

**Mill Neck Services
40 Frost Mill Road
Mill Neck New York 11765**

NOTICE OF PRIVACY PRACTICES (HIPAA)

THIS NOTICE DESCRIBES HOW MEDICAL/ HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR COMMITMENT TO PRIVACY

At Mill Neck Services – MNS, we understand that information about you and your family is personal. We are committed to protecting your privacy and sharing information only with those persons who need to know and are allowed to see the information. This notice tells you how MNS uses and discloses information about you.

All members of MNS who are involved in providing health care/ or handling health care/Medicaid records are required to follow this Notice, including health care providers who need to review your record in order to provide services to you, and students or interns that we allow to participate in your care and services.

This Notice applies to records that MNS creates or keeps relating to your health care and treatment, such as treatment records and billing records, whether on paper or in a computer system, if you are identifiable in those records (“protected health information”).

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe ways in which MNS may use and disclose protected health information without your written authorization. This list includes some examples, but does not include every possible situation.

- **Treatment** MNS will use protected health information to provide you with health care treatment and services. We may disclose protected health information about you to personnel and trainees who are involved in your treatment in MNS. We may also disclose protected health information about you to health care providers outside of MNS who are involved in your health care or treatment. For example, we may share information with your physician or with other health care providers in order to coordinate services, such as lab work and other tests or treatment.
- **Payment** MNS may use and disclose protected health information in order to bill and collect payment for the health care services and items you receive. For example, we may contact your health insurer to certify that you are eligible for benefits, and we may need to disclose protected health information to your health insurer in order to obtain

payment for services, to obtain prior approval, or to determine whether your plan will cover the treatment or service.

- **Health Care Operations** We may use and disclose protected health information in order to conduct our normal health care operations. For example, we may use your protected health information to review the treatment and services provided, to evaluate the performance of our staff and trainees in caring for you, or to educate our staff on how to improve the care they provide for you. We may also disclose protected health information to other companies that perform business services for us, such as software vendors, attorneys, business associates or accreditation agencies. In those situations, we will have a written agreement with those other companies to ensure that they will protect the privacy of your protected health information.
- **Reminders and Follow-up Phone Calls** We may use and disclose protected health information to contact you with a reminder that you have an appointment to meet with your staff person. We may also contact you to follow up on services you received from us or to confirm an appointment with another health care provider.
- **Treatment Alternatives or Other Health-Related Benefits** We may use and disclose protected health information to tell you about possible new services or health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care** Health professionals in MNS, using their professional judgment, may disclose protected health information to a family member, other relative, a close personal friend, or any other individual who is involved in your care or in payment for your care.
- **Emergencies** MNS may use or disclose protected health information in emergency situations if there is no opportunity to object to such uses and disclosures because of your incapacity or an emergency treatment circumstance.
- **As Required By Law** MNS will use or disclose protected health information to the extent that such use or disclosure is required by federal, state, or local laws.
- **Public Health Risks** We may use or disclose protected health information to authorized public health officials so they may carry out public health activities. For example, we may disclose your protected health information to public health officials for the following reasons, in accordance with the law:
 - to prevent or control disease, injury or disability; or
 - in relation to quality, safety, or effectiveness of FDA-regulated products or activities.

- **To Avert Serious Threat to Health or Safety** MNS may use or disclose protected health information if, in good faith, we believe that it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Health Oversight Activities** We may disclose your protected health information to a health oversight agency for activities authorized by law. These agencies typically monitor the operation of the health care system, compliance with government regulatory programs, and licensure of health care professionals. The oversight activities may include audits; civil, criminal, or administrative investigations or actions; inspections; and licensure or disciplinary actions.
- **Workers Compensation** MNS may, in accordance with law, disclose protected health information for workers' compensation or other similar program that provide benefits for work-related injuries or illnesses.
- **Lawsuits and Legal Proceedings** MNS may use or disclose your protected health information in response to a court or administrative agency order, if you are involved in a lawsuit or similar proceeding. We also may disclose your protected health information in response to a subpoena or other lawful process by another party involved in the dispute, but only if we have received satisfactory assurances from the party requesting the information that reasonable efforts have been made to inform you of the request, or a qualified protective order has been obtained.
- **Law Enforcement Purposes** MNS may disclose your protected health information to law enforcement officials for reasons such as the following:
 - in response to court orders, warrants, subpoenas, or similar legal process;
 - to assist law enforcement officials with identifying or locating a suspect, fugitive, material witness or missing person;
 - if you have been or are suspected of being a victim of a crime and you agree to the disclosure, or if we are unable to obtain your agreement because of incapacity or other emergency;
 - if we suspect that a death resulted from criminal conduct;
 - to report evidence of criminal conduct that occurred on the premises of MNS;
 - to report a crime, including the location or victims of the crime, or the identity, description or location of the person who committed the crime.
- **Specialized Government Functions** MNS may use and disclose protected health information regarding:
 - military and veteran activities;
 - intelligence, counter-intelligence, and other national security activities authorized by law; or
 - Protective services for the President, to foreign heads of state, or to the other persons authorized by law.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

- **Right to Inspect and Copy** You have the right to inspect and receive a copy of your protected health information, including information maintained in our treatment and billing records. If you request a copy of your protected health information, we may charge a fee for the costs of copying. Under certain circumstances we may deny your request to inspect or obtain a copy of your protected health information. If your request for inspection is denied, we will provide you with a written notice explaining our reasons for such denial, and will include a description of your rights to have the decision review and how you can exercise those rights.
- **Right to Amend** If you feel that medical information we have about you is incorrect or incomplete, you may ask MNS to amend the information. To request an amendment, your request must be made in writing and should include the reason(s) why you believe we should amend your information. We will respond to your request for amendment no later than 60 days after the receipt of your request. If we deny your request for an amendment we will provide you with a written notice that explains our reasons. You will have the right to submit a written statement disagreeing with our denial. You will also be informed of how to file a complaint with us or with the Secretary of the Department of Health and Human Services.
- **Right to an Accounting of Disclosures** You have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of disclosures MNS has made of your protected health information, **except** for the following:
 - Disclosures to carry out treatment, payment, and health care operations;
 - Disclosures made to you;
 - Disclosures in accordance with an authorization you signed;
 - Disclosures made in a facility directory or to persons involved in your care;
 - Disclosures for national security or intelligence purposes;
 - Disclosures to correctional institutions or law enforcement officials; or
 - Disclosures made before April 14, 2003.

To request an accounting of disclosures, you must submit your request in writing and must state the time for which you are requesting an accounting of disclosures, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request will be free. If you request additional lists within 12 months, we will charge you for the costs of providing the list. We will notify you the cost involved, and you may choose to withdraw or modify your request at that time before costs are incurred. We will respond to your request for an accounting of disclosures within 60 days.

- **Right to Request Restrictions** You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, like a family

member or friend. *We are not required to agree to your request.* If we do agree, we will limit the disclosure of your protected health information unless the information is needed to provide you with emergency treatment or to comply with law. To request restrictions on disclosures accounting of disclosures, you must submit your request in writing and must state the time for which you are requesting an accounting of disclosures, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request will be free. If you request additional lists within 12 months, we will charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at the time before costs are incurred. We will respond to your request for an accounting of disclosures within 60 days. You must make your request in writing and you must tell us: (1) what information you want to limit; (2) whether you want to limit our use; and (3) to whom you want the limit to apply.

- **Right to Request Confidential Communications** You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing. We will not ask you the reason for your request, and we will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.
- **Right to Receive a Paper Copy of this Notice** You have the right to request a paper copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this Notice, please ask any staff member.

CHANGES TO THIS NOTICE

MNS reserves the right to revise the terms of this Notice of Privacy Practice. Any changes to this Notice will be effective for all records that MNS has created or maintained in the past, and for any of your records that we may create or maintain in the future.

If we make any changes to our Notice of Privacy Practices, the revised notice will be available to you on request. If we make a major change in this Notice that affect the use and disclosure of your protected health information, your rights, our duties, or our privacy practices, you will be informed in accordance with law. In addition, a copy of our current Notice of Privacy Practice is posted in a visible location at MNS at all times.

FUNDRAISING

Mill Neck Services depends on fundraising activities to provide and supplement many of your services. From time to time, we may contact you to tell you about our most recent activities and

upcoming events and to ask if you would be willing to participate in our fundraising activities. If you do not wish to receive this information or be contacted by our development department, you have the right to opt-out or tell us not to contact you for this reason.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Mill Neck Services Privacy Official, or with MNS and with the Secretary of the Department of Health and Human Services. To file a complaint with MNS contact the Privacy Official at the address shown below.

Submitting a complaint to the Privacy Official or to the Secretary of the Department of Health and Human Services will not affect your status as a recipient of care in MNS and MNS will not penalize you for filing a complaint.

I have received this privacy notice and understand what I have signed.

Individual Signature_____

Date_____