Wellbridge
Addiction Treatment and Research

# Notice of Privacy Practices

This notice describes how medical and drug and alcohol related information about you may be used and disclosed and how you can get access to this information.

**Please Review This Carefully**

## General Information

Information about your treatment and care, including payment for care, is protected by two federal laws: The Health Insurance Portability and Accountability Act of 1996 ("HIPAA")* and the Confidentiality Law**. Under these laws the program may not say to a person outside of the program that you attend the program, nor may the program disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by the federal laws referenced below.

The program must obtain your written consent before it can disclose information about you for payment purposes. For example, the program must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before the program can share information for treatment purposes or for health care operations. However, federal law permits the program to disclose information in the following circumstances without your written permission:

1. To program staff for the purposes of providing treatment and maintaining the clinical record.
2. Pursuant to an agreement with a business associate (e.g. Clinical laboratories, pharmacy, record storage services, billing services);
3. For research, audit or evaluation (e.g. State licensing review, accreditation, program data reporting as required by the State and/or Federal government);
4. To report a crime committed on the program's premises or against program personnel;
5. To medical personnel in a medical/psychiatric emergency;
6. To appropriate authorities to report suspected child abuse or neglect;
7. To report certain infectious illnesses as required by state law;
8. As allowed by a court order.

We will obtain your written consent prior to making any use or disclosure other than those described above. A written consent is designed to inform you of a specific use or disclosure, other than those set forth above, that we plan to make of your health information. The consent describes the particular health information to be used or disclosed and the purpose of the use or disclosure. Where applicable, the written consent will also specify the name of the person to whom we are disclosing the health information. The Authorization will also contain an expiration date or event. Any such written Authorization may be revoked by you in writing (NOTE: Revoking a consent to disclose information to a court, probation department, parole office, etc. may violate an agreement that you have with that organization. Such a violation may result in legal consequences for you.)

* 42 U.S.C. § 130d et. seq., 45 C.F.R. Parts 160 & 164
** 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2

**Notice of Privacy Practices (cont.)**

**Your Rights**

- Under HIPAA you have the right to request restrictions on certain uses and disclosure of your health and treatment information. The program is not required to agree to any restrictions that you request, but if it does agree with them, it is bound by that agreement and may not use *or* disclose any information you have restricted except as necessary in a. medical emergency.
- You have the right to request that we communicate with you by alternative means or at an alternative location (e.g. another address). The program will accommodate such requests that are reasonable and will not request an explanation from you.
- Under HIPAA you also have the right to inspect and copy your own health and treatment information maintained by the program, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.
- Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in the program's records, and to request and receive an accounting of disclosures of your health related information made by the program during the six (6) years prior to your request.
- If your request to any of the above is denied, you have the right to request a review of the denial by the program Administrator.
- To make any of the above requests, you must fill out the appropriate form that will be provided by the program.
- You also have the right to receive a paper copy of this notice.

**The Use of Your Information at the program**

In order to provide you with the best care, the program will use your health and treatment information in the following ways:

- Communication among program staff (including students or other interns) for the purposes of treatment needs, treatment planning, progress reporting and review, staff supervision, incident reporting, medication administration, billing operations, medical record maintenance, discharge planning, and other treatment related processes.
- Communication with Business Associates such as clinical laboratories (blood work, urinalysis), food service (special dietary needs), agencies that provide on-site services (lectures, group therapy) long term record storage.
- Reporting data to the NYS OASAS Client Data System.

**The Programs Duties**

The program is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. The program is required by law to abide by the terms of this notice. The program reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. The program will provide current patients with an updated notice and will provide affected former patients with new notices when substantive changes are made in the notice.

**Notice of Privacy Practices (cont.)**

**Complaints and Reporting Violations**

Patients have the right to make a complaint about the Confidentiality and Privacy of their Health Information. The patient may complete a Privacy Complaint form (on reverse side of this form) and submit the form to the:

- Wellbridge Program Director:
  Kyle Vatalaro, LCSW
  525 Jan Way, Calverton, NY 11933

- Wellbridge Privacy Officer:
  Ellen Judson, RN, MBA
  525 Jan Way, Calverton, NY 11933

- OASAS Privacy Official., 1450 Western Avenue, Albany, NY 12203.

The complaint will be reviewed by an appropriate individual, based on the nature of the complaint. That individual will complete the Privacy Complaint Resolution form. Copies will be forwarded to OASAS Privacy Official, 1450 Western Avenue, Albany, NY 12203.

The patient may also register a complaint with the:

Office for Civil Rights
U.S. Department of Health and Human Services
Jacob Javits Federal Building
26 Federal Plaza, Suite 3313
New York, NY 10278

Voice Phone (212) 264-3313.
FAX (212) 264-3039.
TDD (212) 264-2355
OCR Hotlines-Voice: 1-800-368-1019

**YOU WILL NOT BE RETALIATED AGAINST FOR FILING SUCH A COMPLAINT**

Violation of the Confidentiality law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.