

BERKSHIRE FARM CENTER  
AND  
SERVICES FOR YOUTH

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HIPAA  
Notice of Privacy Practices

July 2014

# BERKSHIRE FARM CENTER AND SERVICES FOR YOUTH

## NOTICE OF PRIVACY PRACTICES

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.

In order to provide you with high-quality health care services, Berkshire Farm Center and Services for Youth (Berkshire) collects, creates and maintains health information about you. We are required by law to maintain the privacy of this information. This Notice of Privacy Practices describes how we use and disclose your health information, and explains certain rights you have regarding this information. We are required by law to provide you with this Notice and we will comply with its terms during the period when it is in effect.

The term “you” in this Notice means the child to whom we are providing services. We generally give this Notice to the child if he or she has the capacity under the law to make health care decisions or, if not, to the child’s parent or legal guardian.

### **What Information We Protect**

We protect any information that identifies you or could be used to identify you that relates to your health, your treatment, or your health insurance benefits. If we obtain your name, address and other basic identifying information in the course of providing health care services to you, this information is protected even if unaccompanied by information about your health, treatment, or benefits.

### **How We Use and Disclose Your Health Information**

The following is a list of the ways we may use and disclose your health information. We will use and disclose your health information only for one of the reasons on this list. In certain cases we provide examples of the types of uses or disclosures that fall within a particular category. These examples are intended to help you understand what these categories mean; they do not cover every type of use or disclosure within each category. In addition, more restrictive rules may apply to certain types of sensitive health information such as HIV/AIDS records and information related to the delivery of preventive services.

1. **Treatment, Payment and Health Care Operations.** We may use and disclose your health information without your written authorization to carry out treatment, payment and health care operations.
  - (a) *Treatment.* We may use and disclose your health information to treat you or assist other health care providers from whom you are receiving health care services. For example, two health care professionals at Berkshire who are treating you may share information with one another to coordinate their treatment. Likewise, if you are admitted to a hospital, we may provide the hospital with information about the services we have provided you to assist the hospital in delivering appropriate care.
  - (b) *Payment.* We may use and disclose your health information to obtain payment for our services or to assist other health care providers with their payment activities. For example, we may submit claims for reimbursement to the Medicaid program, a county or school contract, or a private insurer that is providing you with health insurance coverage.
  - (c) *Health Care Operations.* We may use and disclose health information about you to carry out general business and health care operations. These operations include

quality improvements activities, evaluating the performance of our health care practitioners and resolving any complaints or grievances you may have. For example, we may allow a consulting nurse to review your medical chart as part of a program designed to identify whether you have received all recommended health services. We may also use and disclose your health information to assist other health care providers and health plans in performing certain health care operations, such as quality assessment and improvement, reviewing the competency and qualifications of health care providers and conducting fraud detection or compliance.

- (d) *Appointment Reminders.* We may use and disclose your health information to remind you about appointments you have made to receive health care services or to encourage you to make such appointments.
- (e) *Treatment alternatives.* We may use and disclose your health information to tell you about treatment alternatives or other health-related benefits and services that may be of interest to you.
- (f) *Fundraising.* We may use and disclose limited information about you to ask if you would like to make a donation to support Berkshire's programs. When doing so, we will use or disclose only basic information, such as your name, address and dates you received services from us, and not information about your health treatment. We will not send you further fundraising solicitations if you tell us not to contact you for this purpose.

2. Family Members or Friends and Facility Directories

- (a) *Family Members or Friends.* We may share information about you with family members or friends assisting you in obtaining treatment or benefits, but only if you do not object. In these cases, we will share only the information that is necessary for the family member or friend to assist you. We may also notify a family member or friend about your general condition. In some cases, we will share information with a disaster relief organization such as the Red Cross that is assisting with your care.
- (b) *Facility Directory.* If you are a resident in one of our facilities, we may share information about you from our facility directory with individuals who ask for you by name, but only if you do not object. We will limit the information we share through the facility directory to your location.

3. Business Associates. We may disclose health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates that perform these functions are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than what is specified in our contract or Business Associates Agreement.

4. Public Interest Purposes. We may use and disclose your health information without your written authorization for certain public interest purposes permitted or required by law:

- (a) *As required by law.* We may use and disclose your health information as required by state, federal or local law.
- (b) *For public health activities.* We may disclose your health information to public health authorities or other agencies and organizations conducting public health activities, such as preventing or controlling disease, injury or disability and reporting

births, deaths, child abuse or neglect, domestic violence, communicable diseases or potential problems with products regulated by the Food and Drug Administration.

- (c) *About victims of abuse, neglect or domestic violence.* We may disclose your health information to an appropriate government agency if we believe you are a victim of abuse, neglect or domestic violence and you agree to the disclosure or the disclosure is required or permitted by law.
- (d) *For health oversight activities.* We may disclose your health information to health oversight agencies for oversight activities authorized by law such as audits, investigations, inspections, and licensing surveys.
- (e) *For judicial and administrative proceedings.* We may disclose your health information in the course of any judicial or administrative proceeding in response to an appropriate order of a court or administrative body.
- (f) *For law enforcement purposes.* We may disclose your health information to a law enforcement official for a legitimate law enforcement purpose such as: identifying or locating a suspect, fugitive, material witness, or missing person; complying with a court order, subpoena, or administrative request; providing information about a victim of a crime; reporting a death we believe may be the result of a crime; about criminal conduct on our premises; and in emergency circumstances to report a crime, the location of the crime or victims, or the identify, description or location of the person who committed the crime.
- (g) *About deceased individuals.* We may disclose your health information to a coroner or medical examiner for purposes such as identifying a deceased person or determining a cause of death. We may also disclose your health information to a funeral director as necessary to assist such a person in carrying out his or her duties.
- (h) *For organ, eye or tissue donations.* We may disclose your health information to organ procurement organizations and similar entities for the purpose of assisting them in organ, eye or tissue donation or transplant activities.
- (i) *For research.* We may disclose your health information for research purposes, such as studies comparing the benefits of alternative treatments received by our patients. We will use or disclose your health information for research purposes only with the approval of appropriate New York State officials and our Institutional Review Board (IRB), which must follow a special approval process that ensures the protection of your privacy.
- (j) *To avert a serious threat to health or safety.* We may use or disclose your health information to prevent or lessen a serious and immediate threat to your health or safety or to the health or safety of another person or the general public. We will disclose your health information for this purpose only to someone who may be able to prevent or lessen this type of threat.
- (k) *For specialized government functions.* We may use or disclose your health information to provide assistance for certain types of specialized government activities.
- (l) *For workers' compensation.* We may use or disclose your health information as permitted by the laws governing the workers' compensation program or similar programs that provide benefits for work-related injuries or illnesses.

- (m) *Military and Veterans.* If you are a member of the armed forces, we may release health information as required by military command or foreign military authorities.
  - (n) *National Security and Intelligence Activities and Protective Services.* We may release health information to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law. We also may disclose health information to authorized federal officials so they may conduct special investigations and provide protection to the President, other persons and foreign heads of state,
5. Obtaining Your Authorization for Other Uses and Disclosures. Berkshire will not use or disclose your health information for any purpose not specified in this Notice without your written authorization. If you give us your authorization, you may revoke it at any time, in which case we will no longer use or disclose your health information for this purpose, except to the extent we have already relied on your authorization. Once you have given us authorization to release your health information, we cannot guarantee that the recipient to whom the information is provided will not disclose the information. You are not required to sign an authorization form and we will not deny you treatment if you refuse to do so unless the treatment is part of a research study or is being provided for the sole purpose of creating information for disclosure to a third party.
6. Special Rules for Sensitive Health Information.
- (a) *HIV-Related Information.* HIV-related information is subject to special protection under New York law. We will disclose your HIV-related information to others who are not qualified to act as your personal representative without your written authorization only as follows: (i) to health care providers for treatment or payment purposes; (ii) in connection with organ and tissue donation and transplantation; (iii) to accreditation and oversight bodies; (iv) to a government agency as required by law; (v) to health insurers for reimbursement purposes; (vi) in response to a court order; (vii) to the medical director of a correctional facility; (viii) to the Commission of Corrections for health oversight purposes; or (ix) to funeral directors.
  - (b) *Alcohol and Substance Abuse Treatment Records.* . The records of federally assisted alcohol and substance abuse treatment programs are subject to special circumstances. We will disclose these records without your written authorization only in following circumstances: (i) to medical personnel who need the information for the purpose of providing emergency treatment to you; (ii) to medical personnel of the Food and Drug Administration for the purpose of identifying potentially dangerous products; (iii) for research purposes if certain safeguards are met; (iv) to authorized individuals or organizations conducting an on-site audit of our records, provided such individual or organization does not remove the information from our premises and agrees in writing to safeguard the information as required by federal regulations; or (v) in response to an appropriate court order.
  - (c) *Information Related to Preventive Services.* Any protected health information we maintain that is related to the delivery of preventive services is also subject to special protection under New York State Department of Social Services (DSS) regulations. We will disclose this information to others who are not qualified to act as your personal representative without your written authorization only as follows: (i) to DSS or a local social service district; (ii) to another preventive services or foster care agency serving you for purposes related to treatment, payment or health care operations; (iii) in response to a court order; or (iv) to government agencies as necessary for fiscal audits.

## Who May Exercise Your Rights

If you have the capacity to make health care decisions on your own behalf under the law, you may exercise your rights under this Notice; otherwise, a parent or legal guardian may exercise your rights. A person who is entitled to exercise your rights must sign any authorizations or give any other approval or permission required by this Notice.

## Your Rights Regarding Your Health Information

You have the following rights regarding your health information:

1. Right to Inspect and Copy. You have the right to inspect or request a copy of health information we maintain about you, such as medical or billing records. Your request should describe the information you want to review and the format in which you want to review it; for example, whether you want to inspect your records at our offices or receive paper copies. We may refuse to allow you to inspect or obtain copies of this information in certain limited cases. We may also charge you a reasonable fee for copies to cover our costs. While, as indicated above, if you do not have the capacity to make your own health care decisions, a parent or guardian may usually exercise your rights under this Notice. Under New York law, if health care is provided to you based on your own valid legal consent, and not the consent of your parent or guardian, your parent or legal guardian must generally obtain your permission or a court order to gain access to your records. However, actual or prospective foster parents or adoptive parents may have access to certain protected health information at the time of placement in accordance with New York law.
2. Right to Request Amendments. You have the right to request changes to any health information we maintain about you if you state a reason why this information is incorrect or incomplete. A request for amendment must be submitted in writing, to the Privacy Officer at the address provided at the end of this Notice. We may deny your request for an amendment in limited circumstances. If we deny your request, you may have a statement of disagreement added to your health information.
3. Right to an Accounting of Disclosures. You have the right to receive a list of certain disclosures of your health information made by Berkshire. The list will generally not include disclosures made for certain types of purposes, such as disclosures for treatment, payment or health care operations. Your request should specify the time period for which you want this list, which can be no longer than six years and may not include dates prior to April 14, 2003. The first time you ask for a list of disclosures in any 12-month period, we will provide it for free. If you request additional lists during a 12-month period, we may charge you a fee.
4. Right to Request Restrictions. You have the right to request restrictions on the ways in which we use and disclose your health information for certain purposes. You also have a right to request a limit of the health information we disclose about you to someone who is involved in your care or the copayment of your care, like a family member or friend. We are not required to agree to your request.
5. Right to Request Confidential Communications. You have the right to ask us to send health information to you in a different way or at a different location if you believe that will provide you with additional privacy protection. For example, you may ask us to send mail to an address other than your home address. Your request should also specify where and/or how we should contact you. We will accommodate all reasonable requests.
6. Right to Paper Copy of Notice. You have the right to receive a paper copy of this Notice at any time. You may receive a paper copy even if you have previously requested to receive this Notice electronically.

7. Right to Be Notified of a Breach: You have the right to be notified if a breach occurs that may have compromised the privacy or security of your health information.

You may exercise any of the rights specified in paragraph 1 through 6 above by writing: Privacy Officer, 13640 Route 22, Canaan, NY 12029.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with Berkshire or the Secretary of the U. S. Department of Health and Human Services. You may file a complaint with us by writing to Privacy Officer, 13640 Route 22, Canaan, NY 12029. You will not be penalized or retaliated against by Berkshire for filing a complaint.

### **Changes to this Notice**

We may change the terms of this Notice of Privacy Practices at any time. If we change the terms of this Notice, the new terms will apply to all of your health information, whether created or received by us before or after the date on which the Notice is changed. We will provide you with a copy of the revised Notice upon request and we will post it in our offices and facilities.

### **Additional Information**

If you have any questions or would like additional information about this Notice or Berkshire's privacy practices, please contact the Privacy Officer (518) 781-4567.