

*New Directions Youth & Family Services, Inc.***Summary Notice: Confidentiality and Privacy**

Each child and family member receiving services from New Directions has the right to receive these services in a confidential, private manner.

New York State Laws closely regulate with whom New Directions may share confidential information. Under this law, confidential information includes the names, addresses and phone numbers of children and their relatives, case history information, reports from clinical records, school information, reports of investigations, unusual incident reports, medical information, psychological information and test results, psychiatric evaluations, resource information, and correspondence. This applies to all information obtained by the agency; even it is not formally entered into the case record.

It is New Directions Policy not to disclose any confidential information to a third party without the written authorization of the parent or legal guardian of children in our care.

Although families may waive their right to confidentiality and share personal information about themselves with whomever they like, New Directions cannot share what has been defined as confidential information to anyone other than the people/agencies identified in these laws, regulations and policies even if the child and/or family wishes the agency to do so. This is true even if the information has already been made public by another source, or if the family involved wishes New Directions to do so.

The policies and procedures that New Directions uses when it does release confidential information are detailed in the New Directions general policy manual, in the consumer relations section, number 4.04. This policy may be viewed at any time upon your request.

Each child receiving out-of-home care from New Directions also has certain rights in regard to their personal privacy as detailed in the "Regulations for Foster Care and Residential Agencies" which covers the sending and receiving of mail and phone calls, access to an attorney and clergy and searches of the child, his/her possessions and their living area (for out-of-home placements). These regulations may also be viewed at any time at your request.

In accordance with New York State laws and the Health Insurance Portability and Accountability Act, you have the right to request access your own protected health information, as well as to request restrictions on the way information is used, and amendments to information you consider incomplete or inaccurate. All such requests as well as any concerns about how one's privacy rights are being managed by the agency are to be submitted to the agency's Privacy Officer.

The following Privacy Notice provides a more detailed description of our requirements and your rights in accordance with law, and how to contact the agency's Privacy Officer.

New Directions Youth & Family Services, Inc.
New Directions Youth and Family Services

PRIVACY NOTICE

**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.**

A. OUR POLICY REGARDING YOUR HEALTH INFORMATION

We at New Directions Youth and Family Services (“New Directions”) are committed to preserving the privacy and confidentiality of your protected health information. Your “protected health information” includes most information about your physical and mental health, such as symptoms, treatment, test results, and demographic data, which contains details that can be used to identify you. We are required by law to maintain the privacy of your “protected health information” and to provide you with this Notice of our legal duties and privacy practices as well as your rights with respect to your protected health information.

According to federal and state laws, we are not allowed to use or disclose your protected health information, except as described in this Privacy Notice. We are required to abide by the terms of this Notice while it remains in effect and to any future revisions that we may make to the Notice. We reserve the right to change this Notice and to make the revised Notice effective for all protected health information that we maintain at that time and any information we may later create or receive. We will post a copy of the current Notice on our premises and we will make any revised Notice available to you at your request.

B. USES AND DISCLOSURES WITH AND WITHOUT YOUR AUTHORIZATION

The law requires us to obtain your written permission or “Authorization” to use or disclose your protected health information except in the limited situations listed below. We want you to know that even though the law may permit us to disclose your protected health information without your Authorization in the situations described below, we will generally not disclose your protected health information without your Authorization if we believe that such disclosure is contrary to your best interests unless we are required to make the disclosure by law. The law permits us to disclose your protected health information without your Authorization in the following situations:

1. **Treatment**: We will use and disclose your protected health information to provide, coordinate and manage your health care and related services. For example, we may disclose your protected health information to a pharmacy to fill a prescription, to a laboratory to order a test, or to a specialist for a consultation. We are also permitted by law to disclose your protected health information to healthcare providers outside New Directions for their treatment purposes; however, we have decided to require your Authorization for such disclosures except in emergencies.
2. **Payment**: We will use and disclose your protected health information, as needed, for New Directions to obtain payment for our health care services. For example, we may disclose protected health information to your health insurance company so we may obtain prior approval for a session, to determine whether you are eligible for benefits or to determine whether a particular service is covered under your plan. We are also permitted by law to disclose your protected health information to other health care providers, health plans, or health care clearinghouses for their payment activities; however, we have decided to require your Authorization for such disclosures.
3. **Health Care Operations**: We will use and disclose your protected health information for our health care operations. For example, we may use your protected health information to evaluate the performance of New Directions’ personnel and to perform licensing, training, and accreditation activities. In certain situations, we are also permitted by law to disclose your protected health information to another health care provider, health plan, or health care clearinghouse for the purpose of that entity’s health care operations; however, we have decided to require your Authorization for such disclosures.

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4. **Law Enforcement Purposes:** We are permitted by law to disclose your protected health information to law enforcement officials under certain circumstances. For example, we are permitted to disclose your protected health information pursuant to an order, warrant, subpoena or summons issued by a judicial officer. Under certain circumstances, we are permitted to disclose your protected health information pursuant to administrative requests related to law enforcement purposes. We are permitted to disclose limited protected health information to law enforcement officials upon their request to assist them in identifying or locating a suspect, fugitive, material witness or missing person. Additionally, under certain circumstances we are permitted to disclose your protected health information to law enforcement officials if you are suspected to be the victim of a crime or in order to report evidence of criminal conduct that occurred on our premises.
5. **Public Health Activities:** New Directions is permitted by law to disclose your protected health information to certain public health authorities and others according to specific rules that apply to public health activities. For example, New Directions is permitted to disclose your protected health information to public health authorities or other government authorities authorized by law to receive such information for purposes of preventing or controlling disease, injury, disability, or child abuse or neglect or for the conduct of public health surveillance, investigations and interventions. We may also disclose your protected health information to certain individuals subject to the jurisdiction of the Food and Drug Administration regarding FDA-regulated products or activities and to certain individuals who may be at risk of contacting or spreading a disease or condition.
6. **Health Oversight Activities:** New Directions is permitted to disclose your protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations, proceedings and actions; inspections; licensure or disciplinary actions; and other activities necessary for appropriate oversight of the health care system and oversight of certain programs and entities as authorized by law.
7. **Judicial and Administrative Proceedings:** We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order. We will disclose your protected health information in response to a subpoena, discovery request or other lawful process issued in relation to a civil proceeding in a New York State court only if such process is accompanied by an Authorization signed by you or your personal representative. We are permitted by law to disclose your protected health information in response to subpoenas, discovery requests or lawful process in other proceedings if the subpoena is accompanied by certain written assurances that are required by law.
8. **Specialized Government Functions:** In certain circumstances, New Directions is permitted by law to use and/or disclose your protected health information for specialized government functions. If you are a member of the armed forces, New Directions is permitted to use and disclose your protected health information as directed by appropriate military authorities. We are permitted to disclose your protected health information to authorized federal officials for certain national security and intelligence activities and to protect the President of the United States and other dignitaries. New Directions is also permitted to disclose your protected health information to law enforcement personnel or to a correctional institution if such information is required for the health and safety of inmates, law enforcement personnel, individuals at the correctional institution, or individuals responsible for transporting inmates or if such information is required to maintain safety, law and order at a correctional institution.
9. **Suspected Abuse, Neglect or Domestic Violence:** New Directions will disclose medical information that reveals that you may be a victim of abuse, neglect or domestic violence to a government authority if New Directions is *required by law* to make such disclosure. For example, state law requires health care professionals to report cases of suspected child abuse or maltreatment. We are also permitted by law to disclose evidence of suspected abuse, neglect or domestic violence if we believe that the disclosure is necessary to prevent serious harm, or if you

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are incapacitated and government officials need such information for an immediate law enforcement activity.

10. **To Avert a Serious Threat to Health or Safety:** New Directions may, consistent with applicable law and standards of ethical conduct, use or disclose protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is made to an individual who is reasonably able to prevent or lessen the threat.
11. **Research:** We are permitted by law to use and disclose your protected health information for research as long as such research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to preserve the privacy of your protected health information. For example, a research project may involve comparing the health of patients who received one treatment to those who received another treatment for the same condition. Before we use or disclose protected health information for research purposes, the research project will go through a special review and approval process. Even without special approval, however, we may permit researchers to review your protected health information if it is necessary to help them prepare for a research project, as long as they do not remove or take a copy of any protected health information.
12. **Medical Examiners, Funeral Directors, and Organ Donation:** New Directions is permitted to disclose your protected health information to a medical examiner for identification purposes, to determine the cause of death or for other purposes authorized by law. We may also disclose your protected health information to a funeral director, as authorized by law, to permit the funeral director to carry out his or her duties. Additionally, New Directions may use and disclose your protected health information for the purpose of arranging for cadaveric organ, eye, or tissue donation and transplantation.
13. **Workers' Compensation:** We are permitted by law to disclose your protected health information, as authorized by and in compliance with workers' compensation laws.
14. **Appointment Reminders:** New Directions may, from time to time, use or disclose your protected health information to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that we believe may be of interest to you. New Directions may remind you of appointments by mailing a postcard to you at the address provided by you or by telephoning your home and leaving a message on your answering machine or with the individual answering the phone. New Directions will not disclose any information with these appointment reminders except your name, your address and the time, date and location of your appointment.
15. **Fundraising:** New Directions may use limited protected health information for fundraising purposes and may disclose such information to its Business Associates and to institutionally related foundations for assistance in raising funds for New Directions. New Directions may contact you for the purpose of raising money for New Directions.
16. **De-identified Information:** New Directions may de-identify your protected health information according to specific federal rules so that the information does not identify you and cannot be used to identify you. New Directions may use and disclose your de-identified information. New Directions may also partly de-identify your protected health information by removing your name, address, telephone number and many other identifying factors to create a "limited data set", which may be used and disclosed for research purposes. Your protected health information will only be disclosed in the form of a "limited data set" to recipients who sign an agreement to use your protected health information for specific purposes according to law and who agree not to identify you.
17. **Business Associates:** New Directions may disclose your protected health information to a business associate of New Directions if we obtain satisfactory written assurance, in accordance

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with applicable law, that the business associate will appropriately safeguard your protected health information. A “business associate” is an entity that provides certain services to New Directions or assists New Directions in undertaking some functions, such as a billing company that assists New Directions in submitting claims for payment to insurance companies.

18. **Personal Representatives:** New Directions may disclose your protected health information to or according to the direction of a person who, under applicable law, has the authority to represent you in making decisions related to your health. For example, we may disclose your protected health information to an agent who you authorize through a health care proxy form to make health care decisions for you in the event that you should become unable to make your own health care decisions.
19. **Family and Friends:** Under certain circumstances, New Directions may disclose to your family member, other relative, a close personal friend, or any other person identified by you, your protected health information directly relevant to such person’s involvement with your care or the payment for your care. New Directions may also use or disclose your protected health information to the previously named individuals as well as to a public or private entity authorized by law or by its charter to assist in disaster relief efforts to notify or assist in the notification (including identifying or locating) a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. However, the following conditions will apply:
 - a. If you are present at or available prior to the use or disclosure of your protected health information, New Directions may use or disclose your protected health information if you agree, or if New Directions can reasonably infer from the circumstances, based on the exercise of its professional judgment, that you do not object to the use or disclosure.
 - b. If you are not present or are unable to agree or object to the use or disclosure because of incapacity or an emergency, New Directions will, in the exercise of professional judgment, determine whether the use or disclosure is in your best interests and, if so, disclose only the protected health information that is directly relevant to the person’s involvement with your care.
20. **Required by Law:** In addition to those uses and disclosures listed above, we may use and disclose your protected health information if and to the extent we are required by law.

C. YOUR RIGHTS

You have the following rights regarding your protected health information:

1. **Right to Revoke an Authorization:** You may revoke an Authorization in writing, at any time. To request a revocation, you must submit a written request to New Directions’ Privacy Officer, whose contact information is listed below in part D of this Privacy Notice.
2. **Right to Request Restrictions on Uses and/or Disclosures:** You may request restrictions on the use and/or disclosure of your protected health information, or of certain parts of your protected health information, for treatment, payment or health care operations. You may also request that we not disclose your protected health information to family members or friends who may be involved in your care or for notification purposes as described in section (19) of part B of this Privacy Notice, titled “Friends and Family”. To request restrictions, you must submit a written request to New Directions’ Privacy Officer. In your written request, you must identify the specific restriction requested and identify who you want the restrictions to apply to. New Directions is not obligated to agree to any of your requested restrictions. If we deny your request to a restriction, we will notify you. If New Directions agrees to your requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide you with emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction.

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3. **Right to Request Confidential Communications:** You may request to receive confidential communications of protected health information by alternative means or at alternative locations. You must make your request to New Directions' Privacy Officer. New Directions will accommodate all reasonable requests. We may condition this accommodation on your providing us with information as to how payment will be handled or by specifying an alternative address or other method of contact. We will not require you to provide an explanation for your request.
4. **Right to Inspect and Copy Information:** According to federal regulations, you may generally inspect and obtain a copy of your protected health information that we maintain in a designated record set. A "designated record set" is a group of records that includes medical and billing records or other records that New Directions uses for making decisions about you. Under federal privacy regulations, however, you have no right to inspect or copy certain records, including psychotherapy notes, information compiled in reasonable anticipation of legal proceedings and certain clinical laboratory information. Please note that New York State's Mental Hygiene Law and Public Health Law may provide you with independent rights to inspect and copy such information. If federal law does not allow you to inspect or copy certain information, such as psychotherapy notes, but State law allows you to inspect and copy such information, New Directions will respond to your request to access such information in accordance with New York State law. We may deny your request to inspect or copy your protected health information. Depending on the circumstances, you may or may not have a right to appeal our decision to deny your request. To inspect or copy your protected health information, you must submit a written request to New Directions' Privacy Officer. If you request a copy of your information, we may charge you a fee for the costs of copying and mailing your information and for other costs only as allowed by law.
5. **Right to Amend your Information:** You may request that we amend your protected health information that we maintain in a designated record set. To request an amendment, you must submit a written request, along with a reason that supports your request to our Privacy Officer. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us. If you file such a statement, we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
6. **Right to Receive an Accounting:** You may request an accounting of certain disclosures of your protected health information made by New Directions after April 14, 2003. We are not required to account for some disclosures, including those made for treatment, payment or health care operations in accordance with sections (1), (2), and (3) of part B of this Notice. Additionally, we are not required to provide you with an accounting of disclosures that you authorize or with an accounting of some disclosures that we are permitted to make without your authorization. Your request for an accounting of disclosures must be submitted in writing to our Privacy Officer and must specify a time period to be covered by the accounting. Your right to receive this information is subject to additional exceptions, restrictions and limitations.
7. **Right to Receive a Copy of Notice:** Upon your request, we will provide you with a paper copy of this Privacy Notice.
8. **Right to Complain:** You have the right to complain to New Directions or to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. You may complain to New Directions by contacting New Directions' Privacy Officer, using the contact information below. You will not be retaliated against in any way for filing a complaint.
9. **Right to Receive Notice of a Breach.** New Directions will notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach unless risk assessment determines that there is a low

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probability that the PHI has been compromised. The notice of breach to you will include the following information:

- a brief description of the breach, including the date of the breach and the date of its discovery;
- a description of the type of Unsecured Protected Health Information involved in the breach;
- steps you should take to protect yourself from potential harm resulting from the breach;
- a brief description of action we are taking to investigate the breach, mitigate losses, and protect against further breaches; and
- contact information including a toll-free number and e-mail address to permit you to obtain additional information.

In the event the breach involves 10 or more clients whose contact information is out of date, we will post a notice of the breach on the home page of our web site. If the breach involves more than 500 clients in the state or jurisdiction, we will send notices to prominent media outlets.

D. PRIVACY OFFICER

New Directions' contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Officer. Questions regarding matters covered by this Notice shall be directed to the Privacy Officer. You may contact the Privacy Officer at:

New Directions Youth and Family Services
4511 Harlem Road
Amherst, New York 14226
Attn: Privacy Officer
(716) 839-1392 ext. 218