

## **New Directions Youth and Family Services, Inc. Notice of Privacy Practices**

**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 New Directions, Inc. Notice of Privacy Practices (“Notice”) describes the medical information practices of New Directions, Inc. with respect to your protected health information (“PHI”) and how New Directions, Inc. may use and disclose your PHI in order to carry out treatment, payment, and healthcare operations. It also explains your rights with respect to your PHI, which include your right to: (i) request restrictions on certain uses and disclosures of your PHI; (ii) receive confidential communications of your PHI; (iii) inspect and copy your PHI; (iv) amend your PHI; and (v) receive an accounting of disclosures of your PHI.

New Directions, Inc. is committed to maintaining the privacy of your PHI. PHI is individually identifiable health information that relates to the past, present, or future physical or mental health or condition of you; the provision of health care to you; or the past, present, future payment for the provision of health care to you.

New Directions, Inc. is required by law to maintain the privacy of PHI, to provide you with notice of its legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI.

New Directions, Inc. is required to abide by the terms of this Notice, which takes effect on 12/6/18, and will remain in effect until New Directions, Inc. replaces it. New Directions, Inc. reserves the right to change the terms of this Notice and to make the new notice provisions effective for all PHI that New Directions, Inc. maintains, as more fully explained later in this Notice.

Except as described in this Notice or otherwise permitted by law, New Directions, Inc. will not use or disclose your PHI without your written authorization. For instance, New Directions, Inc. will request your written authorization prior to using your PHI or sharing your PHI with others for the purpose of conducting research. Also, New Directions, Inc. must obtain your authorization for any use or disclosure of PHI for marketing, except if the communication is in the form of (i) a face-to-face communication made by New Directions, Inc. to you or (ii) a promotional gift of nominal value provided by New Directions, Inc. Furthermore, New Directions, Inc. must obtain your authorization for any disclosure of your PHI that would involve the sale of your PHI. Also New Directions, Inc. must obtain your authorization for any use or disclosure of your psychotherapy notes, except in limited cases (i.e. the use or disclosure by New Directions, Inc. is to defend our self in a legal action or other proceeding brought by you. You have the right to revoke your authorization in writing at any time by contacting the New Directions, Inc. program area in which you have or are receiving services from, except to the extent that action has already been taken due to your authorization.

## **1) Uses and Disclosure of PHI, Which Require Your Consent/Authorization**

New Directions, Inc. may not use and disclose your PHI in the manner described below without your consent/authorization.

**Treatment:** In order to coordinate and manage your health care and related services, New Directions, Inc. will require your consent/authorization before New Directions, Inc. may use and disclose your PHI to health care professionals (e.g. dentist, physician, or other healthcare provider) who are treating you. For example, New Directions, Inc. may need to share PHI that relates to you in order to coordinate the various parts of the services and treatment that you may need, such as therapy, or transfers or referrals for continued care.

**Payment:** New Directions, Inc. will require your consent/authorization prior to New Directions, Inc. disclosing your PHI in order to process billing and receive payment for services that New Directions, Inc. provided to you. This may include your PHI in our claims to Medicaid, insurance companies, healthcare providers, or any other party that may be responsible for paying or processing for payment any portion of your bill for services.

**Healthcare Operations:** New Directions, Inc. will require your consent/authorization prior to New Directions, Inc. disclosing your PHI to others in order to evaluate our services to you and the performance of New Directions, Inc.'s staff in its provision of care to you (e.g. evaluate coordination of care and assessment activities).

## **2) General Purposes For Which Your PHI May Be Used or Disclosed Without Your Consent/Authorization**

New Directions, Inc. may use and disclose your PHI in the manner described below without your consent/authorization subject to certain criteria and requirements.

**Appointment Reminders:** New Directions, Inc. may use and disclose your PHI to contact you and remind you of your appointments for treatment or services at New Directions, Inc. For example, if you have an appointment scheduled for counseling or another service, New Directions, Inc. may contact you to remind you of the date and time you are scheduled for your appointment.

**Family, Friends and Personal Representatives:** New Directions, Inc. may disclose to your family members, close personal friends or any other person identified by you, your PHI that is directly relevant to such person's involvement with your health care or paying for your health care. However, New Directions, Inc. will provide to you an opportunity to agree or object, unless the opportunity to agree or object to the use or disclosure cannot practicably be provided because of your incapacity or an emergency situation. In such circumstances, New Directions, Inc., in the exercise of its professional judgment, will determine whether the disclosure is in the best interests of you and, if so, disclose only the PHI that is directly relevant to the person's

involvement with your health care or payment of your health care.

**Business Associates:** New Directions, Inc. may share your PHI with agents, contractors, or vendors (collectively, “Business Associates”) that create, receive, maintain, or transmit PHI on behalf of New Directions, Inc. in order to perform certain functions or activities. Business Associates of New Directions, Inc. are legally obligated to protect the privacy of your PHI.

**Fundraising:** To support our operations and to continue to provide the services that New Directions, Inc. extends to our clients, New Directions, Inc. may use or disclose to a Business Associate or to New Directions Foundation, which is a charitable organization, your PHI for the purpose of raising funds for New Directions, Inc. The type of information that New Directions, Inc. may disclose is demographic information relating to you, including name, address, or other contact information, age, gender, date of birth, the dates that New Directions, Inc. provided service to you, and etc. At any time you may opt out of receiving fundraising communications relating to New Directions, Inc. by contacting in writing New Privacy Officer, 6395 Old Niagara Rd, Lockport NY 14094.

### **3) Special Situations When Your PHI May Be Used or Disclosed Without Your Consent/Authorization:**

New Directions, Inc. may use or disclose your PHI without your consent/authorization when permitted or required by law in the following circumstances:

**Public Health Activities:** New Directions, Inc. may disclose your PHI to officials of a public health authority who are authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability. This includes, but is not limited to, the reporting of disease, injury, vital events such as birth or death, and conducting public health surveillance, public health investigations, or other activities. For example, New Directions, Inc. may notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if New Directions, Inc. or a public health authority is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation.

New Directions, Inc. may also disclose your PHI in order to collect and report on the quality, safety, and effectiveness of products regulated by the Food and Drug Administration (FDA) (i.e. report reactions to medications, provide notifications of product recalls, etc.).

**Victims of Abuse, Neglect or Domestic Violence:** New Directions, Inc. may disclose PHI about you to a government authority, including a social service or protective services agency, authorized by law to receive reports of abuse, neglect, or domestic violence, if New Directions, Inc. reasonably believes you are a victim of abuse, neglect, or domestic violence and New Directions, Inc. believes, based upon its professional judgment, the disclosure is necessary to prevent serious harm to you or other potential victims. New Directions, Inc. will make every

effort to obtain your permission before disclosing your PHI to a government authority, unless disclosure of your PHI by New Directions, Inc. without your permission is expressly authorized by statute or regulation.

**Health Oversight Activities:** New Directions, Inc. may disclose your PHI to government agencies authorized to conduct audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other legal activities. These government agencies monitor the operation of the health care system, government benefit programs such as Medicaid and Medicare, and compliance with government regulatory programs and civil rights laws.

**Judicial and Administrative Proceedings:** In accordance with law, New Directions, Inc. may disclose your PHI in response to an order of a court or administrative tribunal, subpoena, discovery request, or other lawful process; provided that New Directions, Inc. is satisfied that reasonable efforts have been made by either New Directions, Inc. or the individual requesting your PHI to notify you of the request for your PHI.

**Law Enforcement Purposes:** New Directions, Inc. may disclose your PHI to a law enforcement official for a law enforcement purpose for the following reasons:

- As required by law including laws that require the reporting of certain types of wounds or other physical injuries;
- In order to be in compliance with: a court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer; a grand jury subpoena; an administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand; or another similar process authorized under the law;
- In response to a law enforcement official's request for PHI for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person;
- If you are suspected to be a victim of a crime and you agree to the disclosure or Gateway
  - Longview, Inc. is unable to obtain your agreement because of your incapacity or other emergency circumstance and (a) the law enforcement official represents that such information is needed and that law enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until you are able to agree to the disclosure and (b) New Directions, Inc., based upon its professional judgment, believes the disclosure is in your best interest;
- If New Directions, Inc. suspects your death resulted from criminal conduct; or
- If New Directions, Inc. believes in good faith the PHI constitutes evidence of criminal conduct that occurred on New Directions, Inc.'s premises.

**Coroners, Medical Examiners, Funeral Directors, Organ and Tissue Donation:** As authorized by law, New Directions, Inc. may disclose your PHI to a coroner or medical

examiner for the purpose of identifying a deceased person, determining the cause of death, or other duties.

**Funeral Directors:** New Directions, Inc. may disclose your PHI to funeral directors, consistent with applicable law, as necessary to carry out their duties.

**Organ and Tissue Donation:** New Directions, Inc. may disclose your PHI to organ procurement organizations to assist in the process of organs, eyes, or tissue donation and transplantation.

**Prevent a Serious Threat to Health or Safety:** New Directions, Inc. may disclose your PHI to appropriate authorities if New Directions, Inc., in good faith, believes it is necessary to disclose your PHI in order to prevent or lessen a serious and imminent threat to the health or safety of you or the public. In such case, New Directions, Inc. will only share your information with someone who is reasonably able to prevent or lessen the threat. New Directions, Inc. may also disclose your PHI to law enforcement if it appears that you have escaped from a correctional institution or lawful custody.

**Military and Veterans:** If you are or were a member of the Armed Forces, New Directions, Inc. may disclose your PHI to appropriate military command authorities for activities deemed necessary by military command authorities to assure the proper execution of a military mission. New Directions, Inc. may also disclose PHI to appropriate foreign military authority about foreign military personnel.

**National Security and Intelligence Activities or Protective Services:** New Directions, Inc. may disclose PHI about you to authorized federal officials for the conduct of lawful intelligence, counter-intelligence and other national security activities authorized by law or to provide protective services to the President or other persons, foreign heads of state, or other individuals, or to enable the performance of investigations authorized by law.

**Correctional Institutions:** If you are an inmate or you are detained by a law enforcement officer, New Directions, Inc. may disclose your PHI to a correctional institution or a law enforcement official having custody of you if necessary to provide you with health care, or to maintain the health and safety of you, other inmates, or officers or employees or others at the correctional institution.

**Workers' Compensation:** New Directions, Inc. may disclose your PHI in order to comply with laws relating to workers' compensation or other similar programs, which provide benefits for work related injuries or illness without regard to fault.

**As Required By Law:** New Directions, Inc. may use or disclose your PHI if New Directions, Inc. is required to do so by law. However, New Directions, Inc. will notify you of these uses and disclosures if notice is required by law.

#### **4) Your Rights Regarding Your PHI:**

**Right to Request Privacy Protection for PHI:** You have the right to request that New Directions, Inc. restrict the manner it uses or discloses your PHI to carry out your treatment, collect payment for that treatment, and conduct our operations. If your request to New Directions, Inc. is for us to restrict the disclosure of your PHI to a health plan and the purpose of the disclosure is to carry out payment or health care operations and is not otherwise required by law and your PHI pertains solely to a health care item or service for which you, or a person other than the health plan on your behalf, has paid in full to us, New Directions, Inc. will agree to respect your request.

If you would like to request a restriction on the disclosures and uses of your PHI, please send your request in writing to the New Directions, Inc. program at which you received services.

Except as stated above, New Directions, Inc. is not required to agree to a restriction and in some cases your restriction request may not be permitted under law or cannot be honored (i.e. you are in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment to you). If New Directions, Inc. agrees to your restriction request, you have the right to revoke your requested restriction at any time. New Directions, Inc. also has the right to revoke the restriction upon notification to you, but in some cases, New Directions, Inc. will need your permission before New Directions, Inc. may revoke the restriction.

**Right to Inspect and Copy PHI Records:** You have a right to inspect and obtain a copy of your PHI for as long as New Directions, Inc. maintains this information in our records. However, pursuant to the Health Insurance Portability and Accountability Act (“HIPAA”), you do not have the right of access to inspect and obtain a copy of certain PHI, including, but not limited to, psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. If you would like to inspect or obtain a copy of your PHI, please submit your request in writing to the New Directions, Inc. program at which you received services. If you request a copy of your PHI, New Directions, Inc. may charge you a reasonable fee to cover expenses associated with your request.

Notwithstanding the above, if your request involves records subject to New York State Law (e.g. NY Mental Hygiene Law, New York Public Health Law, etc.), you may be entitled to inspect and/or copy certain information, including psychotherapy notes, and New Directions will respond to your request in accordance with such law when required.

In certain circumstances, New Directions, Inc. may deny your request to inspect and obtain a copy of your PHI in whole or in part (i.e. the access requested is reasonably likely to endanger the life or physical safety of you or another person.). However, in the case New Directions, Inc. denies your request, New Directions, Inc. will inform you of its denial in writing and will inform you of any rights you may possess to have the denial reviewed.

New Directions, Inc. will also provide to you details on how you may complain to New Directions, Inc. or to the Secretary of the Department of Health and Human Services, which

will be explained in more detail in the denial notice that New Directions, Inc. will provide to you.

**Right to Amend Records:** You have the right to request that New Directions, Inc. amend the records it maintains, which contain your PHI, if you believe that the information is incorrect or incomplete. Your request for an amendment must be made in writing and you must provide a reason to support your requested amendment. Please submit your request in writing to the New Directions, Inc. program at which you received services.

In certain cases, New Directions, Inc. may deny your request to amend a record. If New Directions, Inc. denies, in whole or in part, your amendment request, New Directions, Inc. will provide you with a timely, written denial that will explain the reason for our denial and your right to submit a written statement disagreeing with the denial and how you may file such a statement. New Directions, Inc. will also inform you in the written denial that if you choose not to submit a statement of disagreement, you may request that New Directions, Inc. include your request for amendment and the denial with any future disclosures of your PHI that is subject to the amendment. In addition, New Directions, Inc. will include information on how you may file a complaint with New Directions, Inc. or the Secretary of the Department of Health and Human Services, which will be explained in more detail in the denial notice that New Directions, Inc. will provide to you.

**Right to an Accounting of Disclosures of PHI:** You have a right to receive an “accounting of disclosures” of your PHI made by New Directions, Inc. in the 6 years prior to the date on which you request the accounting of disclosures. An accounting of disclosures basically identifies the name of the person or entity who received your PHI and, if known, the address of such entity or person, a brief description of the PHI disclosed, the date of the disclosure and the purpose of the disclosure.

An accounting disclosure does not include the following disclosures:

- 1) Disclosures New Directions, Inc. makes in order to carry out treatment, payment and health care operations;
- 2) Disclosures New Directions, Inc. made to you or your personal representative;
- 3) Disclosures New Directions, Inc. made in accordance with your authorization;
- 4) Disclosures made for national security or intelligence purposes; or
- 5) Any other disclosures identified in the law that does not need to be disclosed as part of an accounting of disclosures.

If you would like an accounting of disclosures, please submit your request in writing to the New Directions, Inc. program at which you received services.

New Directions, Inc. will provide to you the first accounting of disclosures in any 12 month period without charge. However, New Directions, Inc. may charge you a reasonable, cost-based fee for each subsequent request made by you within the 12 month period.

**Right to Receive Confidential Communications of PHI:** You have the right to request to receive communications relating to your PHI from New Directions, Inc. by alternative means or at alternative locations. For example, you may request that New Directions, Inc. contact you at work or by mail. Your request must be in writing and New Directions, Inc. will accommodate reasonable requests. You are not required to provide an explanation as to the basis for your request. Please submit your request in writing to the New Directions, Inc. program at which you received services.

**Right to a Paper Copy of this Notice:** Upon your request to New Directions, Inc., you have the right to obtain a paper copy of this Notice. You may request a paper copy of this Notice even though you agreed to receive this Notice electronically. To request a paper copy of this Notice, please send your request in writing to New Directions, Inc.'s Privacy Officer, 6395 Old Niagara Rd, Lockport, NY 14094.

**Right to Obtain a Copy of a Revised Notice:** New Directions, Inc. reserves the right to change our privacy practices at any time and this Notice. New Directions, Inc. also reserves the right to revise the terms of this Notice and to make the new or revised Notice provisions effective for all PHI that New Directions, Inc. maintains, including PHI New Directions, Inc. created or received before New Directions, Inc. made the changes. If New Directions, Inc. makes any revisions to this Notice, New Directions, Inc. will: (i) post the revised Notice on our website and at New Directions, Inc.'s locations where services covered by HIPAA are provided and (ii) make available to you, upon your request, a copy of the revised Notice at New Directions, Inc.'s locations where services covered by HIPAA are provided.

**5) HIV, Alcohol and Substance Abuse, and Mental Health Protections:**

The privacy information stated in this Notice may not apply in all cases to HIV- related information, alcohol and substance abuse treatment information, mental health information, and psychotherapy notes, which have special privacy protections under particular federal and state laws.

**6) Complaints and Contact for Further Information:**

You may file a complaint with New Directions, Inc. and with the Secretary of Health and Human Services in writing if you believe that your privacy rights have been violated. You may file a written complaint with New Directions, Inc. by notifying Gateway Longview as follows:

New Directions, Inc.  
Attn: Privacy Officer  
6395 Old Niagara Rd.  
Lockport, NY 14094  
(716) 529-1240

New Directions, Inc. will not retaliate against you for filing a complaint.



You may also contact New Directions, Inc.'s Privacy Officer at the above- mentioned address and/or phone number if you would like further information about matters covered by this Notice.