

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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.**

If you have questions about this notice, please contact the Corporate Compliance Officer at 607-376-7526 ext. 199

Our Privacy Commitment to You

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

1. Who will follow this notice:

All people who work for Southern Tier Connect in our programs and administrative offices will follow this notice. This includes employees, persons Southern Tier Connect 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 Southern Tier Connect 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 Life Plan, and other information (including photographs and other images) about your care in our programs is protected information. In this notice, we refer to protected information as "clinical information."

Your Rights

You have the right to:

- Obtain a copy of your paper or electronic clinical record
- Correct your paper or electronic clinical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated.

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Your Choices

You have some choices in the way that we use and share information as we:

- Connect you to mental health care
- Refer you to physicians or other Medical Care Providers
- Communicate with LDSS
- Give Community Service referrals
- Raise funds

How Southern Tier Connect Uses and Discloses Clinical Information

We may use and share your information as we:

- Connect you to services
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Conduct research
- Comply with the law
- Work with a medical examiner or funeral director
- Address worker's compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Obtain an electronic or paper copy of your clinical record:

- You can ask to view or obtain an electronic or paper copy of your clinical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or 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 clinical 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 say, "no," to your request, but we'll tell you why in writing within 60 days.

Request confidential communications:

- You can ask us to contact you in a specific way (for example, by home or office phone) or to send mail to a different address.
- We will say, "yes," to all reasonable requests.

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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 we’ve shared information:

- You can ask for a list (accounting) of the times we 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). We’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 will receive a paper copy of this notice upon enrollment, annually, or at your request 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:

- If you feel we have violated your rights please contact the Corporate Compliance Officer by sending a letter to: Southern Tier Connect, 438 Main Street, Oneonta, NY 13820; or by calling 607-376-7526 ext 199
- You may also file a complaint by calling our confidential compliance hotline at 607-376-7526 ext 199.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, D.C., 20201; or by calling 1-877-696-6775; or by visiting [hhs.gov/ocr/privacy/hipaa/complaints/](https://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

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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 instructions.

In these cases, 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

If you are unable 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 your health or safety.

In these 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.

Our Uses and Disclosures

How do we typically use or share your health information?

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

To treat you

We can use your health information and share it with other professionals who are treating you. *E.g., A doctor treating you for an injury asks another doctor about your overall health condition.*

To run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary. *E.g., We use health information about you to manage your treatment and services.*

To bill for your services

We can use and share your health information to bill and get payment from health plans or other entities. *E.g., We give information about you to your health insurance plan so it will pay for your services.*

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How else may we use or share your health information?

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, visit: hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help 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
- Preventing or reducing a serious threat to anyone's health or safety

Conducting research

We can use or share your information for health research.

Comply with the Law

We will share information about you if state or federal laws require it. This includes sharing it with the Department of Health and Human Services if they want to see that we're complying with federal privacy law.

Respond to organ and tissue donor requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

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

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services.

Respond 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.

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Our Responsibilities

- 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 tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, visit: [hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](https://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.

Other Information Regarding this Notice

- Effective Date of this Notice - 07/01/2018
- If you have any questions regarding this notice, or to exercise your rights, please contact the Corporate Compliance Officer at 607-376-7526 ext. 199.