

Community Access 17 Battery Place, Suite 1326,  
New York, NY 10004

[www.communityaccess.org](http://www.communityaccess.org)

Compliance & Privacy Officer: Brittany Griffin, [bgriffin@communityaccess.org](mailto:bgriffin@communityaccess.org)

## Notice of Privacy Practices

Effective April 2003 | Revised April 2022

**This notice describes how medical information (protected health information) about you may be used and disclosed and how you can get access to this information. Please review it carefully and contact Compliance Officer, Brittany Griffin [bgriffin@communityaccess.org](mailto:bgriffin@communityaccess.org), 212-780-1400, ext. 7911 , for further information.**

### WHO MUST FOLLOW THIS NOTICE?

Community Access employees, consultants, interns, volunteers, and business associates must follow the terms in this Notice of Privacy Practices.

### YOUR RIGHTS

**When it comes to your health information, you have certain rights. This section explains those rights and some of our responsibilities to you. You have the right to:**

#### Get an electronic or paper copy of your medical records

- You can ask to see or receive an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may deny your request, but weâ€™ll give you a written explanation within 30 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example; home or office phone) or to send mail to a different address. We will accept reasonable requests.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

#### Get a list of those with whom weâ€™ve shared information

- You can ask for a list (accounting) of the times weâ€™ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- Weâ€™ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### File a complaint if you feel your rights are violated

- You can file a complaint if you feel we have violated your rights by contacting:

Brittany Griffin  
Compliance Officer  
17 Battery Place, Suite 1326 New York, NY 10004  
(212)780-1400, ext. 7911  
[bgriffin@communityaccess.org](mailto:bgriffin@communityaccess.org)

- You can file a complaint with the U.S. Department of Health and Human Services by contacting:

Secretary of the U.S. Dept of HHS  
200 Independence Avenue SW  
Washington, D.C. 20201  
1-877-696-6775

<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

- You can also file a complaint with the Office for Civil Rights by contacting:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue SW, Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019  
[ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

**Community Access will not retaliate against you for filing a complaint.**

## YOUR CHOICES?

**For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your preferences.**

**You have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In the following cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again. PLEASE NOTE: Community Access does not engage in this practice at this time.

## HOW WE USE YOUR PERSONAL INFORMATION

**We typically use or share your health information in the following ways:**

General

- When you apply for and/or receive services from Community Access, we may use your personal information for activities related to providing you with services, billing for services and for conducting business (health care operations)

### Representatives and Guardians

- If you have chosen a personal representative, you can agree to let your personal representative obtain your personal information. If you have a guardian, we will provide information to the guardian.

**Treatment**

- We can use your health information and share it with other professionals who are treating you.

Some personal records, including confidential communications with a mental health professional, substance abuse records, and HIV/AIDS information may have additional restrictions for use and disclosure under federal and/or state law.

### **Running Our Organization**

- We can use and share your health information to run our practice, conduct case and care management, assess and improve quality of care, review the competence and qualifications of our professional staff, train our staff, operate our compliance program and other quality improvement activities, conduct other required business duties covered under the law, and to contact you when necessary.

### **Billing for your services**

- We can use and share your health information to bill and get payment from health plans or other entities.

We are allowed or required to share your information in other ways “ usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Helping with public health and safety issues**

- We can share health information about you for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone’s health or safety.

### **Doing research**

- We can use or share your information for health research with your consent, or when a review board has approved research that poses minimal risk, and your privacy is ensured.

### **Complying with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to ensure that we’re complying with federal privacy law.

### **Responding to organ and tissue donation requests**

- We can share health information about you to organ procurement organizations.

### **Working with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Addressing workers’ compensation, law enforcement, and other government requests**

- We can use or share health information about you for workers’ compensation claims, law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.

### **Responding to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

We may also use your information to:

- Determine your eligibility for various Community Access programs and services.
- Make appropriate referrals and recommendations for services and benefits available outside of Community Access.
- Allow local, state and federal agencies to review your services as part of their oversight of Community Access.
- Investigate incidents related to health, safety and suspected agency misconduct, to report such incidents to state/federal oversight agencies, and to take steps to protect your safety and health.
- Prepare required reports to the NYS Office of Mental Health, NYS Education Department, Justice Center, and other funding or oversight agencies.

## **OUR RESPONSIBILITIES**

**Community Access is committed to keeping your personal information private. We follow federal and state laws that require us to keep your personal information confidential.**

- 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 must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you grant us written permission. If you do grant us written permission, you can still change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

### **Changes to the Terms of This Notice**

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website. This notice is effective 2/15/2022.

### **CONTACT US**

**If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, disagree with a decision that we made about access to your personal information, or would like to file a complaint, please contact:**

**Brittany Griffin**  
**Compliance Officer and Privacy Officer**  
17 Battery Place, Suite 1326 New York, NY 10004  
(212)780-1400, ext. 7911