
UNITY HOUSE OF TROY

2431 6th Avenue, Troy, NY 12180

(518) 687-1591

NOTICE OF PRIVACY PRACTICES

Updated: June 16, 2022

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information.

Please review it carefully.

This notice describes the privacy practices of Unity House of Troy (Unity House). This notice also describes the privacy practices of persons or entities that have signed a contract with Unity House, are acting as business associates, and have promised to follow the same rules of confidentiality.

OUR RESPONSIBILITIES

Protecting your personal information is important, and Unity House of Troy (Unity House) is committed to keeping your personal information private. Unity House follows federal and state laws that require us to keep your personal information confidential.

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

WHO MUST FOLLOW THIS NOTICE

Unity House employees, consultants, interns, volunteers, and business associates must follow the terms of this Notice of Privacy Practices.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and our responsibilities to help you.

GET AN ELECTRONIC OR PAPER COPY OF YOUR MEDICAL RECORD

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable fee.

ASK US TO CORRECT YOUR MEDICAL RECORD

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

REQUEST CONFIDENTIAL COMMUNICATIONS

- You can ask us to contact you in a specific way; for example, request we use a specific phone number or address to communicate with you.
- We will say “yes” to all reasonable requests.

ASK US TO LIMIT WHAT WE USE OR SHARE

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.

GET A LIST OF THOSE WITH WHOM WE’VE SHARED INFORMATION

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

GET A COPY OF THIS PRIVACY NOTICE

- You can ask for a copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

CHOOSE SOMEONE TO ACT FOR YOU

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS ARE VIOLATED

- You can file a complaint if you feel we have violated your rights by contacting:

Colleen Hanaway Seeley, CPCO
 Privacy & Security Officer
 2431 6th Avenue
 Troy, NY 12180
 (518) 687-1591

- You can also file a complaint with the U.S. Department of Health and Human Services,

By writing to: Secretary of the U.S. Dept. of HHS
 200 Independence Avenue SW
 Washington, D.C. 20201

Or by calling: 1-877-696-6775

Or by visiting: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

- You can also file a complaint with the Office for Civil Rights,

By writing to: Office of Civil Rights
 U.S. Department of Health and Human Services
 200 Independence Avenue SW, Room 509F, HHH Building
 Washington D.C., 20201

Or via the OCR hotline: 1-800-368-1019, ocrmail@hhs.gov (email)

Unity House will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

IN THESE CASES, YOU HAVE BOTH THE RIGHT AND CHOICE TO TELL US TO:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

IN THESE CASES WE NEVER SHARE YOUR INFORMATION UNLESS YOU GIVE US WRITTEN PERMISSION:

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

IN THE CASE OF FUNDRAISING:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

HOW WE USE YOUR PERSONAL INFORMATION

- **GENERAL:** When you receive services from Unity House, we may use your personal information for activities related to providing you with services, billing for services, and for conducting business (health care operations).
- **REPRESENTATIVES AND GUARDIANS:** If you have chosen a personal representative, you can agree to let your personal representative obtain your personal information. If you have a guardian, we will provide information to the guardian.
- **TREATMENT:** We must keep records of the care and services provided to you within Unity House. For example your case manager and other Unity House staff keeps notes on all services they provide to you as well as any contacts they make in coordinating and arranging for services from other providers. Unity House staff may share your personal information while helping to develop your service plan.

Generally, if Unity House staff wants to share your personal information with anyone who is not employed by Unity House, they must first obtain your informed written consent.

Some personal records, including confidential communications with a mental health professional, substance abuse records, and HIV/AIDS information may have additional restrictions for use and disclosure under federal and/or state law.

- **BILLING AND PAYMENT:** We keep records that include payment information, eligibility, medical necessity, and documentation of the services provided to you. We can use and share your health information to bill and get payment from Medicaid, health plans, or other entities. For example, we may disclose personal information to confirm your Medicaid eligibility and to obtain payment from Medicaid for services provided to you. Unity House may use your personal information to determine the amount and type of Medicaid services you receive and send this information to state department for oversight.
- **RUNNING OUR ORGANIZATION:** We can use and share your health information to run our practice, conduct case and care management, assess and improve quality of care, review the competence and qualifications our professional staff, train our staff, operate our compliance program and other quality improvement activities, conduct other required business duties covered under the law, and to contact you when necessary. For example, we may use your personal information to evaluate the quality of treatment and services provided to you by our staff.

We may also share demographic information about you and other Unity House program participants when performing tasks that support our operations such as fundraising and grant solicitation. Please note - Unity House does not share demographic information in ways that is personally identifying. Demographic information is shared in aggregate form only.

We may also use your information to:

- Determine your eligibility for various Unity House programs and services.
- Make appropriate referrals and recommendations for services and benefits available outside of Unity House.
- Allow local, state, and federal agencies to review your services as part of their oversight of Unity House.
- Investigate incidents related to health, safety, and suspected agency misconduct, to report such incidents to state/federal oversight agencies, and to take steps to protect your safety and health.
- Prepare required reports to the NYS Office of Mental Health, NYS Education Department, Justice Center and other funding or oversight agencies.

OTHER USES AND DISCLOSURES

Under law, we can share health information about you without your signed authorization for limited purposes. We have to meet many conditions in the law before we can share your information for these purposes.

- For public health purposes such as reporting:
 - Communicable diseases,
 - Work-related illnesses,
 - Other diseases and injuries where disclosure is permitted or required by law,
 - Births and deaths, and
 - Reactions to drugs and problems with medical devices.
- To protect victims of abuse, neglect, or domestic violence.
- For product monitoring and recall.
- For workers' compensation or other similar programs if you are injured at work and are covered by workers' compensation or other similar programs.
- For health oversight activities such as investigations and audits.
- To coroners, medical examiners, and funeral directors when an individual dies.
- In response to organ and tissue donation requests.
- For research, with your consent, or when a review board has approved research that poses minimal risk and your privacy is ensured.
- To comply with the federal or state law.
- In response to an administrative or court order or subpoena.
- For law enforcement purposes or with a law enforcement official.
- For specialized government functions such as military, national security, and presidential protective services.

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time by submitting a written statement to your case manager.

More information about how we can use your personal information can be found at:

<https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

CONTACT US

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, disagree with a decision that we made about access to your personal information, or would like to file a complaint, please contact:

Colleen Hanaway Seeley
Corporate Compliance Officer, Privacy & Security Officer
2431 6th Avenue
Troy, NY 12180
(518) 687-1591

All complaints will be investigated, and Unity House will not retaliate against you for filing a complaint.

UNITY HOUSE OF TROY

2431 6th Avenue, Troy, NY 12180

p: (518) 687-1591

f: (518) 271-8502

As indicated by my signature below, I have received a copy of the Unity House's Notice of Privacy Practices. I also consent to the disclosure of personally identifiable information for treatment, payment, and the normal healthcare business operations of Unity House in regard to myself and others noted below for whom I can legally consent. This signed form will be kept in my Unity House file, and I can request a copy for my records.

Printed Name of Client

Printed Name of Others Subject to this Consent (such as minors)

Relationships to Others Subject to this Consent (such as minors)

Signature of Client

Date