



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED WITH OTHERS, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Central New York Services, Inc. is required by law to keep your health information private, and to give you information about how we handle your health information. We are also required to explain the laws related to your information to you. If you have questions about any part of this notice or if you want more information about how Central New York Services, Inc. handles private health information, please contact:

The Program Director of the Program you are in, or

**Luann M. Healy/Privacy Officer
Central New York Services, Inc.
518 James Street, Suite 240
Syracuse, NY 13203
Phone: 315-478-2453
Fax: 315-425-8917**

Effective Date of This Notice: April 14, 2003

I. How Central New York Services, Inc. may Use or share Your Health Information

Central New York Services, Inc. collects health information from you and stores it in a chart and on a computer. This is your record. The record is the property of Central New York Services, Inc., but the information in the record belongs to you. Central New York Services, Inc. protects the privacy of your health information. The law permits Central New York Services, Inc. to use or share your health information in the following ways:

1. Services. With your permission, information is used and shared to provide you with services. For example, speaking with another agency where you may be receiving other services, or speaking with other programs within CNYS, Inc.
2. Payment. With your permission the program will use and share your health information with others (for example, Medicaid or SSI) to receive payment for services you receive.
3. Regular Health Care Operations. Health information is used and shared so that we can better understand how the programs are working. For example, your information may be used to measure the quality of care provided to you or others, so that we can improve the service.
4. Emergency Care. The Program will help you get treatment in a medical/psychiatric emergency. For example, we will call an ambulance and give the medical staff information if you have a medical emergency.
5. Directory. We may list your name, the programs you are in, your general medical condition and your religious affiliation in our directory. For example, this information may be

provided to members of the clergy. This information, except your religious affiliation, may be provided to other people who ask for you by name. If you do not want us to list this information in our directory and provide it to clergy and others, you must tell us and you will not be listed.

6. Notification and communication with family/personal representatives. For example, we may share your health information to tell a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able to make a decision about this, we will ask if it is okay to share the information. If you are not able or unavailable, our health professionals will use their best judgment in sharing information with your family and other person representatives.

8. Public health. As required by law, we may share your health information with public health authorities. For example, for preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

9. Health oversight activities. We may share your health information with health agencies during audits, investigations, inspections, licensure and other proceedings. For an example, when the Office of Mental Health does one of their regular inspections of our programs.

11. Law enforcement. We may share your health information with a law enforcement official. For example, the police may request information in order to help solve a crime. A judge might require information through a court order or subpoena.

12. Deceased person information. We may share your health information with coroners, medical examiners and funeral directors. For example, if a person dies suddenly information may be released to the medical examiner.

13. Organ donation. For example, we may share your health information with organizations involved in organ donation, if you have decided to donate your organs when you die.

14. Public safety. We may share your health information with persons in order to protect the health or safety of a particular person or the general public. For example, if you have been exposed to a disease, we may need to tell doctors, so that they can protect your friends or family.

15. Specialized government functions. As permitted by law, we may share your health information with government officials for security reasons. For example, US government may need to have information about people who have had contact with someone they are searching for.

16. Worker's compensation. We may share your health information in order to follow worker's compensation laws. For example, if you are hurt while at work, the insurance company may need information regarding your social security number, address etc.

17. Marketing. We may contact you to remind you of your appointment time, or to give you information about other treatments or health-related services that may be of interest to you. For example, we may call you to remind you of an appointment with the doctor.

18. Fund-raising. We may contact you about fund-raising activities for Central New York Services, Inc. For example, we may send you a letter about an upcoming event.

19. Change of Ownership. In the event that Central New York Services, Inc. is sold or becomes part of another agency, your health information/record will become the property of the new agency. For example, your charts will transfer over to the new Agency.

II. When Central New York Services, Inc. May Not Use or Share Your Health Information

Other than the items listed above, Central New York Services, Inc. will not use or share your health information without written permission. You can change your mind about written permission that you have given at any time, and need only to tell us in writing that you do not want to allow any further sharing of this information.

III. Your Health Information Rights

NOTE: There may be times when there are limitations and conditions to some of the following rights.

1. You have the right to request that we not share your health information.
2. You have the right to request that get your health information in a way that is helpful to you. For example, if you are unable to come to our office, we may be able to make some other arrangements for you. This request must be made in writing.
3. You have the right to request to look at and copy your health information. This request must be made in writing.
4. You have a right to request that Central New York Services, Inc. fix any mistakes, or add any missing information to your health information. Central New York Services, Inc. will tell you what you can do if we refuse your request to change the information.
5. You have a right to receive a list of where your health information has been shared by Central New York Services, Inc. Central New York Services, Inc. does not have to give a listing of how information was shared in the following areas (see the list above in Section 1): 1 (treatment), 2 (payment), 3 (health care operations), 5 (directory listings), 15 (certain government functions) and information provided to you.
6. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have more information about these rights, or if you would like to use one or more of these rights, contact:

The Program Director of the service, if you do not receive satisfactory follow up then contact:

**Central New York Services, Inc.
518 James Street, Suite 240
Syracuse, NY 13203
Attn: Luann M. Healy/Privacy Officer
Phone: 315-478-2453
Fax: 315-425-8917**

IV. Changes to this Notice of Privacy Practices

Central New York Services, Inc. has the right to change this Notice of Privacy Practices at any time in the future. Until changes are made, Central New York Services, Inc. is required by law to follow this current version of the Notice.

If a change is made, all active clients of Central New York Services, Inc. will be given a new Notice of Privacy Practices.

V. Complaints

Complaints about this Notice of Privacy Practices or how Central New York Services, Inc. handles your health information should be directed in writing to:

The Program Director of the service you are complaining about. If you do not receive satisfactory follow-up please contact:

**Central New York Services, Inc.
518 James Street, Suite 240
Syracuse, NY 13203
Attn: Privacy Officer
Phone: 315-478-2453
Fax: 315-425-8917**

If you are not satisfied with the way this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

LMH/Effective April 14, 2003
Revised: May 25, 2004



CENTRAL NEW YORK SERVICES, INC

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Date: _____

I hereby acknowledge that I received a copy of this Agency's Notice of Privacy Practices.

/ Signature
Print Name

And/or

Signature of Legal Representative/Relationship

If not signed by the Participant, please indicate:

Printed name of Participant: _____

For office use only:

Acknowledgement refused:

Efforts made to obtain:

Reasons for refusal: