



Privacy Notice

Family Services of Westchester (FSW)

This notice describes how health information about you, as a person served by Family Services of Westchester (FSW), may be used and disclosed, and how you can get access to this information. Please review it carefully. We are dedicated to maintaining the privacy of “protected health information.” “Protected health information” includes individually identifiable health information, including demographic information, that relates to:

- The past, present, or future physical or mental health or condition of an individual;
- The provision of health care to an individual; or
- The past, present, or future payment for the provision of health care to an individual.

As required by law, this notice provides you with information about your rights to access and control your protected health information, and our legal duties and privacy practices, including the types of uses and disclosures we will make of your protected health information. We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We are required to abide by the terms of this notice, although we reserve the right to change the terms of this notice from time to time and to make the new notice provisions available at the reception desk and on our website (www.fsw.org), effective for all protected health information we maintain.

You can always request a copy of our most current *Privacy Notice* by asking the receptionist at the location where you receive services, or by contacting our **HIPAA Compliance Officer, 2975 Westchester Avenue, Suite 401, Purchase, NY 10577 (914-305-6905)**, or you can access it on our website at www.fsw.org.

Also, please feel free to speak to the **Program Director** at your location if you have any questions about the notice, what reporting is required by law, or limiting the use or disclosure to the relevant requirements of such law.

For Public Health Activities: We may disclose protected health information for public health activities and purposes, which generally include the following:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To notify a person regarding potential exposure to a communicable disease, or regarding potential risk for spreading or contracting a disease or condition;
- To reporting reactions to drugs;
- To notify the appropriate government authority if we believe an individual served has been the victim of abuse, neglect or domestic violence. We will make this disclosure if the client agrees, or when required by law and the individual is incapacitated and thus unable to agree;
- To notify your employer under limited circumstances related primarily to workplace injury or illness or health surveillance;

Health Oversight Activities. We may disclose protected health information to a health oversight agency (including an accreditation oversight agency) for such authorized activities as audits, investigations, inspections, surveys, and licensure. These activities are necessary for FSW and the government to monitor the human service/health care systems, government programs, and compliance with civil rights laws.

For Legal Proceedings. We may disclose protected health information about you in response to court or administrative order, or in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

For Law Enforcement. We may disclose protected health information:

- In response to a court order, warrant, summons, subpoena, or similar legal process;
- In response to a law enforcement official's request, to identify or locate a suspect, fugitive, material witness, or missing person;
- In response to a law enforcement official's request for information about the victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement;
- To alert law enforcement about a death that we believe may be the result of criminal conduct;
- To alert law enforcement about criminal conduct on our premises; and
- In an emergency, to alert law enforcement to the commission and nature of a crime; the location of the crime or victims; or the identity, description, and location of the person who committed the crime.

To Coroners, Medical Examiners, and Funeral Directors. We may disclose protected health information to a coroner or medical examiner in order, for example, to identify a deceased person or determine the cause of death. We may also disclose protected health information about patients to funeral directors as necessary to carry out their duties.

For Research. Under certain circumstances, we may disclose protected health information for research purposes, after we have obtained your written authorization, except when: (a) our use or disclosure was approved by an Institutional Review Board or Privacy Board; (b) we obtain oral or written agreement of a researcher that the information being sought is necessary for the research study and is being used only for research, and that the protected health information reviewed does not leave our premises.

To Avert a Serious Threat to Health or Safety. We may disclose protected health information when necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. Any disclosure, however, would only be made to someone able to help prevent or lessen the threat.

With Regard to Armed Forces Personnel. We may disclose the protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities. We may also use and disclose the protected health information of individuals who are foreign military personnel to the appropriate foreign military authority.

For National Security and Intelligence Activities; For Protective Services for the President and Others. We may disclose protected health information to authorized federal officials for the conduct of lawful intelligence, counterintelligence, and national security activities authorized by law; for the provision of protective services to the President or other authorized persons.

For Workers' Compensation. We may disclose protected health information about you as authorized by, and to the extent necessary, to comply with laws relating to workers' compensation or other similar programs established by law to provide benefits for work-related injuries or illness.

To Your Health Insurance Company. We may disclose protected health information about you to your insurer as required for billing and/or reimbursement purposes.

Other Uses and Disclosures

Except for the situations set forth above, or as otherwise permitted by law, we will not use or disclose your protected health information for any other purpose unless you provide written authorization. You may revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we have already taken action on your authorization.

Your Rights Regarding Protected Health Information About You

Right to Request Confidential Communications. You have the right to request that we communicate with you about your health information and related issues in a particular way or at a certain location if disclosure of all or part of that information could endanger you. For example, you may ask that we contact you at work, rather than at home.

To request confidential communications, you must make your request in writing to either the Program Director or Program Coordinator at the FSW location where you received services, or you may submit a written request to FSW HIPAA Compliance Officer, 2975 Westchester Avenue, Suite 401, Purchase, NY 10577 (914-305-6905) including a statement that disclosure could endanger you. Your request must specify where or how you wish to be contacted. We will accommodate all reasonable requests.

Right to Request Restrictions. You have the right to request restrictions on our use or disclosure of protected health information about you for treatment, payment or health care operations. You also have the right to request restrictions on the protected health information we disclose about you to someone who is involved in your care or payment for your care, like a family member or friend.

We are not required to agree to your request unless the request is for a restriction on disclosures to a health plan for purposes of payment or health care operations where the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full. However, if we do agree, we will not use or disclose protected health information about you in violation of such restriction, unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to either the Program Director or Program Coordinator at the FSW location where you received services, or you may submit a written request to FSW HIPAA Compliance Officer, 2975 Westchester Avenue, Suite 401, Purchase, NY 10577 (914-305-6905).

In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply. Our agency will accommodate reasonable requests. You do not need to give a reason for your request.

Right to Inspect and Copy. You have the right to inspect and obtain a copy of protected health information about you that may be used to make decisions about your care. Usually this includes enrollment, payment, claims and billing records, and case management records. There are a few exceptions to the sorts of protected health information available to you, such as psychotherapy notes and information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

To inspect and copy protected healthcare information that may be used to make decisions about you, you must make your request in writing to either the Program Director or Program Coordinator at the FSW location where you received services, or you may submit a written request to FSW HIPAA Compliance Officer, 2975 Westchester Avenue, Suite 401, Purchase, NY 10577 (914-305-6905). If you request a copy of the information, we may charge a fee for the costs of copying, postage, and other supplies associated with your request. In certain limited circumstances, we may deny your request to inspect and copy, but in those cases, not including those types of exceptions noted above, you have the right to have the denial reviewed. A licensed health care professional who did not participate in the original decision to deny will be designated by FSW to review the denial. We will comply with the outcome of the review.

Right to Amend. If you feel that protected health information we have about you is incorrect or incomplete, you may request that we amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, you must make your request in writing to either the Program Director or Program Coordinator at the FSW location where you received services, or you may submit a written request to FSW HIPAA Compliance Officer, 2975 Westchester Avenue, Suite 401, Purchase, NY 10577 (914-305-6905). You must provide us with a reason that supports your request for amendment. We 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 to amend protected health information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the protected health information kept by Family Services of Westchester;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of protected health information about you within the six years prior to the date on which you request the accounting (or, in general, three years in the case of certain electronic records or such shorter time period as you request. There are some few exceptions to the disclosures we must account for. Examples include disclosures to carry out treatment, payment, and health care operations unless in electronic format; those made to you; those made pursuant to an authorization by you; those made for national security or intelligence purposes; and those that occurred prior to April 14, 2003.

To request this list or accounting of disclosures, you must make your request in writing to either the Program Director or Program Coordinator at the FSW location where you received services, or you may submit a written request to FSW HIPAA Compliance Officer, 2975 Westchester Avenue, Purchase, NY 10577 (914-305-6905). The first list you request within a 12-month period will be free.

For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, you must make your request in writing to either the Program Director or Program Coordinator at the FSW location where you received services, or you may submit a written request to FSW HIPAA Compliance Officer, 2975 Westchester Avenue, Suite 401, Purchase, NY 10577 (914-305-6905).

We use health information about you to develop better services for you. We never share or sell your information for marketing purposes. We may contact you for fundraising efforts, but you can tell us not to contact you again for this purpose. *Note:* Special rules may apply with respect to the use and disclosure of genetic and HIV testing information. You may contact the Privacy Officer for more information about these rules.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Family Services of Westchester or with the Secretary of the Department of Health and Human Services. You may contact the Secretary at hhsmail@hhs.gov or at:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll-Free: (877) 696-6775

You may file your complaint with Family Services of Westchester by contacting:
FSW HIPAA Compliance Officer
2975 Westchester Avenue, Suite 401
Purchase, NY 10573
914-305-6905

Effective Date: This notice was revised December 10, 2019.