



## **Notice of Privacy Practices and Confidentiality of Substance Use Disorder Records (“NPP”)**

This notice accords with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and 42 CFR Part 2 (Concerning the Confidentiality of Substance Use Disorder Patient Records), and 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 “Notice”) or have any questions regarding the handling of a client's protected health information (“PHI”), please ask the person who provided this NPP or contact Astor's Privacy Officer at 6339 Mill Street, Rhinebeck, NY 12572, telephone (845) 768-2895 or 1-866-293-0031 or email [jlabarbera@astorservices.org](mailto:jlabarbera@astorservices.org).

HIPAA is a Federal law that promotes improvements in electronic data processing of healthcare transactions, and privacy and 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.

Substance Use Disorder Records: Federal law (42 CFR Part 2) provides special privacy protections for records related to substance use disorder (“SUD”) diagnosis, treatment, or referral for treatment. These protections are in addition to those provided under HIPAA. (Although Astor does not deliver SUD treatment, under Part 2, Astor may be considered a Covered Entity (“CE”) working alongside an SUD provider, as defined therein.) SUD records may only be used or disclosed as permitted by Federal law and are subject to additional restrictions on use and disclosure.

1. Your or your authorized representatives consent to information sharing in each of the below disclosures, and sharing of PHI will be guided by the following:
  - Astor will respect a client's 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 your authorized representative or you signs the “Consent to Treat,” Astor may use and disclose protected health information as permitted under HIPAA. **Use or disclosure of SUD records requires a separate written consent that meets the requirements of 42 CFR Part 2**, unless an exception under Federal law applies.

This allows Astor to use and disclose PHI as explained below:

- a. Treatment: the client's PHI will be shared as necessary with the individuals and organizations who are responsible to plan, implement and coordinate treatment for a client. In certain instances, additional authorization may be requested. In addition to Astor staff, this may include representatives of the referring agency for a client to come to Astor for services, such as Departments of Social Services. Astor may also disclose a client's PHI to other providers involved in a client's treatment or to whom Astor refers a client for consultation, hospitalization, ongoing treatment, laboratory work, etc. Moreover, in a life-threatening emergency, Astor will use or disclose a client's PHI as required.
- b. Payment: Astor will use a client's PHI to receive approval and/or payment for 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 a client's PHI with health insurance plans if a client chooses to pay out-of-pocket for services (see below for details).
- c. Agency Operations: Astor will use a 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 a client



record to assess the effectiveness of our services and identify 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; and
- 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; and
- Taxi service lists.

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

There may be some services provided to 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 or laboratory tests; and
- Closed record storage services.

To protect client privacy, Astor requires any Business Associate ("BA") and their subcontractor(s) to safeguard client information. Astor executes Business Associate Agreements ("BAAs") with contracted agencies that provide such services and requires in this Agreement that the BA have such agreements with all their subcontractors. If a BA refuses to agree to the terms of the BAA, Astor will not conduct business with the BA.

Any other use or disclosure not described in this notice will only be made when Astor receives an authorization from your authorized representative or you: this may include marketing efforts where Astor receives payment. Your authorized representative or you each has the right to revoke an authorization that was previously provided to Astor.

### **Redisclosure of Substance Use Disorder Records**

SUD records disclosed pursuant to your written consent for treatment, payment, or health care operations ("TPO") may be redisclosed in accordance with the HIPAA Privacy Rule. Specifically, records that are disclosed to a Part 2 program, CE, or BA pursuant to the patient's written consent for TPO may be further disclosed by that Part 2 program, CE, or BA without the patient's written consent, to the extent the HIPAA regulations or other more stringent applicable law (e.g., Part 2 standards) permit such disclosure. All other redisclosures of SUD records are prohibited unless specifically permitted by Federal law.

## **2. The Client's Rights**

- a. To inspect or copy your records: your authorized representative or you each has 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 readable electronic copies of PHI if your authorized representative or you requests it, even if the record is not maintained electronically. Astor has 30 days to produce the electronic version if the records are stored onsite, or 60 days if the records are stored offsite. Under Federal law, however, your authorized representative or you may not inspect or copy the following records:
  - Psychotherapy notes; or
  - Information compiled in anticipation of, or use in, a civil, criminal, or administrative action or proceeding.Per regulation, Astor also may deny access to records when the disclosure is not in the best interest of a client.

In addition to your HIPAA rights, you have additional rights under 42 CFR Part 2, including the right to:

- Revoke consent for future use or disclosure of SUD records;



- Request an accounting of disclosures of SUD records made with your consent; and
- Request restrictions on certain disclosures of SUD records.

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: your authorized representative or you may ask Astor not to use or disclose any part of the client's PHI for the purposes of TPO, so long as that request permits Astor to comport with applicable law.

Your authorized representative or you also may request that a client's PHI not be disclosed to family members (excluding authorized representatives). Your authorized representative or you must state the specific restriction requested and to whom the restriction applies.

Astor is required to grant a restriction of PHI being sent to a health plan if your authorized representative or you, or someone else acting on your behalf pays out-of-pocket for services. Astor will mark records as restricted. If later your authorized representative or you chooses to bill a health plan, Astor must inform your authorized representative or you that Astor will provide the health plan with access to restricted records where necessary to pay for future services. If the law requires Astor to bill a health insurance plan, such as Federal or state funded insurance plans such as Medicaid and Medicare, these restrictions on access shall not apply.

In all other restriction requests, if Astor does not agree that the restriction requested a client's best interest, the request will not be honored, and the PHI will be shared as indicated in this Notice, including as an emergency requires. Your authorized representative or you may request a restriction by contacting the agency's Privacy Officer.

- c. To request confidential communication from Astor by alternative means: where operationally feasible, Astor will accommodate alternative forms of communication with your authorized representative or you. Any such request must be submitted in writing to the Privacy Officer.
- d. To request amendment to PHI in your record: if your authorized representative or you believes there is an error in the PHI contained in your record, either 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 agency (ex. medical insurance) of the amendment. Astor may deny the request if it does not agree that the record requires modification. If Astor denies the request for modification, your authorized representative or you each has the right to file a statement of disagreement with Astor. Astor may then reply to this statement. In such cases, the original information will remain in the record, but both your statement and Astor's reply will 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 that Astor may make without specific authorization or objection, including but not limited to those that are permitted or required by the HIPAA Privacy Rule and other applicable law, e.g., Part 2.
- f. To be informed of a breach: if a breach of a client's PHI occurs, then your authorized representative or you will be notified of the breach as described within this Notice.
- g. To Opt-out of Fundraising: Astor may contact your authorized representative or you regarding fund raising efforts through various means of contact such as phone or mail. Astor may use limited PHI for fundraising that may include: client demographic information (name, address, and other contact information, date of birth, age and gender), services received, providers, outcome information for fundraising purposes, and a client's health insurance status. Your authorized representative or you has a clear and conspicuous opportunity to elect not to receive any fundraising communications by opting out of such fundraising efforts. Astor will not limit services based upon a client's participation in fundraising efforts. Astor will not sell a client's PHI for any purpose pertaining to fundraising.



3. Substance use disorder records may **not** be used or disclosed in civil, criminal, administrative, or legislative proceedings **against a client** without a client's specific written consent or a court order that meets Federal Part 2 requirements:
- Required by Law, Law Enforcement, Criminal Activity, Legal Proceedings;
  - Public Health, Communicable Disease, Food and Drug Administration;
  - Health Oversight (including the New York State Justice Center for the Protection of People with Special Needs ("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; and
  - Other uses and disclosures prompted by regulatory and/or government requirements;
- unless based on written consent, or a court order after notice and an opportunity to be heard are provided to the individual or the holder of the record. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

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

- Psychotherapy notes;
- PHI deployed for marketing purposes (as further delimited, above); and
- Sale of PHI.

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

5. Notice of Breach of Health Information: in the unlikely event that a client's PHI is acquired, accessed, used by, or disclosed to an unauthorized person, Astor will provide your authorized representative or you with written notice when the probability that a client's PHI was compromised is not low.

Breach notifications will be sent no later than 60 calendar days after the breach is discovered (and sooner as required by applicable law). 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 step your authorized representative or you should take;
- (4) a description of what Astor is doing to investigate and lessen the breach and prevent future breaches; and
- (5) how your authorized representative or you may contact Astor concerning the breach.

Breach notifications will be sent by regular mail or by email if your authorized representative or you has indicated a preference for email communications. If the contact information we have in a client's record is incorrect, we may provide notice to your authorized representative or you by telephone or other alternative methods. We also will report the breach to the U.S. Department of Health and Human Services ("HHS") whenever required by law. Breaches involving SUD records are subject to the notification, enforcement, and penalty provisions with which Astor will comply in keeping with its status as a CE.

6. To Request Information or File a Complaint: if your authorized representative or you believes a client's rights have been violated, your authorized representative or you may file a written complaint by mailing it or delivering it to our Privacy Officer. Your authorized representative or you 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). Astor will not require your authorized representative or you 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, your authorized representative or you



**Astor Services**  
6339 Mill Street, Rhinebeck, NY 12572  
Phone: (845) 871-1000 | Fax: (845) 876-2020  
[www.astorservices.org](http://www.astorservices.org) [info@astorservices.org](mailto:info@astorservices.org)



may file a complaint with NYS Justice Center for the Protection of People with Special Needs, 161 Delaware Avenue, Delmar, NY 12054, Telephone: 1-800-624-4143 if your authorized representative or you are concerned about the care, treatment or protection of a client's PHI or care.

7. Revisions to this Notice of Privacy Practices: Astor reserves the right to amend the terms of this Notice. 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. Your authorized representative or you 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: February 16, 2026