

**Disabled Persons Action Organization**

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**LONG PRIVACY NOTICE**

**Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW IDENTIFIABLE MEDICAL\* INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY**

This notice is effective as of April 14, 2003. If you have any questions about this notice, please contact The HIPAA Privacy Officer at (315) 782-4977.

**Our Privacy commitment to you**

At DPAO, we understand that information about you and your family is personal. We are committed to protecting your privacy and sharing information only those who need to know and are allowed to see the information to assure quality services for you. This notice tells you how DPAO uses and discloses information about you. It describes your rights and what DPAO responsibilities are concerning information about you.

**1. Who will follow this notice;**

All people who work for DPAO in our residences, in our day (non-residential) services programs, and in our DPAO administrative offices will follow this notice. This includes employees, persons DPAO contracts with (contractors) who are authorized to enter information in your clinical record or need to review your record to provide services to you, and volunteers that DPAO allows to assist you.

**2. What information \* is protected:**

All information we create or keep that relates to your health or care and treatment, including your name, address, birth date, social security number, your medical information, your individualized service plan, and other information (including photographs and other images) about your care in program. In this Notice, we refer to protected information as "clinical information".

## Your Clinical Information Right

You have the following rights concerning your clinical information. When we use the word “you” in this notice we also mean your personal representative. Depending on your circumstances and in accordance with state law, this may be your guardian, your health care proxy, or your involved parent, spouse or adult child.

- You have a right to see or inspect your clinical information and obtain a copy. Some exceptions apply, such as records regarding incident reports and investigations, and information complied for use in court or administrative proceedings.
  - \* If we deny your request to see your clinical information, you have a right to request a review of that denial. Professional's chosen by DPAO who were not involved in denying your request will review the record and decide if you may have access to the record.
- You have the right to ask DPAO to change or amend clinical information that you believe is incorrect or incomplete. We may deny your request in some cases, for example, if the record was not created by DPAO or if after reviewing your request, we believe the record is accurate and complete.
- You have the right to request a list of the disclosers DPAO has made of your clinical information. This list however does not include certain disclosers, such as those made for treatment, payment and health care operations, or disclosers made to you or made to others with your permission.

You have the right to request that DPAO communicates with you in a way that will help keep your information confidential.

- You have the right to request a restriction on uses or disclosers of your clinical information related to treatment, payment, health care operations and disclosers to involved family. DPAO, however, is not required to agree to your request.
- You have the right to receive a paper copy of this notice. You may ask DPAO staff to give you another copy or you may obtain one from our website at [dpao.nnyonline.net](http://dpao.nnyonline.net).
- To request access to your clinical information or to request any of the rights listed here, you may contact The HIPAA Officer (315)782-4977.
- NOTE: DPAO requires you to make your requests in writing.

## DPAO's Responsibilities For Your Clinical Information

DPAO is required to:

- Maintain the privacy of your information in accordance with federal and state laws.
- Give you this notice of our legal duties and practices concerning the clinical Information we have about you.
- Follow the rules in this notice. DPAO will use or share information about you only with your permission except for the reasons explained in this notice.
- \* Tell you if we can make changes to our privacy practices in the future. If Significant changes are made; DPAO will distribute revised notice at your next scheduled planning meeting.

## How DPAO Uses Disclosers Clinical Information

DPAO may use and disclose clinical information without your permission for the purposes described below. For each of the categories of use and disclosers, we explain what we mean and offer an example. Not ever use or disclosure is described, but all of the ways we will use or disclose information will fall within these categories.

- Treatment: DPAO will use your clinical information to provide you with treatment and services. We may disclose clinical information to doctors, nurses, psychologists, social workers, qualified mental retardation professionals (QIDP's), developmental aides, and other OPWDD personal, volunteers, or interns who are involved in providing you care. For example, involved staff may discuss your clinical information to develop and carry out your individualization service plan (ISP). Other DPAO staff may share your clinical information to coordinate different services you need, such as medical tests, respite care, transportation, etc. We may also need to disclose your clinical information to your service coordinator and other providers outside of DPAO who are responsible for providing you with the services identified in your ISP or to obtain new services for you.
- Appointment Reminders: We may not use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services at one of our programs.

Payment: DPAO will use your clinical information so that we can bill and collect payment from you, a third party, an insurance company, Medicare or Medicaid or other governmental agencies. For example, we may need to provide the NYS Department of Health (MEDICAID) with information about the services received at our facility or through one of our HCBS waiver programs so they will pay us for the services. In addition, we may disclose your clinical information to the US Social Security Administration, or the Department of Health to determine your eligibility for coverage or your ability to pay for services.

- Health Care Operations: DPAO will use clinical information for administrative operations. These uses disclosures are necessary to operate DPAO programs and residences and to make sure all consumers receive appropriate, quality care. For example, we may use clinical information for quality improvement to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to clinicians and other personnel for on-the-job training. We will share your clinical information with other DPAO staff for the purposes of obtaining legal services through DPAO Counsel's Office, conducting fiscal audits, and for fraud and abuse detection and compliance through our Division of Quality Assurance and Office of Internal Affairs. We will also share your clinical information with DPAO staff to resolve complaints or objections to your services. We may also disclose clinical information to our business partners who need access to the information to perform administrative or professional services on our behalf.

#### Other uses and Disclosures that Do Not require your Permission

In addition to treatment, payment and health care operations, DPAO will use your clinical information without your permission for the following reasons:

- When we are required to do so by federal or state law.
- \* For public health reasons, including prevention and control of diseases, injury or disability, reporting births and deaths, reporting child abuse or neglect, reporting reactions to medication or problems with products, and to notify people who may have been exposed to a disease or at risk of spreading the disease.
- To report domestic violence and adult abuse or neglect to government authorities if you agree or if necessary to prevent serious harm.
- \* For health oversight activities, including audits, investigations, surveys and Inspections and licensure. These activities are necessary for government to monitor the health care system, government programs, and compliance with civil

rights laws. Health oversight activities do not include investigations that are not related to the receipt of health care or receipt of government benefits in which you are the subject.

For judicial and administrative proceedings, including hearings and disputes. If you are involved in a court or administrative proceeding we will disclose clinical information if the judge or presiding officer orders us to share the information.

For law enforcement purposes, in response to a court order or subpoena, to report a possible crime, to identify a suspect or witness or missing person, to provide identifying data in connection with a criminal investigation and to the district attorney in furtherance of a criminal investigation of client abuse.

Upon your death, to coroners or medical examiners for identification purposes or to determine cause of death, and to funeral directors to allow them to carry out their duties.

To organ procurement organizations to accomplish cadaver, eye, tissue, or organ donations in compliance with state law.

For research purposes when you have agreed to participate in the research and the Institutional Review Board or Privacy Committee has approved the use of the clinical information for the research purposes.

To prevent or lessen a serious and imminent threat to your health and safety or someone else's.

To authorize federal officials for intelligence and other national security activities authorized by law or to provide protective services to the President and other officials.

To correctional institutions or law enforcement officials if you an inmate and the information are necessary to provide you with healthcare, protect your health and safety or that of others, or for the safety of the correctional institution.

To government agencies that administer public benefits if necessary to coordinate the covered functions of the programs.

#### Uses and Disclosures that Require your Agreement

DPAO may disclose clinical information to the following persons if we tell you we are going to use or disclose it and you agree or do not object.

To family members and personal representatives who are involved in your care if the information is relevant to their involvement and to notify them of your condition and location; or

To disaster relief organizations that need to notify your family about your condition and location should a disaster occur.

#### Authorization required for all Other Uses and Disclosures

For all other types of uses and disclosures not described in this Notice, DPAO will use or disclose clinical information only with a written authorization signed by you that states who we may receive the information, what information is to be shared, the purpose of the use or disclosure and an expiration for the authorization. Written authorizations are always required for the use and disclosure of psychotherapy notes and for marketing purposes.

Note: If you cannot give permission due to an emergency, DPAO may release clinical information in your best interest. We must tell you as soon as possible after releasing the information.

You may revoke your authorization at any time. If you revoke your authorization in writing we will no longer use or disclose your clinical information for the reasons stated in your authorization. We cannot, however, take back disclosures we made before you revoked and we must retain clinical information that indicates the services we have provided to you.

#### Changes to this Notice

We reserve the right to change this notice. We reserve the right to make changes to terms described in this notice and to make the new notice terms effective to all clinical information that DPAO maintains. We will Distribute, revised notice at your next scheduled planning meeting.

#### Complaints

If you believe your privacy rights have been violated:

- You may file a complaint with the Region 2 Director at OPWDD DDRO, 2445 State Route 30, Tupper Lake, NY 12986 (518) 359-4481. Or, you may contact the secretary of the Department of Health and Human Services. You may call them at 1-877-696-6775 or write to them at 200 Independence Ave. S.W., HHH Building Room 509H, Washington DC, 20201.
- You may file a grievance with the Office of Civil Rights by calling 1-866-OCR-PRIV or 1-866-627-7748; or (TTY) 1-866-788-4989; or by e-mail at [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

All complaints must be submitted in writing. You will not be penalized for filing a complaint.