protected health information,
- Privacy of protected health information.

PROTECTED HEALTH INFORMATION (PHI): This refers to individually identifiable health information relating to the past, present or future physical, genetic or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual. This definition includes electronic or paper formats or via oral communications.

1. Your Consent for Information Sharing

In each of the below-noted disclosures, information sharing will be guided by the following principles:

- (1) *Astor will respect your right to privacy.*
- (2) *Astor will share the **minimum amount of information** that will meet justified needs.*
- (3) *Astor will consider any applicable restrictions.*

When you sign the "Consent to Treat," you are allowing Astor to use and disclose your protected health information for three purposes – **Treatment**, **Payment**, and **Agency Operations**. This allows Astor to use and disclose protected health information as explained below:

a. Treatment

Your protected health information will be shared as necessary with the individuals and organizations who are responsible to plan, implement and coordinate your treatment. In certain instances, additional authorization may be requested. In addition to Astor staff, this may include representatives of the organization that arranged for you to come to Astor for services, such as Departments of Social Services. Astor may also disclose your protected health information to other health care providers involved in providing treatment to you or to whom we refer you for:

- Consultation
- Hospitalization
- Ongoing treatment
- Contracted nurse services

For example, your protected health information may be shared with other professionals or organizations:

- Hospitals, consultants, laboratories, other agencies when Astor makes a referral or seeks specialized or continuing services on your behalf.

In an emergency that is threatening to your life or to that of someone else, Astor will use or disclose your protected health information as the circumstances require.

- b. **Payment** – Astor will use your protected health information, as necessary, to get approval and/or payment for the services you are provided. This will include sharing information within our agency for billing and accounting purposes, as well as with your health insurance plan or with the organization responsible for paying for the services you receive.

Astor will not share your protected health information with your health insurance plan if you choose to pay out-of-pocket for services. See Section 2b of this Notice for details.

- c. **Agency Operations** – Astor will use your protected health information in those activities that are necessary for our programs/services to keep in operation. For example, as part of our quality assurance efforts Astor may use information in your record to assess the effectiveness of our services and identify any opportunities for improvement. Other such activities would include:



- Licensing/certification reviews by regulatory agencies
- Accreditation reviews
- Professional training programs
- Staff performance reviews
- Legal services and communication with our attorneys
- Fiscal audit activities
- Record keeping
- Follow-up studies
- Approved research projects
- General business management and administration.

Personal information such as names may be included in:

- School attendance lists
- Trip rosters
- Taxi service lists
- School awards or special program listings

Astor may at times use your information in notifying you by telephone or mail of upcoming appointment.

There may be some services provided to you that are part of contractual agreements between Astor and other individuals or organizations. Examples include:

- Some specialized therapies
- Pharmacy
- Centralized intake
- Laboratory tests
- Closed record storage services

When these services are contracted, there may be mutual disclosure of your information between Astor and the other party so that we can each provide you with the service required. To protect your privacy, however, Astor require the Business Associate and their Subcontractors to appropriately safeguard your information. Astor has Business Associate Agreements with all contracted agencies that provide such services, and require in this Agreement that the Business Associate have agreements with all their subcontractors. If a Business Associate refuses to agree to the terms set forth in the agreement than Astor will not allow the Business Associate to provide services on Astor's behalf.

Any other use or disclosure not described in this notice will only be made when Astor receives an authorization from you; this includes marketing efforts where Astor receives payment.

You have the right to revoke an authorization that has been previously provided to Astor.

2. Your Rights

a. To inspect your records

You have the right to inspect and obtain a copy of protected health information that is contained in a designated record set for as long as Astor maintains the protected health information.

Astor must provide you with readable electronic copies of protected health information if you request it; even if the record is not readily producible electronically. Astor has 30 days to produce the electronic version if the records are stored on site; or 60 days if the records are stored off site.

Under federal law, however, you may not inspect or copy the following records:

- Psychotherapy notes
- Information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding.
- State law may also prohibit access to certain information without a Court order.
- Regulations provide discretion to organizations to deny access to records when it is felt the disclosure is not in the best interests of the client.

Under New York State Social Services Law, clients and former clients may not be granted access to their foster care records without a court order.



b. To request a restriction on use or disclosure

You may ask Astor not to use or disclose any part of your protected health information for the purposes of treatment, payment or agency operations.

You may also request that your protected health information not be disclosed to family members (excluding legal guardians of unemancipated minors). Your request must state the specific restriction requested and to whom you want the restriction to apply.

Astor is required to grant a restriction of information being sent to your health plan, if you, a family member or other party chooses to pay out-of-pocket for the services rendered. Astor will flag the restricted records to assure they are not shared. If at a later time you choose to bill your health plan; Astor must inform you that Astor may need to provide your health plan access to the restricted records in order to pay for future services. Astor is not required to honor this restriction if the law requires us to bill your health insurance plan; these include federally and state funded insurance plans such as Medicaid and Medicare.

In all other restriction requests, if Astor don't agree that the restriction you request is in your best interest, the request will not be honored and the information will be shared as indicated in this Notice. If Astor does agree to the restriction, Astor will not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by contacting the Assistant Executive Director responsible for the program.

c. To request confidential communication from Astor by alternative means

Astor will accommodate reasonable requests as to how Astor should contact you, without requiring full disclosure of the reasons. Any such requests have to be submitted in writing to the Assistant Executive Director responsible for the program.

d. To request amendment to information in your record

If you believe there is an error in fact or interpretation in the personal health information contained in our record, you may request that it be amended. If Astor agrees to amend the record, the amendment will be added to the record and Astor will notify any entity that relied on the information originally in the record of the amendment.

If Astor does not agree with you, Astor may deny the request. If Astor denies your request for amendment, you have the right to file a statement of disagreement with Astor. Astor may then write a rebuttal to your statement. In such cases, the original information will remain in the record, but both your statement of disagreement and our rebuttal will also be added to the record.

e. To be informed of certain disclosures

This relates to disclosures for purposes other than treatment, payment, or agency operations as described in this Notice of Privacy Practices, and other disclosures as noted below which Astor would be required to make without your consent or authorization or opportunity to object.

f. To be informed of a breach

If a breach of your protected health information occurs; then you will be notified of the breach according to the details specified in Section 5 of this Notice.

g. To Opt-out of Fundraising

Astor may contact you regarding fund raising efforts, through various means of contact such as phone or mail.

Astor may use limited protected health information for fundraising which includes the following; your demographic information (name, address, other contact information, date of birth, age and gender); the service type you receive, treating physician, outcome information for fundraising purposes and your health insurance status.

You have the right to opt-out of being including in these fundraising efforts; and later opt-back in if you wish.

Astor will not limit your services based upon your participation in our fundraising efforts and Astor will not make fundraising communications with you once you have opted-out. Astor can choose if opt-outs for fundraising are campaign specific or if one opt-out would be for all future fundraising efforts.

Astor will not sell your protected health information for any purpose; particularly pertaining to fundraising.

3. Astor may use or disclose your protected health information in the following situations without your consent or authorization:

- Required by Law
- Public Health
- Communicable Disease
- Health Oversight



- Abuse or Neglect
- Legal Proceedings
- Law Enforcement
- Criminal Activity
- National Security
- Food and Drug Administration
- Immunization records to schools
- Justice Center (covered by the health oversight exception or as required by law exception)

4. Astor must obtain an authorization for the use and disclosure of the following information or in the following circumstances:

- Psychotherapy notes
- Marketing purposes
- Sale of protected health information
- If you wish for Astor to share or communicate your protected health information with family members (excluding legal guardians); then a written authorization is required from you in order to release the information. This authorization must include the following; to whom it can be released to, what information can be released, where to send the information and a legal signature of release. Astor is not required to utilize a general HIPAA Authorization for third party disclosures.
- If you wish for Astor to share or communicate your protected health information with other providers such as physician's, schools, etc. then a written authorization is required from you in order for Astor to release or communicate this information. The information this authorization must include is listed above.

5. Notice of Breach of Health Information

In the unlikely event that your health information is inadvertently acquired, accessed, used by or disclosed to an unauthorized person, Astor will provide you with written notice when the probability of your protected health information being compromised is not low.

This notice will be sent without unreasonable delay and in no case later than 60 calendar days after discovery of a breach. The notice will contain the following information: (1) a brief description of what happened, the date of the breach, if known, and the date of discovery; (2) the type of PHI involved in the breach; (3) any precautionary steps you should take; (4) description of what we are doing to investigate and mitigate (lessen) the breach and prevent future breaches; and (5) how you may contact us to discuss the breach.

The written notice of the breach will be sent by regular mail or by email if you have indicated that you prefer to receive communications from us by email. If the contact information we maintain for you is insufficient or out-of-date, we may attempt to provide notice to you by telephone or other permissible alternative method. We will also report the breach to the U.S. Department of Health and Human Services.

6. To Request Information or File a Complaint

If you believe your private rights have been violated, you may file a written complaint by mailing it or delivering it to our Privacy Officer (see top of this notice). You may complain to the Secretary of Health and Human Services (HHS) by writing to Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, D.C. 20201; by calling 1-800-368-1019; or by sending an email to OCRcomplaint@hhs.gov. We cannot, and will not, make you waive your right to file a complaint with HHS as a condition of receiving care from us, or penalize you for filing a complaint with HHS. In addition you may file a complaint with NYS Justice Center for the Protection of People with Special Needs, 161 Delaware Avenue, Delmar, NY 12054, Telephone: 800-624-4143 or with Disability Rights New York, 725 Broadway, Suite 450, Albany, New York 12207 Toll Free: 800-993-8982 if you are concerned about the care, treatment or protection of your client information or care.

7. Revisions to this Notice of Privacy Practices

Astor reserves the right to amend the terms of this Notice. If this Notice is revised, the amended terms shall apply to all health information that Astor maintains, including information about you collected or obtained before the effective date of the revised Notice. Astor will post any revised Notice in the waiting areas of our offices. You will also be able to obtain your own copy of the revised Notice by contacting Astor or asking for one at your next visit. If Astor revises or updates the Notice with a material change, Astor will re-distribute the Notice to all patients. If the revision or update is non-material or not required by HIPAA regulations, Astor will provide the new Notice to all new patients at the first date of service and to all current patients only upon request.

8. Effective Date

This Notice will take effect on February 4, 2021.



PATIENT ACKNOWLEDGMENT

Patient Name: _____

I have read and understand the Astor Services for Children & Families' Notice of Privacy Practices.

Client Signature

Date

Parent/Guardian Signature

Date

Instructions: Original is filed in "Consents" section of client's medical record. A copy is given to the client and/or parent/guardian.