

Health Insurance Portability & Accountability Act (HIPAA)

Notice of Privacy Practices

The Rural Outreach Center

This document contains important information about federal law and the Health Insurance Portability and Accountability Act (HIPAA), which provides privacy protections and reviews patient rights regarding the use and disclosure of Protected Health Information (PHI). PHI constitutes information that can be used to identify you and is used by the Rural Outreach Center for treatment, payment, and healthcare provisions.

The Rural Outreach Center is legally required to safeguard your PHI and provide you with a Notice of Privacy Practices. This Notice describes how, when, and why your information may be used and disclosed, and explains how you can obtain access to this information. The law requires that the ROC obtains your signature as an acknowledgement that you have received this Notice. If you have any questions or concerns, it is your right and responsibility to ask your therapist so that this can be addressed prior to you signing this document. Signing this document represents an agreement between you and the ROC. You may revoke this agreement in writing at any time.

While it is the ROC's legal obligation to protect your PHI, there are certain circumstances where the ROC is either permitted or obligated to use or disclose your PHI without your authorization. An explanation of privacy practices and your rights are detailed below. Please review it carefully.

1. Use and disclosure of your PHI relating to treatment, payment, or operations do not require your prior written consent:
 - a. *Treatment*: your health information will be used and disclosed internally for the purposes of providing and managing your treatment. For external communication regarding coordination of your healthcare, your therapist will have you sign an Authorization for Release of Information.
 - b. *Payment*: your health information may be used and disclosed to bill and collect payment for treatment services. For example, this may include communication with insurance companies, third party payers (e.g., EAPs), and payment services.
 - c. *Healthcare operations*: your health information may be used and disclosed for necessary operations or services within this practice. For example, this may include quality assessment, case consultation, and care coordination.
2. Use and disclosure of your PHI not requiring your consent in which the ROC is either permitted or required to disclose information:
 - d. Public health activities
 - e. Health oversight activities
 - f. Research purposes
 - g. Workers' compensation
 - h. Court and legal proceedings
 - i. Other legal proceedings involving the Rural Outreach Center
 - j. When required by federal, state, or local law:
 - i. If your therapist has reason to suspect, or become aware, that you may be a danger to yourself or a reasonably identifiable other; your therapist is required by law to report this to the appropriate authorities.
 - ii. If your therapist has reason to suspect, or become aware of, child abuse or neglect; your therapist is required by law to report this to the appropriate authorities.

- iii. If your therapist has reason to suspect, or become aware of, neglect of a vulnerable adult; your therapist is required by law to report this to the appropriate authorities.

3. PATIENT RIGHTS

You have:

- a. *The right to treatment.* You have the right to ethical treatment without discrimination regarding gender, ethnicity, race, religion, sexual orientation, disability status, age, or any other protected category.
- b. *The right to request limits on the use and disclosure of your PHI.* You do not have the right to request restrictions regarding the uses and disclosures that your therapist is legally required, or permitted, to make.
 - i. If you receive psychotherapy services out-of-pocket, you may ask that your therapist not share PHI with your health insurer, and this request will be granted, unless otherwise required by law.
- c. *The right to choose someone to act on your behalf.* You have the right to have your legal guardian exercise your rights and make choices regarding your health information.
- d. *The right to request and obtain copies of your PHI.* You must make this request in writing and allow your therapist reasonable time to respond to your request. Under certain circumstances, your therapist may deny your request, which would be discussed with you. In some cases, you have the right to review this decision.
- e. *The right to request how you receive your PHI.* You have the right to receive your PHI by alternative means and at alternative locations, provided the request can be completed without undue convenience.
- f. *The right to receive a copy of this notice.* You have the right to obtain a copy of this notice via paper or electronic form.
- g. *The right to amend.* If you believe that the information in your records is incorrect, or that important information has been omitted, you have the right to request that your therapist make certain changes. This request must be in writing and you must provide the reason for the requested changes. Your therapist has the right to determine if the requested changes are appropriate.
- h. *The right to receive notice of breach.* You have the right to be notified in the event of a breach involving your PHI.
- i. *The right to terminate.* You have the right to terminate therapy at any time.

4. THERAPIST DUTIES

Your therapist is legally required to protect your PHI and provide you with a Notice of Privacy Practices. Your therapist reserves the right to change the terms described in this notice. In the event that your therapist makes revisions, you will be provided with an updated Notice of Privacy Practices. Your therapist is required to abide by the most current terms in effect.

- 5. WHOM TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO MAKE A COMPLAINT ABOUT the ROC's PRIVACY PRACTICES: If you have any questions or complaints about this notice, you may contact us by phone at 716-240-2220 ext. 101. You may also contact the New York State Department of Health or the Secretary of the U.S. Department of Health and Human Services.

