



## Foodnet Meals on Wheels- Notice of Private 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.**

*This Notice of Privacy Practices* describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected Health Information “PHI” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We have a duty to protect the privacy of your PHI and to give you this notice. We may change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by calling the office and requesting that a revised copy be sent to you in the mail.

### *Uses and Disclosures of Protected Health Information*

Your PHI may be used and disclosed by our office staff and others outside of our office who is involved in your care for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills. Following are examples of the types of uses and disclosures of your PHI that our office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

We will share your PHI with third party “business associates” that perform various activities (for example, billing services) for our organization. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

We may use or disclose your PHI, as necessary, to provide you with information about service alternatives or other health-related benefits and services that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you.

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This may include coordinating or managing your care with a third party. When allowed by law, we may disclose PHI to another health care provider who is involved in your care.

**Payment:** Your PHI will be used and disclosed, as needed, to obtain payment for your health care services. This includes finding out if you have medical assistance coverage.

**Health Care Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of our organization. These activities include, but are not limited to, quality assessment and

improvement, employee reviews, students, licensing, fundraising activities, all volunteers, and conducting or arranging for other business activities.

We may use or disclose your demographic information and the dates that you received services from your office, as necessary, in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact our Privacy Officer and request that these fundraising materials not be sent to you.

***Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object***

We may use or disclose your PHI in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

**Required By Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

**Public Health:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

**Communicable Diseases:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your PHI to proper authorities about possible abuse or neglect of a child or a vulnerable adult. If there is a serious threat to a person's health and safety, we may disclose information to the person or to law enforcement.

**Food and Drug Administration:** We may disclose your PHI to entities regulated by the Food and Drug Administration to measure the quality, safety, or effectiveness of their products.

**Legal Proceedings:** We may disclose PHI in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose PHI for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our organization, and (6) medical emergency (not on our premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose PHI to a medical examiner, coroner, funeral director, and law enforcement official or organ donation agency. We may also disclose certain PHI about a deceased person to the next of kin.

**Research:** We may disclose your PHI to researchers for purposes as allowed by law or if you have given permission.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Workers' Compensation:** We may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Correctional Facility:** We may use or disclose your PHI of an inmate or other person in custody to law enforcement or a correctional facility.

### *Uses and Disclosures of Protected Health Information Based upon Your Written Authorization*

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

### *Other Permitted and Required Uses and Disclosures That Require Providing You the Opportunity to Agree or Object*

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest.

**Program Directories:** Unless you object, we will use and disclose in our program database your name, and personal information provided by you or your authorized representative in the client database system maintained by Foodnet Meals on Wheels and New York State Office for the Aging. Saving information such as this allows other agencies that use the Client Database System to see your information if a referral is made, but this will only happen with your permission. The Client Database System itself is provided by a third-party provider. This third-party provider guarantees compliance with relevant privacy requirements of which Foodnet Meals on Wheels and New York State Office for the Aging also complies. The name of this provider is available from Foodnet Meals on Wheels' Privacy Officer, identified below.

**Others Involved in Your Health Care or Payment for your Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

### *Your protected health information rights*

**You have the right to request a restriction of your PHI:** This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. You may request a restriction in writing.

**You have the right to request and inspect and copy your PHI:** This means you may inspect and obtain a copy of PHI about you for so long as we maintain the PHI. You may obtain your medical record that contains medical and billing records and any other records that the organization uses for making decisions about you. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

**You may have the right to amend your PHI:** You may ask us to change certain health information. You need to make such a request in writing. In certain cases, we may deny your request for an amendment. You must explain why the information should be changed. If we accept your change, we will try to inform prior recipients (including people you list in writing) of the change. We will include the changes in future releases of you PHI. If your request is denied, we will send a denial in writing. This denial will include the reason and describe any steps you may take in response.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.** This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, for a client database, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, as part of a limited data set disclosure. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**You have the right to receive Notice of Breach.** We are required to notify you following a breach of unsecured protected health information, no later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information

- a brief description of the breach, including the date of the breach and the date of its discovery, if known;
- a description of the type of Unsecured Protected Health Information involved in the breach;
- steps you should take to protect yourself from potential harm resulting from the breach;
- a brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
- contact information, including a toll-free telephone number, e-mail address, Web site or postal address to permit you to ask questions or obtain additional information.

We also are required to submit an annual report to the Secretary of a breach that involved less than 500 clients during the year and to maintain a written log of breaches involving less than 500 clients.

**You have the right to obtain a paper copy of this notice from us**, upon request, even if you have agreed to accept this notice electronically.

### *Questions and Complaints*

If you have questions about our privacy practices, please contact our Privacy Officer 607-266-9553. This notice of privacy can all be found on our organization website [www.foodnet.org](http://www.foodnet.org), and at Foodnet's administrative offices.

If you think your privacy rights have been violated, or if you disagree with a decision about any of your rights, you may file a complaint with us by contacting 607-266-9553 or submit your complaint in writing and mail to:

Jessica Gosa, LMSW  
Executive Director  
Foodnet Meals on Wheels  
Attn: Privacy Officer  
2422 N. Triphammer Road  
Ithaca, NY 14850

You also may send a written complaint to the U.S. Department of Health and Human Services – Office of Civil Rights, <http://www.hhs.gov/ocr/office/file/index.html>.

This notice was published and became effective on December 1, 2017.