

Notice of Privacy Practices v4 9.2025

Effective Date

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required by federal and state law to maintain the privacy of your health/mental health information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect.

We are required by the privacy regulation issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to protect the privacy of health information that may reveal your identity, and to inform you about RSS' health information privacy practices. We are committed to protecting the privacy of health information we gather about you while providing you with agency services. Some examples of protected health information (PHI) are:

- *Information indicating that you are a client at RSS or receiving services from RSS;*
- *Information about your health condition (such as a psychiatric diagnosis you may have received);*
- *Information about health care products or services you have received or may receive in the future;*
- *Information about rehabilitation or other counseling that you may be receiving, or*
- *Information about benefits you may receive under Medicaid*

when combined with

- *demographic information (such as your name, address or insurance status)*
- *unique numbers that may identify you (such as your social security number, your phone number, your driver's license number, or Medicaid/Medicare/other medical insurance numbers), and*
- *other types of information that may identify who you are*

There are two types of permissions described in this notice:

- *A **General Written Consent** which we must obtain your permission in order to use and disclose your health information in order to treat or care for you, obtain payment for that treatment or care and conduct our business operations. One aspect of this consent is it permits RSS staff to use and disclose PHI to other RSS staff involved in your treatment/services, billing/payment, and related business operations. Information that may be shared includes mental health, substance use disorder, and/or HIV information. We must obtain this general written consent the first time we provide you with treatment or care. This general written consent is a broad permission that does not have to be repeated each time we provide treatment or care to you.*
- *A **written release of information** which will provide you with detailed information about who may receive your health information and the specific purposes for which your health information may be used or disclosed. We are only permitted to use and disclose your health information described on the written authorization in ways that are explained on the release you sign. The written release of information has an expiration date of one year, unless a revocation is signed by you.*

This Notice describes the privacy practices of all programs or services. It applies to all employees, staff, consumers, consultants, students/interns, or volunteers of Rehabilitation Support Services, Inc.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of this Notice at any time. For more information about our privacy practices or for additional copies of this Notice, please contact us by using the information listed at the end of this Notice.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

1. Treatment, Payment and Business Operations

With your general written consent, we may use your health information or share it with others in order to provide you with treatment/services, obtain payment for that treatment/service or care, and run our business operations. In some cases, we may also disclose your health information for payment activities and certain business operations of another health care provider or payor. Below are further examples of how your information may be used and disclosed for these purposes.

Treatment. We may share your health information with others involved in providing care and services to you, and they may in turn use that information to provide care and services to you. A staff member at our agency may share your health information with another staff member inside our agency, or with a service/treatment provider at another facility, to determine how to provide services to you. A staff member may also share your health information with another service/treatment provider to whom you have been referred to for further services.

Payment. We may use and disclose your health information to obtain payment for services we provide to you. For example, we may share information about you with Medicaid, Medicare or your health insurance company in order to obtain reimbursement for services/treatment we have provided to you, or to determine whether it will cover your future services/treatment. Finally, we may share your information with other providers and payors for their payment activities.

Healthcare Operations. We may use and disclose your health information with others in order to conduct our business activities. Healthcare operations include quality assurance; utilization review; student/staff education and training; to recommend possible treatment options or alternatives for legal services, business planning and other business and general administrative activities.

Business Associates. We work with business associates who perform various functions on our behalf or provide certain types of services for us. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job that we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information through a written agreement.

Your Authorization. In addition to our use of your health information for treatment, payment or healthcare operations you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Family and Friends Involved in Your Care. We will only release your health information to a family member, friend or other person that you indicate is involved in your care if you agree to the disclosure by completing and signing an authorization form. We will ask for your written authorization before using or releasing any of your health information. If you do not object, we may share your health information with a family member, relative, or significant other who is involved in your care or payment for that care. We may also notify a family member, personal representative or another qualified person responsible for your care about your location and general condition, certain untoward events or incidents, or about the unfortunate event of your death. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons.

2. Emergencies or Public Need

Emergencies. We may use or disclose your health information if you need emergency treatment/services or if we are required by law to treat you but are unable to obtain your general written authorization. If this happens, we will try to obtain your authorization as soon as we reasonably can after we treat you.

Public Health Activities. We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury or disability. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk of contracting or spreading the disease if a law permits us to do so.

Victims of Abuse, Neglect or Domestic Violence. We may release your health information to a public health or authority that is authorized to receive reports of abuse, neglect or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases, we may be required or authorized to act without your permission.

Health Oversight Activities. We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, government benefits programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

3. Required by Law

We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures if notice is required by law.

Legal Proceedings. We may disclose your health information if we are ordered to do so by a court or judicial order that is handling a lawsuit or other legal proceeding.

Law Enforcement. We may disclose your health information to law enforcement officials for the following reasons:

- To comply with court orders or laws that we are required to follow;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness or missing person;

- If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your general written consent because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interests;
- In emergency circumstances to report a crime; the location of a crime or victims; or the identity, description or location of the person who is suspected of committing the crime;
- If we suspect that your death resulted from criminal conduct; or
- If necessary to report a crime that occurred on our premises

To Prevent a Serious or Imminent Threat to Health or Safety. We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information with the target of the serious and imminent threat and/or proper law enforcement authorities.

National Security and Intelligence Activities or Protective Services. We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Inmates and Correctional Institutions. If you become incarcerated at a correctional institution or detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

Workers Compensation. We may disclose your health information for workers' compensation or similar programs that provide benefits for work related injuries.

Coroners, Medical Examiners, Funeral Directors. In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties.

4. Other Uses and Disclosures

Confidential HIV Related Information. Under New York State Law, confidential HIV related information cannot be disclosed without an authorization which specifically indicates its intention to authorize the release of HIV related information. This concerns whether or not you have had an HIV related test, or have HIV infection, HIV related illness, or AIDS, or which could indicate that a person has been potentially exposed to HIV.

Alcohol and Substance Abuse Information. Certain laws restrict how we disclose health information about you that pertains to treatment/services you may have received for alcohol or drug dependency. Alcohol and substance abuse treatment/service information cannot be disclosed without an authorization which specifically indicates its intention to authorize the release of alcohol or substance abuse information. There are certain restrictions about further disclosures to others when alcohol and substance abuse information is contained in our records.

Research. We will ask for your written authorization before using your health information or sharing it with others in order to conduct research.

Completely De-identified or Partially De-identified Information. We may use and disclose your health information if we have removed any information that has the potential to identify you so that the health information is "completely de-identified". We may also use and disclose "partially de-identified" health information about you if the person receiving the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will not contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address or license number)

Incidental Disclosures. While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. Due to the various environments in which you may receive services/treatment from the agency, the potential exists for health information to be disclosed incidentally. For example, during the course of providing rehabilitation or treatment services, you may overhear a fragment of a conversation about another consumer. Every reasonable effort will be made to avoid this type of disclosure.

Media, Public Relations, Marketing and/or Fund Raising. Your health information will not be disclosed to the media. Your written permission must be obtained to interview, film, record or photograph for public information and educational purposes. Any marketing or fund-raising activity involving the use and disclosure of health information will meet the strictest of confidentiality standards.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

We want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we will use your health information and share it with others, or the way we communicate with you about your health matters. You are entitled to receive a copy of this Notice in written form.

1. Right to Access Records

You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your service/treatment for as long as we maintain this information in our records. This includes health and billing records. To access your health information, please obtain a request form and submit this request in writing to the Managing Director/Program Director of your division/agency. We will charge you a reasonable cost-based fee for expenses such as copies, supplies and mailing.

Under certain circumstances, we may deny your request to inspect or obtain a copy of your information. If we do, we will provide you with a summary of the information instead, at a reasonable cost rate fee. We will also provide a written notice that explains our reasons for providing only a summary, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. The notice will also include information on how to file a complaint about these issues with us or with the Secretary of the Department of Health and Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining parts, excluding the information we cannot let you inspect or copy.

2. Right to Amend Records

You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

3. Right to an Accounting of Disclosures

You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment or health care operations, and where you have provided an authorization. An accounting of disclosures cannot be made prior to April 14, 2003. We may charge you a reasonable cost-based fee if you request this accounting more than once in a twelve month period.

4. Right to Request Additional Privacy Protections

You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency or to comply with the law). To request restrictions, please write to the Managing Director/Program Director of your division/agency. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others or both; and (3) to whom you want the limits to apply. Once we have agreed with a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

5. Right to Request Confidential Communications

All of our communications to you are considered confidential. You have the right to ask that we send information to you or your personal representative at an alternative address (i.e. sending information to your work address rather than your home address) or by alternative means (i.e. email versus regular mail). You may also request information be shared with you via text message or email, however you must specifically consent to this method of communication. With that being said, PHI cannot be shared via these means. We must agree to your requests as long as we can easily provide it in the format requested. To request communications through alternative methods or locations, please submit your request in writing to the Managing Director/Program Director of your division/agency. Any additional expenses that may be incurred will be passed along to you for payment.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact your Managing Director/Program Director or the agency Privacy Officer, 5172 Western Turnpike, Altamont, NY 12009, 1-518-579-4213. You may also contact via email at compliance-privacy@rehab.org or via anonymous hotline at 855-222-0629.

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services (HHS). To file a complaint with HHS, you may contact them at 200 Independence Avenue, SW, Washington DC, 20201, or at 1-877-696-6775. In addition, the Federal Center for Deaf and Hearing Impaired can be contacted at 1-800-877-8339. *No one will retaliate or take action against you for filing a complaint.*

By signing this document, you are acknowledging that you have received it.