

**Verification of Receipt of Health Information
Privacy Practices**

Please verify that you have received a copy of
sasi's Health Information Privacy Notice by
signing below:

Printed Name of Person Receiving Services

Signature of Person Receiving Services

Printed Name of Personal Representative and Title
(Parent, Guardian, etc.)

Signature of Personal Representative and Title
(Parent, Guardian, etc.)

Date



Notice of Health Information Privacy Practices

716-805-1555
Toll Free: 1-855-805-7274 (sasi)



Revised January 2018

**THIS NOTICE DESCRIBES HOW
IDENTIFIABLE HEALTH INFORMATION
ABOUT YOU MAY BE USED AND SHARED AND
HOW YOU CAN GET ACCESS TO THIS
INFORMATION.**

PLEASE REVIEW IT CAREFULLY

Our Privacy Commitment to You

At sasi, we are committed to protecting your health information and privacy by sharing information with only those who have a need to know. This notice is based upon the Health Insurance Portability and Accountability Act of 1996 (a.k.a. HIPAA) and the Health Information Technology and Clinical Health Act of 2009 (a.k.a. HITECH).

Who will follow this notice:

All people who work for sasi in our services programs, and in our sasi administrative offices will follow this privacy notice. This includes employees, persons sasi contracts with (contractors) who are authorized to enter information in your clinical record or need to review your record to provide services to you, and volunteers that sasi allows to assist you.

What information is protected:

All information we create or keep that relates to your health or care and treatment, including your name, address, birth date, social security number, your medical information, your individualized service plan, and other information about your care in our programs

This notice has been in effect since April 14, 2003 and has continued to be revised as needed. If you have any questions about this notice, please contact sasi's Compliance Officer, John Bowles, at 716-805-1555 between 8:30am—4pm Monday through Friday.

Your Health/Clinical Information Rights

You have the following rights concerning your health/clinical information. When we use the word "you" in this notice, we also mean your authorized and verified personal representative in accordance with state law. This may be your guardian, involved parent, spouse, adult child, or your advocate/agent. You have additional rights under sasi regulations; these rights refer to this Privacy Notice.

- You have the right to review your health/clinical information and obtain either an electronic or paper copy. This does not include psychotherapy notes, records regarding information compiled for use in court or administrative proceedings. Your request to review your information should be put in writing. We will respond to your request within 30 days.

If we deny your request to see your health/clinical information, you have the right to request a review of that denial. A professional chosen by sasi who was not involved in denying your request will review the record and decide if you may have access to the record. Denials will be explained in writing.

ensure to determine the cause and make corrections to minimize any future risks. Other notifications will be made as required by law. You may request a summary of the completed investigation by contacting the Compliance Officer.

Changes to this Notice

We reserve the right to change this notice. We reserve the right to make changes to terms described in this notice and to make the new notice terms effective to all health/clinical information that sasi maintains. We will post the new notice with the effective date in our facilities and on our website www.sasinc.org. In addition, we will offer you a copy of the revised notice at your next scheduled service-planning meeting.

Complaints

If you believe that sasi has violated your privacy rights as described in this notice, you can file a complaint by contacting:

John Bowles, VP of Compliance/Privacy Officer

960 West Maple Court

Elma, NY 14059

Phone 716-805-1555; cell 716-574-7298

Email: jbowles@sasinc.org

OR

Centralized Case Management Operations

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Room 509F HHH Bldg.

Washington, D.C. 20201

Phone: 1(877) 696-6775

Email: www.HHS.gov/ocr/privacy/hipaa/complaints

OR

Office of Civil Rights—Region 2

US Dept. of Health and Human Services

Jacob Joints Federal Building

26 Federal Plaza—Suite 3312

New York, NY 10278

Phone 1-800-368-1019 Fax 212-264-3039

TDD 1-800-537-7697

All complaints must be submitted in writing. If using the Dept. of Health's website, you can file a complaint on line.

You will not be penalized in any way for filing a complaint.

If you have a concern and would like to speak with someone anonymously, you can reach the sasi hotline by calling 716-574-7298.

if you are an inmate and the information is necessary to provide you with health care, protect your health and safety or that of others, or for the safety of the correctional institution.

- **To governmental agencies that administer public benefits** if necessary to coordinate the covered functions of the programs.

Uses and Disclosures that Require Your Agreement or Authorization

sasi may disclose health/clinical information to the following persons if we tell you we are going to use or disclose it and you agree or do not object:

- **To family members and personal representatives** who are involved in your care if the information is relevant to their involvement and to notify them of your condition and location.
- **To disaster relief organizations** that need to notify your family about your condition and locations should a disaster occur.

Authorization Required for All Other Uses and Disclosures

For all other types of uses and disclosures not described in this notice, sasi will use or disclose health/clinical information only with a written authorization signed by you or an authorized personal representative that states who may receive the information, what information is to be shared, the purpose of the use or disclosure and an expiration for the authorization. sasi does not engage in the sale of your information. Written authorizations are always required for use and disclosure for most psychotherapy notes. You also have the right to opt out of receiving fundraising communications and may do so at any time by contacting the Compliance Officer.

Note: If you cannot give permission due to an emergency, sasi may release health/clinical information in your best interest. We must tell you as soon as possible after releasing the information. This notification will be made in writing.

You may revoke your authorization at any time. If you do so in writing we will no longer use or disclose your health/clinical information for the reasons stated in your authorization. We cannot, however take back disclosures we made before you revoked and we must retain health/clinical information that indicates the services we have provided to you.

However if you are providing payment for services rendered, you have the right to determine with whom information may be specifically disclosed.

Unauthorized Disclosures and other Violations

As we are required by law to maintain the privacy and security of your health/clinical information, we will immediately let you know if either a breach occurs or your personal health information has been compromised. While we have policies, procedures and encryption technologies to secure your information, a report will be filed and an investigation will

- You have the right to ask sasi to change or amend your health/clinical information that you believe is incorrect or incomplete. We may deny your request in some cases, for example, if sasi did not create the record or if after reviewing your request, we believe that the record is accurate and complete. We will inform you of any denial and reasons why within 60 days.

If we approve the request for amendment, we will change the health information and inform you of that action and tell others that need to know about the change.

- You have the right to request a list of the disclosures sasi has made of your health/clinical information for six years prior to the date requested and why. We will not however keep or provide you with a list of certain disclosures, for example, disclosures made for treatment, payment and health care operations, or disclosures made to you or made to others with your permission. The list of disclosures will also not include disclosures made for national security or intelligence purposes, to law enforcement officials or correctional institutions, or disclosures made before April 2003. We will respond to your written request for such an accounting within 60 days of receiving it. A fee may occur for more than one request within a 12 month period.
- You have the right to ask that we limit how we disclose or use your protected health information (PHI). We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.
- You have the right to request that sasi communicates with you in a way that will help keep your information confidential. All reasonable requests will be honored.
- If you pay for services or a health care item out-of-pocket, you can ask us not to share that information. We will abide by your wishes unless required by law to disclose that information.
- We will not share your information for either marketing or fundraising unless your permission is provided in writing.
- You have the right to receive an electronic or paper copy of this notice. You may ask sasi staff to give you another copy or you may obtain one from the Compliance Officer, John Bowles at (716-805-1555).

To request access to your health/clinical information or to request any of the rights listed here, you may contact sasi's Compliance Officer, John Bowles at 716-805-1555 between 8:30am—4pm Monday through Friday.

sasi's Responsibilities For Your Health Information

sasi is required by law to:

- Maintain the privacy of your information
- Give you this notice of our legal duties and practices concerning the health information we have about you.

- Follow the rules in this notice. sasi will use or share information about you with your permission except for the reasons explained in this notice. sasi will share the least amount of information necessary to perform services. We will inform you if we make changes to our privacy practices in the future. If significant changes are made, sasi will give you a new notice.

How sasi Uses and Discloses Health Care Information

sasi may use and disclose health/clinical information without your permission for the purposes described below. For each of the categories of uses and disclosures, we explain what we mean and offer an example. Not every use or disclosure is described, but all the ways we will use or disclose information will fall within these categories.

Treatment: sasi will use your health/clinical information to provide you with treatment and services. We may disclose health/clinical information to doctors, nurses, psychologists, social workers, qualified intellectual disabilities professionals (QIDP's), Residence Instructors and other sasi personnel, volunteers or interns who are involved in providing you care. For example, involved staff may discuss your health/clinical information to develop and carry out your individualized service plan (ISP). We may also need to disclose your health/clinical information to your service/care coordinator and other providers outside of sasi who are responsible for providing you with the services identified in your ISP or to obtain new services for you.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services at one of our programs.

Payment: sasi will use your health/clinical information so that we can bill and collect payment from you, a third party, an insurance company, Medicare or Medicaid or other government agencies. For example, we may need to provide the NYS Department of Health (Medicaid) with information about the services you received in our facility or through one of our HCBS waiver programs so they will pay us for provided services. In addition, we may disclose your health/clinical information to receive prior approval for payment of services you may need. Also, we may disclose your health/clinical information to the US Social Security Administration, or the Department of Health to determine your eligibility for coverage or your ability to pay for services.

Health Care Operations: sasi will use health/clinical information for administrative operations. These uses and disclosures are necessary to operate sasi programs and residences and to make sure all individuals receive appropriate, quality care. For example, we may use health/clinical information for quality improvement to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to clinicians and other personnel for on the job training. We will share your health/clinical information with other sasi staff for the purposes of obtaining legal services, conducting fiscal audits, and for

fraud and abuse detection and compliance through our Quality Management Department. We will also share your health/clinical information with sasi staff to resolve complaints or objections to your services. We may also disclose health/clinical information to our business associates who need access to the information to perform administrative or professional services on our behalf.

Other Uses and Disclosures that Do Not Require Permission

In addition to treatment, payment and health care operations, sasi will use your health/clinical information without your permission for the following reasons:

When we are required to do so by federal or state law;

- **For public health reasons,** including prevention and control of disease, injury or disability, child abuse or neglect, reactions to medication or problems with products, and to notify people who may have been exposed to a disease or are at risk of spreading the disease.
- **To report domestic violence and adult abuse or neglect** to government authorities if you agree or if necessary to prevent serious harm.
- **For health oversight activities,** including audits, investigations, surveys and inspections and licensure. These activities are necessary for government to monitor the health care system, government programs, and compliance with applicable laws.
- **For judicial and administrative proceedings,** including hearings and disputes. If you are involved in a court or administrative proceeding we will disclose health/clinical information if the judge or presiding officer orders us to share the information.
- **For law enforcement purposes,** in response to a court order or subpoena, to report a possible crime, to identify a suspect or witness or missing person, to provide identifying data to either representatives of the Justice Center or the district attorney in connection with a criminal investigation, in furtherance of a criminal investigation of abuse or neglect.
- **Upon your death, to coroners or medical examiners** for identification purposes or to determine cause of death, and to funeral directors to allow them to carry out their duties.
- **To organ procurement organizations** to accomplish cadaver, eye, tissue or organ donations in compliance with state law.
- **For research purposes** when you have agreed to participate in the research and the Institutional Review Board or Privacy Committee has approved the use of the health/clinical information for the research purposes.
- **To prevent or lessen a serious and imminent threat** to your health and safety.
- **To authorized federal officials** for intelligence and other national security activities authorized by law or to provide protective services to the President and other officials.
- **To correctional institutions or law enforcement officials**