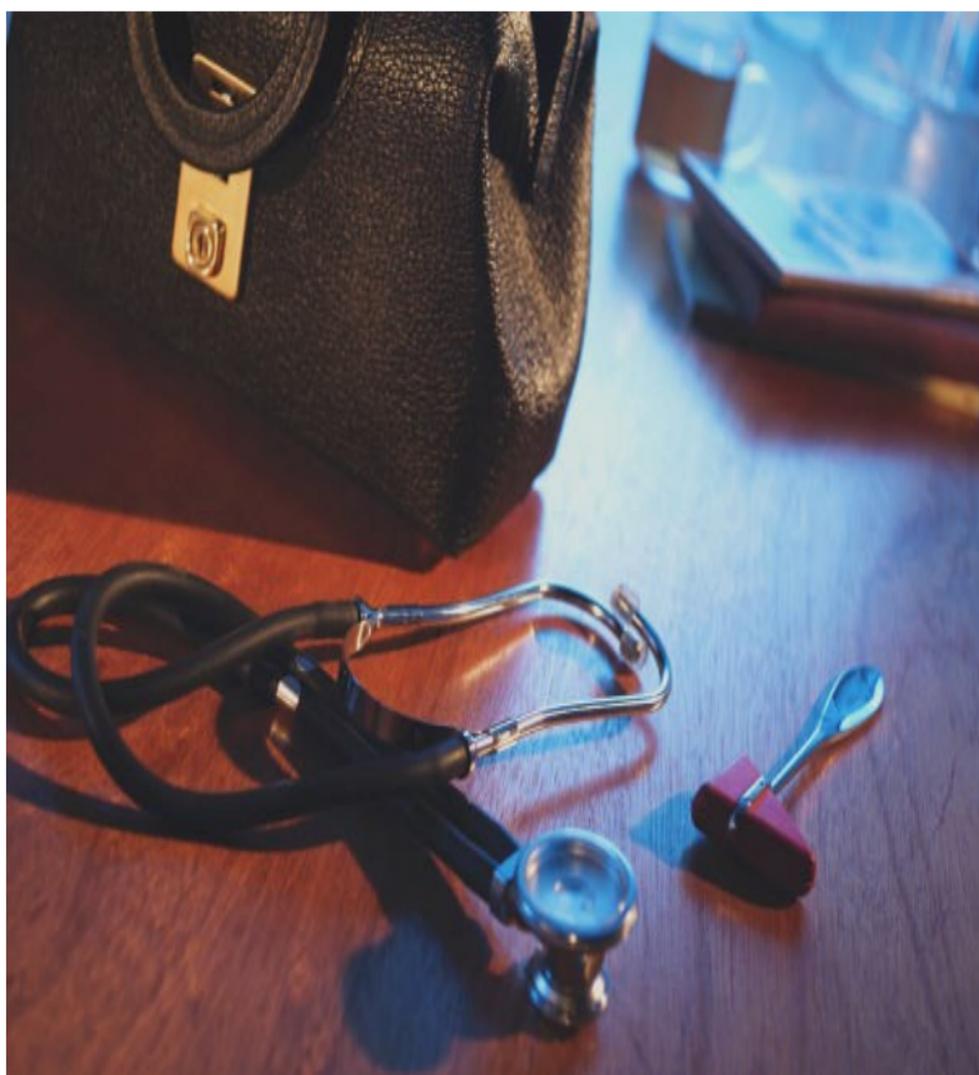




Notice of Health Information Privacy Practices



Revised September 2013

**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 understand that information about you and your family is personal. We are committed to protecting your privacy and sharing information only with those who need to know and are allowed to see the information to assure quality services to you.

Who will follow this notice:

All people who work for SASi in our services programs, and in our SASi administrative offices will follow this 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 Privacy 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 personal representative. Depending on your circumstances and in accordance with state law, this may be your guardian, involved parent, spouse, or adult child, or your advocate. 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 a 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.

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.

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 in the Protected Health Information (PHI).

You have the right to request a list of the disclosures SASi has made of your health/clinical information. 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.

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.

You have the right to receive a paper copy of this notice. You may ask SASi staff to give you another copy or you may obtain one from Privacy 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 **John Bowles** at **716-805-1555**

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 only 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). Other SASi staff may share your medical tests, respite care, transportation, etc. We may also need to disclose your health/clinical information to your service 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 the 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 consumers 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 through SASi's Council's office, conducting fiscal audits, and for fraud and abuse detection and compliance through our Quality Assurance 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 civil rights 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 in connection with a criminal investigation, and to the district attorney in furtherance of a criminal investigation of client abuse;

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 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; or

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 of psychotherapy notes and for marketing purposes. You also have the right to opt out of receiving fundraising communications and may do so at any time by contacting the Privacy 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 revoke your authorization 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.

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.



716-805-1555
Toll Free: 1-855-805-7274

Complaints

If you believe your privacy rights have been violated:

You may file a complaint by contacting the following parties:

John Bowles, Corporate Compliance/Privacy Officer
960 West Maple Court
Elma, NY 14059
Phone 716-805-1555; cell 716-574-7298
Email: jbowles@sasinc.org

Linda Colon, Regional Manager
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
Email: www.HHS.gov/ocr/privacy/hipaa/complaints

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

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

Revised 9/13

Verification of Receipt of Health Information Privacy Practices

By signature below, I verify that I have received a copy of the Health Information Privacy Practices of Suburban Adult Services, Inc. (SASi).

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

Forward to:

John C. Bowles
Corporate Compliance/Privacy Officer
SASi
960 West Maple Court
Elma, NY 14059



Developing SASi