

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

**This notice describes how information about you, or the client may be used, disclosed, and safeguarded and how you or your authorized representative can get access to this information. Please review it carefully.**

If you or your authorized representative have any questions about what is discussed in this Notice of Privacy Practices (NPP) or have any questions regarding the handling of the client's protected health information (PHI), please ask the person who provided this NPP or contact Astor's Privacy Officer at 6339 Mill Street, PO Box 5005, Rhinebeck, NY 12572-5005, telephone (845) 616-5331 or 1-800-724-0699 or email [ndauley@astorservices.org](mailto:ndauley@astorservices.org).

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

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

**PROTECTED HEALTH INFORMATION (PHI):** This refers to 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.

**AUTHORIZED REPRESENTATIVE (PERSONAL REPRESENTATIVE):** An authorized representative (personal representative) is a parent, guardian, or other person who has authority by law to act on behalf of the individual in making decisions related to health care.

1. Your or your authorized representatives Consent for Information Sharing

In each of the below disclosures, sharing of PHI will be guided by the following:

- Astor will respect the clients right to privacy.
- Astor will share the minimum amount of PHI required to complete the task at hand.
- Astor will consider any applicable restrictions.

When you or your authorized representative sign the "Consent to Treat," they are allowing Astor to use and disclose PHI for three purposes - Treatment, Payment, and Operations (TPO). This allows Astor to use and disclose PHI as explained below:

a. Treatment

The clients PHI will be shared as necessary with the individuals and organizations who are responsible to plan, implement and coordinate treatment for the client. In certain instances, additional authorization may be requested. In addition to Astor staff, this may include representatives of the referring agency for the client to come to Astor for services, such as Departments of Social Services. Astor may also disclose the clients PHI to other providers involved in the client's treatment or to whom Astor refers the client for:

- Consultation, Hospitalization, Ongoing treatment, Consultants, Laboratories, etc.

In a life-threatening emergency, Astor will use or disclose the client's PHI as required.

b. Payment

Astor will use the client's PHI, to get approval and/or payment provided services. This will include sharing information within our agency for billing and accounting purposes, as well as with health insurance plans or with those responsible for paying for the services received.

Astor will not share the client's PHI with health insurance plans if the client chooses to pay out-of-pocket for services. See Section 2b for details.

c. Agency Operations

Astor will use the client's PHI 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 the clients record to assess the effectiveness of our services and identify any opportunities for improvement. Other such activities would include:

- Licensing/certification/accreditation reviews by oversight bodies
- Professional training programs, Staff performance reviews
- Legal services and communication with our attorneys
- Fiscal audit activities
- Follow-up studies, Approved research projects
- General business management and administration.

Personal information such as names may be included in:

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

Astor may use the client's PHI in notifying the client by telephone, text, or mail of an upcoming appointment.

There may be some services provided to the clients that are part of contractual agreements between Astor and other individuals or organizations, in which mutual disclosure may be required. Examples include:

- Some specialized therapies
- Pharmacy, Laboratory tests
- Closed record storage services

To protect the client's privacy, however, Astor requires the Business Associate and their subcontractors to appropriately safeguard the client's information. Astor has Business Associate Agreements (BAAs) 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 of the BAA than Astor will not do business with this Business Associate.

Any other use or disclosure not described in this notice will only be made when Astor receives an authorization from you or your authorized representative; this includes marketing efforts where Astor receives payment. You or your authorized representative; have the right to revoke an authorization that was previously provided to Astor.

## 2. The Client's Rights

### a. To inspect or copy your records

You or your authorized representative have the right to inspect and obtain a copy of PHI within the designated record set for as long as Astor maintains the PHI.

Astor must provide you or your authorized representative with readable electronic copies of PHI if you or your authorized representative request it, even if the record is not maintained 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 or your authorized representative may not inspect or copy the following records:

- Psychotherapy notes
- Information compiled in anticipation of, or use in, a civil, criminal, or administrative action or proceeding.
- Regulations provide allow organizations to deny access to records when the disclosure is not in the best interest 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.

For detailed guidance on Astor's process for accessing or copying your records, please contact the Privacy Officer.

### b. To request a restriction on use or disclosure

You or your authorized representative may ask Astor not to use or disclose any part of the clients PHI for the purposes of TPO.

You or your authorized representative may also request that the clients PHI not be disclosed to family members (excluding authorized representatives). You or your authorized representatives request must state the specific restriction requested and to whom the restriction applies.

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

In all other restriction requests, if Astor does not agree that the restriction requested the client's best interest, the request will not be honored, and the PHI will be shared as indicated in this NPP. If Astor agrees with the restriction, Astor will not use or disclose the client's PHI in violation of that restriction unless it's an emergency. You or your authorized representative may request a restriction by contacting the agency's Privacy Officer.

### c. To request confidential communication from Astor by alternative means

Astor will happily accommodate how Astor contacts you or your authorized representative, without requiring details of the reasons. Any such requests must be submitted in writing to the Privacy Officer.

### d. To request amendment to PHI in your record

If you or your authorized representative believe there is an error in the PHI contained in your record, you or authorized representative 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 necessary agencies (ex. medical insurance) of the amendment.

If Astor disagrees with you or your authorized representative, Astor may deny the request. If Astor denies the request for amendment, you or your authorized representatives have the right to file a statement of disagreement with Astor. Astor may then reply to you or your authorized representative's statement. In such cases, the original information will remain in the record, but both you or your authorized representative's statement of disagreement and our reply will also be added to the record.

### e. To be informed of certain disclosures

This relates to disclosures for purposes other than TPO as described above and includes required disclosures which Astor may make without your or your authorized representative's authorization or objection.

### f. To be informed of a breach

If a breach of the clients PHI occurs; then you or your authorized representative will be notified of the breach as described in Section 5 of this NPP.

### g. To Opt-out of Fundraising

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

Astor may use limited PHI for fundraising which may include; client demographic information (name, address, other contact information, date of birth, age and gender); the services received, providers, outcome information for fundraising purposes and the clients health insurance status.

You or your authorized representative have the right to opt-out of being including in these fundraising efforts; and later opt-back in if chosen. Astor will not limit services based upon client's participation in-fundraising efforts and fundraising communications will not occur once opted out. Opting out applies to all future fundraising efforts. Astor will not sell the clients PHI for any purpose; particularly pertaining to fundraising.

3. Astor may use or disclose the clients PHI in the following situations without yours or the authorized representative's authorization:

- Required by Law, Law Enforcement, Criminal Activity, Legal Proceedings
- Public Health, Communicable Disease, Food and Drug Administration
- Health Oversight (including the Justice Center)
- Abuse or Neglect (including the Justice Center)
- National Security, Natural disasters
- Immunization records to schools
- Disclosures by Whistleblowers, with restrictions
- Disclosures by employees who are victims of a crime, with restrictions
- Disclosure of a Deceased Client's PHI, with restrictions
- Correctional institutions
- Public benefits
- Other uses and disclosures prompted by regulatory and/or government requirements

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 PHI
- If you or your authorized representative want Astor to share the client's PHI with family members (excluding authorized representatives) or with other providers such as physician's, schools, etc; then a written authorization is required from you or your authorized representative to release the PHI.
- All authorizations must include: to whom it can be released to, what PHI can be released, the purpose of the release, where to send the PHI and a legal signature of release. Astor will not utilize a general HIPAA Authorizations for any disclosures.

5. Notice of Breach of Health Information

In the unlikely event that the client's PHI is acquired, accessed, used by, or disclosed to an unauthorized person, Astor will provide you or your authorized representative with written notice when the probability that the clients PHI was compromised is not low.

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

Breach notifications will be sent by regular mail or by email if you or your authorized representative have indicated a preference for email communications. If the contact information we have in the client's record is incorrect, we may provide notice to you or your authorized representative by telephone or other alternative methods. We will also report the breach to the U.S. Department of Health and Human Services (HHS).

6. To Request Information or File a Complaint

If you or your authorized representative believe the client's rights have been violated, you or your authorized representative may file a written complaint by mailing it or delivering it to our Privacy Officer. You or your authorized representative may complain to the Secretary of HHS by writing to the Office for Civil Rights (OCR), U.S. Department of HHS, 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](mailto:OCRcomplaint@hhs.gov). We cannot, and will not, make you or your authorized representative waive the right to file a complaint with HHS as a condition of receiving services, or penalize you for filing a complaint with HHS. In addition, you or your authorized representative 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 if you or your authorized representative are concerned about the care, treatment or protection of the client's PHI or care.

7. Revisions to this Notice of Privacy Practices

Astor reserves the right to amend the terms of this NPP. If revised, the updated terms will apply to all PHI that Astor maintains, including PHI collected or obtained before the revised NPP. Astor will post any revised NPP in the waiting areas of our offices. You or your authorized representative can obtain a copy of the revised NPP by contacting Astor or asking for one at the client's next visit. If Astor revises the NPP with a material change, Astor will re-distribute the NPP to all clients. If the revision is non-material or not required by HIPAA regulations, Astor will provide the new NPP to all new clients at intake and to all current clients upon request.

8. Effective Date

This Notice will take effect on February 14, 2023



PATIENT ACKNOWLEDGMENT

Client Name: \_\_\_\_\_

I, or my authorized representative have read and understand the Astor Services' Notice of Privacy Practices.

I or my authorized representative have requested a copy of Astor’s NPP to be distributed to us through the selected method:   
Paper copy  Emailed copy  Declined wanting a copy

By requesting the NPP be sent via email, I, or my authorized representative consents for this document to be sent via email. If email is returned as undelivered a paper copy may be provided.

I, or my authorized representative opt in  or opt out  of fundraising efforts.

\_\_\_\_\_  
Client/Authorized Representative Signature

\_\_\_\_\_  
Date

Instructions: Original will be scanned in the "Consents" section of the client's medical record. One copy is provided to the client and/or authorized representative.