



## New York City Department of Health and Mental Hygiene Notice of Privacy Practices

Effective June 2, 2016

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.

If you have any questions, contact the Clinic Director or the facility Health Services Manager. You may also contact the New York City Department of Health and Mental Hygiene's Chief Privacy Officer at 347-396-6007 or [PrivacyOfficer@health.nyc.gov](mailto:PrivacyOfficer@health.nyc.gov).

Protected health information (PHI) is individually identifiable health information expressed through oral, written or electronic communications. It includes demographic information (such as your age, address and e-mail address) and other information that relates to your past, present or future physical or mental health. PHI also includes related health care services or payment for those services. The New York City Department of Health and Mental Hygiene (DOHMH) respects the confidentiality of PHI and will protect it in a responsible manner and in accordance with all laws, rules and regulations.

This Notice of Privacy Practices (notice) is provided to you in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice outlines how DOHMH may use and disclose your PHI and the measures taken to protect it. The notice also describes your rights and DOHMH's obligations regarding the use and disclosure of your PHI.

### Who this Notice Applies to

DOHMH is considered a "hybrid entity" under HIPAA because it provides health care services and public health services. The health care services are covered by HIPAA, whereas the public health services are not.

This notice describes the health care components covered by HIPAA. The obligations in this notice apply to all employees, students and volunteers authorized to give, receive or share your protected health information for treatment, payment or health care.

### DOHMH Responsibilities

DOHMH clinics are legally required to:

- Keep your PHI private and secure
- Notify you of legal duties and privacy practices related to the use and disclosure of your PHI

- Notify you promptly of any breach that may have compromised the privacy or security of your PHI
- Follow the terms of this notice
- Communicate any changes in this notice to you

### Privacy Laws and Regulations

Several federal, State and City privacy laws have additional restrictions on the use and disclosure of health information. These laws affect substance abuse treatment, HIV/AIDS testing and treatment, sexually transmitted disease testing and treatment, and mental health treatment. DOHMH policies and this notice comply with these additional laws.

### How DOHMH May Use and Disclose Your PHI

**Required Uses and Disclosures.** By law, DOHMH must disclose your PHI to you unless a medical professional has determined that doing so would be harmful to your health.

If requested, DOHMH must also disclose your PHI to the Secretary of the U.S. Department of Health and Human Services for investigations about our compliance with laws that protect your PHI.

**Treatment.** NYC DOHMH may use or disclose your PHI, including physician recommendations, to provide the treatment or services you require.

**Payment.** Your PHI will be used, as needed, to bill and collect payment for treatment and services provided to you. DOHMH may share information about treatment to your health plan (including Medicaid) or to a managed care organization to get approval for payment.

**Health Care Activities.** DOHMH may use and disclose PHI for regular health care activities. Medical staff will

use your health information to review your care and outcomes compared to similar cases. For example, your information may be reviewed for training, risk management or quality improvement purposes in our efforts to continually improve the quality and effectiveness of the care and services we provide.

DOHMH will share your PHI with third-party business associates who perform activities for the Department (such as billing services). The business associates will also be required to protect your health information.

DOHMH may remove information that identifies you so others can use it to study health care and services without learning your identity.

**Appointment Reminders.** DOHMH may use and disclose your PHI to send appointment reminders. These reminders will not identify the purpose of your visit.

**Required by Law.** DOHMH will disclose health information about you when required by a federal, State or City law, rule or regulation.

**Public Health Activities.** DOHMH may disclose your PHI without your consent to a public health agency that has the legal authority to collect or receive PHI for public health surveillance or to prevent or control disease, injury or disability. This includes, but is not limited to, the reporting of diseases, births or deaths.

**Child Abuse.** DOHMH may disclose your PHI to a government authority that is authorized by law to receive reports of child abuse.

**Health Oversight.** DOHMH may disclose your PHI to a health oversight agency for legal activities (such as audits, investigations, inspections and licensures) that monitor the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Food and Drug Administration (FDA).** DOHMH may disclose your protected health information to a person or company required by the FDA to:

- Report product defects, adverse reactions or problems
- Report biological product deviations
- Track products
- Enable product recalls
- Make repairs or replacements
- Conduct post-marketing surveillance

**Legal Proceedings.** DOHMH may release your PHI in response to a court or administrative order if you are involved in a lawsuit or a dispute. We may also release your PHI in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, only if efforts have been made to tell you about the request.

**Law Enforcement.** DOHMH may release PHI if asked to do so by law enforcement officials

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness or missing person
- About the victim of a crime if, under certain circumstances, we cannot obtain the person's consent
- About a death we believe may be the result of criminal conduct
- About criminal conduct at a DOHMH clinic
- In emergency circumstances to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime

**Coroners, Funeral Directors and Organ Donations.** DOHMH may disclose PHI to a coroner or medical examiner to identify a deceased person or to determine the cause of death. We may also disclose PHI to funeral directors to help them carry out their duties, as authorized by law. PHI may also be used and disclosed for organ donations.

**Research.** Under certain circumstances, we may use and disclose your PHI for research purposes. The research must comply with applicable laws, rules and regulations, and must first be approved by the DOHMH Institutional Review Board.

**Parental Access.** Various New York State laws determine what PHI can be disclosed to parents and legal guardians. DOHMH will act consistently with the law.

**Workers' Compensation.** DOHMH may release your PHI to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

**Criminal Activity.** Under certain federal and State laws, DOHMH may disclose your PHI if we believe that its 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. We may also disclose your PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Inmates.** If you are an inmate of a correctional institution, DOHMH may disclose to the institution or its agents health information necessary for your health and the health and safety of other individuals.

**Military Activity and Veterans.** If you are a member of the armed forces, DOHMH may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

**National Security and Intelligence.** We may release health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law. We may also disclose health information about you to authorized federal officials so they may conduct special investigations or provide protection to the President or other authorized people or foreign heads of state.

**Individuals Involved in Your Health Care.** Unless you object, DOHMH may use or disclose health information to notify or help notify a family member or personal representative of your location, general condition or death. If you are present, you will have an opportunity to object to this type of use or disclosure. If you are unable to decide or if it is an emergency, we may disclose your PHI if we determine that it is in your best interest to do so.

### **Your Rights Regarding Your Health Information**

Although your health record is the physical property of DOHMH, the information belongs to you. You have the following rights regarding your protected health information. You may make any of the following requests by submitting a written request to the Clinic Director, the Health Services Manager or his/her designee.

**Right to Inspect and Copy.** Your PHI is kept in a “designated record set” and may be used to make decisions about your care. The designated record set usually includes medical and billing records. You have the right to inspect and obtain this information for as

long as DOHMH maintains your health records. This right does not apply to:

- Psychotherapy notes
- Information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding
- Protected health information that is subject to laws that prohibit access

DOHMH may deny your request to inspect and copy records in very limited circumstances. If you are denied access to health information, you may contact the Chief Privacy Officer to request that the denial be reviewed.

**Right to Request Amendment.** If you believe the health information we have about you is incorrect or incomplete, you may ask us to amend (change or add to) the information. You have the right to request an amendment for as long as DOHMH maintains the information. DOHMH may deny your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by DOHMH, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the health information kept by or for DOHMH
- Is not part of the information you are permitted to inspect and copy
- Is accurate and complete

**Right to Receive Notice of a Breach.** DOHMH is required to notify you promptly if there is a breach that may have compromised the privacy or security of your information.

**Right to an Accounting of Disclosures.** An “accounting of disclosures” is a list of PHI disclosures. This list does not include disclosures made for treatment, payment or health care purposes as described in this notice, or certain other disclosures (such as any you asked us to make). You have the right to an “accounting of disclosures” of health information from the six years prior to the date of your request.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care purposes. You also have the

right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. We are not required to agree to your request.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share your information with your health insurer for payment or health care purposes. We will agree unless we are required by law to share that information.

**Right to Request Confidential Communications.** You may request that we communicate with you using alternative means or at an alternative location to protect your confidentiality. For example, you may ask that we contact you at work or by mail. You may also ask that we mail information to you in a closed envelope rather than a postcard.

To request confidential communications, send a written request to the Clinic Director or his/her designee. Your request must specify how or where you wish to be contacted. If you receive services at more than one clinic, you must make a separate request to each.

**Right to Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

**Right to Obtain a Copy of this Notice.** You have the right to a paper copy of this notice at any time. Contact the Clinic Director, the Health Services Manager or the DOHMH Chief Privacy Officer at 347-396-6007.

### **Authorization for Use of PHI**

HIPAA requires us to obtain your written permission for the following uses or disclosures regarding your PHI:

- Marketing purposes
- Sale of your information (Note: It is DOHMH's policy not to sell your PHI)
- Most psychotherapy note disclosures

DOHMH will request your written permission for other uses and disclosures of your PHI not covered by this notice or by the laws that apply to us. If you give us permission to use or disclose your PHI, you may revoke or cancel that permission, in writing, at any time.

If you revoke your permission, DOHMH will no longer use or disclose your PHI for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission and that we are required to retain in our records.

### **Changes to this Notice**

We reserve the right to change our privacy practices and this notice. We reserve the right to make the changed notice effective for health information we already have about you, as well as any information we receive in the future.

We will post a copy of our current notice at each of our clinic locations. The effective date will be noted at the top middle of the first page and the bottom right of the last page of the notice. In addition, a copy of the current notice will be made available to you each time there is a revision. You may also request a copy of our notice at any time and may view the most current notice at [nyc.gov/health](http://nyc.gov/health) (search "HIPAA").

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint in writing to the Secretary of the U.S. Department of Health and Human Services or to the DOHMH Chief Privacy Officer at the below address. No retaliation will occur against you for filing a complaint.

**E-mail complaints to:** [PrivacyOfficer@health.nyc.gov](mailto:PrivacyOfficer@health.nyc.gov)

### **Mail complaints to:**

NYC DOHMH Chief Privacy Officer  
Gotham Center  
42-09 28th Street, 14<sup>th</sup> Floor, CN-30  
Queens, NY 11101

**Effective June 2, 2016**



## Notice of Privacy Practices Acknowledgement of Receipt

By signing and dating this form, I acknowledge that I have received a copy of the New York City Department of Health and Mental Hygiene's Notice of Privacy Practices.

Patient's Name <i>(Please print)</i>	
Patient's Signature	Date

If you are a personal representative filling this out on behalf of the patient, please print your name in the space below.

Personal Representative's Name <i>(Please print)</i>	
Personal Representative's Signature	Date

For Official Use Only		
<input type="checkbox"/> Patient refused to sign <input type="checkbox"/> Patient unable to sign		
<table border="1" style="margin: auto;"><tr><td style="width: 50%; height: 30px; vertical-align: top;">DOHMH Employee Initials</td><td style="width: 50%; height: 30px; vertical-align: top;">Date</td></tr></table>	DOHMH Employee Initials	Date
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*Original Patient Record*