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Cheektowaga, NY 14225
(716) 896-6700
Fax (716) 896-0654

1131 Broadway
Buffalo, NY 14212
(716) 896-7350
Fax (716) 896-7717

5360 Genesee Street, Ste. 200
Bowmansville, NY 14026
(716) 681-5077
Fax (716) 681-5079

463 William Street
Buffalo, NY 14204
(716) 893-0062
Fax (716) 893-0070

1500 Broadway
Buffalo, NY 14212
(716) 249-5166
Fax (716) 855-4684

150 Mt. Hope Avenue
Rochester, NY 14620
(585) 445-5310
Fax (585) 546-4579

Notice of Privacy Practices

This Notice provides information about the way in which your medical information may be used or disclosed by Endeavor Health Services.

Participating Organizations

Along with this Notice, you may be given a list of organizations that work together in the operation of a number of mental health services programs for residents of Erie County. This list may change from time to time. The important thing for you to know is that each of these organizations has agreed to a common set of policies for protection of the privacy of the people they serve. The organizations that work together are referred to as the "participating organizations".

Our Obligation to You

The participating organizations respect your privacy. This is part of our code of ethics. We are required by law to maintain the privacy of "protected health information" about you, to notify you of our legal duties and your legal rights, and to follow the privacy policies described in this notice. "Protected Health Information" means any information that we create or receive that identifies you and relates to your health or payment for services to you.

Use and Disclosure of Information About You

Use and disclosure for treatment, payment and health care operations.

We will use your protected health information and disclose it to others as necessary to provide treatment to you. Here are some examples:

- We may share information about you in order to evaluate whether you are eligible to participate in a program of services.
- We may provide information to your health plan or a treatment provider in order to arrange for a referral or clinical consultation.
- Various members of our staff may see your clinical record in the course of our care for you. This includes counselors, case managers, nurses, physicians and other staff.
- It may be necessary to send urine samples to a laboratory for analysis to help us evaluate your medical condition.
- We may contact you to remind you of appointments.
- We may contact you to tell you about treatment services that we offer that might be of benefit to you.

We will use or disclose your protected health information as needed to arrange for payment for service to you. For example, information about your diagnosis and the service we render is included in the bills that we submit to your health insurance plan. Your health plan may require health information in order to confirm that the service rendered is covered by your benefit program and medically necessary. A health care provider that delivers service to you, such as a clinical laboratory, may need information about you in order to arrange for payment for its services.

It may also be necessary to use or disclose protected health information for our health care operations including our vendors and agents who help us to carry out our business functions or those of another organization that has a relationship with you. For example, our quality assurance staff reviews records to be sure that we deliver appropriate treatment of high quality. Your health plan may wish to review your records to be sure that we meet national standards for quality of care.

It is our policy to obtain your written permission to use and disclose your protected health information for treatment, payment or health care operations purposes. You will be asked to sign a consent form to permit all such uses and disclosures of your information. Please understand, however, that if you participate in our programs, we may use and disclose protected health information for treatment, payment or health care operations even if we do not have your permission or even if you revoke your permission. However, if you choose to pay for services directly (out of pocket), you have a right to restrict disclosures of PHI to your Health Care Plan with respect to healthcare.

Unless you provide us with alternative instructions, we may contact you about reminders for treatment, medical care, or health check-ups. We may also contact you to tell you about health related benefits or services that may be of interest to you or to give you information about your health care choices.

Emergencies. If there is an emergency, we will disclose your protected health information as needed to enable people to care for you.

Disclosure to your family and friends. If you are over 18 years of age, an emancipated minor or a minor in certain other situations, you have the right to control disclosure of information about you to any other person, including family members or friends. If you ask us to keep your information confidential, we will respect your wishes. But if you don't object, we will share information with family members or friends involved in your care as needed to enable them to help you.

Disclosure to health oversight agencies. We are legally obligated to disclose protected health information to certain government agencies, including the Erie County Department of Mental Health, the New York State Office of Mental Health, and the federal Department of Health and Human Services Disclosures to child protection agencies. We will disclose protected health information as needed to comply with state law requiring reports of suspected incidents of child abuse or neglect.

Disclosures to report abuse, neglect, or domestic violence. We may use your Protected Health Information to notify a government authority if required or authorized by law or if you agree to the report, if we have reason to believe that you have been a victim of abuse, neglect or domestic violence.

Disclosures to avert a serious threat to health or safety. We may use and disclose your Protected Health Information when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. However, any disclosure would be made only to someone able to prevent the threat and in accordance with the NYS SAFE Act 9.46 of the MHL.

Other disclosures without written permission. There are other circumstances in which we may be required by law to disclose protected health information without your permission. They include disclosures made:

- Pursuant to court order or as required for judicial and administrative proceedings;
- To public health authorities;
- To law enforcement officials in some circumstances;
- To correctional institutions regarding inmates;
- To federal officials for lawful military or intelligence activities;
- To coroners, medical examiners and funeral directors;
- To researchers involved in approved research projects; and
- As otherwise required by law.

Alcohol and Drug Abuse Programs. If you participate in an alcohol or drug abuse program, that program will follow the provisions of 42 CFR Part 2 governing disclosure of protected health information. Except for emergencies, alcohol/drug abuse programs will not disclose protected health information to a third party without your written permission or a court order. If a request for disclosure of your record is received, you will be contacted and asked whether you wish to authorize disclosure. If you refuse to authorize disclosure, or it is not possible for us to contact you in person, we will not disclose your information without a court order. If you participate in an alcohol or drug abuse program, that program will follow the provisions of 42 CFR Part 2 governing disclosure of protected health information. Except for emergencies, alcohol/drug abuse programs will not disclose protected health information to a third party without your written permission or a court order. If a request for disclosure of your record is received, you will be contacted and asked whether you wish to authorize disclosure. If you refuse to authorize disclosure, or it is not possible for us to contact you in person, we will not disclose your information without a court order.

Confidential HIV Related Information. Under New York State Law, confidential HIV-related information (information concerning whether or not you have had an HIV-related test, or have HIV infection, HIV-related illness, or AIDS, or which could indicate that a person has been potentially exposed to HIV), cannot be disclosed except to those people you authorize in writing to have it.

Disclosures with your permission. No other disclosure of protected health information will be made unless you give written Authorization for the specific disclosure.

Breach Notification Policy. All of Endeavor Health Services' electronic information is secured, however it is the duty of this agency to notify individuals in the unlikely event of a breach of unsecured PHI.

Your Legal Rights

Right to review and copy record. You have the right to inspect and receive a copy of the records used to make decisions about you. Your request must be in writing. We will allow you to review your record unless a clinical professional determines that it is reasonably likely to endanger your life, or physical safety or that of another person. If another person provided information about you to our clinical staff in confidence, that information may be removed from the record before it is shared with you. We will also delete any protected health information that refers to another person if access to this information is likely to cause substantial harm to that other person. At your request, we will make a copy of your record for you. (electronic or paper) We will charge a reasonable fee for this service.

Right to request confidential communications. You may request that communications to you, such as appointment reminders, bills, or explanations of health benefits be made in a confidential manner. We will accommodate any such request, as long as you provide a means for us to process payment transactions.

Right to request restrictions on use and disclosure of your information. You have the right to submit a written request for restrictions on our use and disclosure of your protected health information for treatment, payment or health care operations, or for disclosure of your health status to family or other person(s) involved in your care. We are not obligated to agree to a requested restriction, but we will consider your request.

Right to revoke a Consent or Authorization. You may revoke a written Consent or Authorization for us to use or disclose your protected health information. The revocation will not affect any previous use or disclosure of your information.

Right to "amend" record. If you believe your records contain an error, you may ask us to amend it. Your request must be in writing and must state a reason to support the requested amendment. If there is a mistake, a note will be entered in the record to correct the error. If not, you will be told and allowed the opportunity to add a short statement to the record explaining why you believe the record is inaccurate. This information will be included as part of the total record and shared with others if it might affect decisions they make about you.

Right to an accounting. You have the right to an accounting of certain disclosures of your protected health information. This does not include disclosures that you authorize, or disclosures that occur in the context of payment or health care operations. We will provide an accounting of other disclosures made in the preceding six years. If requested by law enforcement authorities that are conducting a criminal investigation, we will suspend accounting of disclosures made to them.

Right to a paper copy of this Notice. You have the right to receive a paper copy of our Notice of Privacy Practices posted at our site.

Changes to this Notice. Endeavor Health Services reserves the right to change this Notice and to make the revised or new Notice provisions effective for all Protected Health Information received and maintained by Endeavor Health Services as of the date of the revision. We will post a copy of the current Notice at our site and on our website and a copy of the revised Notice will be available to you if you request one.

How to Exercise Your Rights

Questions about our policies and procedures, requests to exercise individual rights, and complaints should be directed to our Corporate Compliance and Privacy Officer through the agency's Contact Person at (716) 895-6700 at extension 4050. All telephone inquiries will be screened by the agency's Contact Person and directed to the appropriate individual. (Administrator and/or Privacy Officer).

Personal representatives. A "personal representative" of a patient may act on their behalf in exercising their privacy rights. This includes the parent or legal guardian of a minor. In some cases, adolescents who are "mature minors" may make their own decisions about receiving treatment and disclosure of protected health information about them. If an adult is incapable of acting on his or her own behalf, the personal representative would ordinarily be his or her spouse or another

member of the immediate family. An individual can also grant another person the right to act as his or her personal representative in an advance directive or living will.

Disclosure of protected health information to personal representatives may be limited in certain cases such as in the case of domestic or child abuse.

Complaints

If you have any complaints or concerns about our privacy policies or practices, please submit a Complaint to our Contact Person. If you wish, the Contact Person will give you a form that you can use to submit a Complaint if you wish. Complaint forms are also available for download at <https://www.hhs.gov/sites/default/files/hip-complaint-form-0945-0002exp-07312019.pdf> .

You can also submit a complaint to the United States Department of Health and Human Services. Send your complaint to:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Suite 515F, HHH Building
Washington, D.C. 20201
Email: ocrmail@hhs.gov

TEL: (800) 368-1019

TDD: (800) 537-7697

FAX: (202) 619-3818

We will not retaliate against you for filing a complaint.

Effective Date

These policies and procedures were approved on April 14, 2003 and were revised on October 29, 2019.



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Funded in part by the New York State Office of Mental Health, New York State Office of Alcoholism and Substance Abuse Services, New York State Office of Children and Families and the Erie County Department of Mental Health.