

**CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY
NOTICE OF PRIVACY PRACTICES**

Effective Date: April, 2003
Revised: April, 2006

**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 any questions concerning this Notice, please contact the Catholic Charities' Agency Privacy Officer, Sally O'Leary, (518) 783-1111, ext. 245.



I. This notice summarizes how our agencies may use or disclose certain of your identifiable health and service information in the course of operating our agencies and your rights regarding the use and disclosure of your information. For more detailed information regarding our agencies' uses and disclosures of your information and your rights regarding our uses and disclosures of your information you may request a copy of our Comprehensive Privacy Notice. We ask that you familiarize yourself with this **Notice of Privacy Practices** at your earliest convenience.

II. Uses and disclosures of your protected health information.

We may use and disclose your protected health information for purposes of providing services to you ("Treatment"), to receive or obtain payment for the services we provided to you ("Payment") and in connection with the operation of our agencies ("Health Care Operations"). In addition to the uses and disclosures of protected health information for purposes of Treatment, Payment and Health Care Operations, we may use or disclose your protected health information as required or permitted by law. Some of these required or permitted uses and disclosures are:

- (a) Uses and disclosures made pursuant to your verbal agreement to individuals involved in your care or for notification purposes;
- (b) **For public health activities.** We may disclose protected health information when we are required to collect information about disease or injury, or to report vital statistics to public health authorities;
- (c) **For health oversight activities.** We may disclose protected health information to an accrediting organization or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents;
- (d) **Relating to decedents.** We may disclose protected health information relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants;
- (e) **For research purposes.** In certain circumstances, and under supervision of a privacy board, we may disclose protected health information to other agencies in order to assist in research;

- (f) **To avert threat to health or safety.** In order to avoid a serious threat to health or safety, we may disclose protected health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm; and
- (g) **For specific government functions.** We may disclose protected health information of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

For a more detailed listing and description of required or permitted uses and disclosures of your protected health information, you may request a copy of our **Comprehensive Privacy Notice**.

III. Uses and Disclosures Pursuant to your Written Authorization.

EXCEPT FOR USES AND DISCLOSURES FOR PURPOSES OF TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS AND FOR PURPOSES WHICH ARE PERMITTED OR REQUIRED BY LAW, WE MAY ONLY USE OR DISCLOSE YOUR HEALTH INFORMATION PURSUANT TO YOUR WRITTEN AUTHORIZATION.

You have the right to revoke a written authorization at any time as long as the revocation is provided to us in writing. If you revoke your written authorization, we will no longer use or disclose your health information for the purposes identified in the authorization. You understand that we are unable to retrieve any disclosures that we may have made pursuant to your authorization prior to its revocation.

We may not condition the provision of services to you on the provision of an authorization, except under limited circumstances.

For a more detailed description of our agencies' uses and disclosures of your protected health information pursuant to your written authorization, you may request a copy of our **Comprehensive Privacy Notice**.

IV. Your rights regarding your protected health information.

- (a) **Right to inspect and copy.** You have the right to inspect and copy your protected health information with certain limited exceptions and subject to our right to review and deny the request under limited circumstances. To inspect and copy your health information, you must submit your request in writing to the Catholic Charities' Agency Privacy Officer at the address of the Agency set forth at the beginning of this Notice.
- (b) **Right to request an amendment.** You have the right to request an amendment of your protected health information maintained or created by our agencies. Under limited circumstances, we may deny your request for an amendment of your protected health information. To request an amendment of your protected health information, you must submit your request in writing to the Catholic Charities' Agency Privacy Officer at the address of the Agency set forth at the beginning of this Notice.
- (c) **Right to an Accounting of Disclosures.** You have the right to request that we provide you with an accounting of the disclosures that we have made of your protected health information. We are not required to provide an accounting for all disclosures of your protected health information that we make. For example, we are not required to account for disclosures made for purposes of Treatment, Payment and Health Care Operations. To request an accounting of disclosures, you must submit your request in writing to the Catholic Charities' Agency Privacy Officer at the address of the Agency set forth at the beginning of this Notice.

(d) **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we may use or disclose about you for Treatment, Payment or Health Care Operations. We are not required to agree to your request, however, if we do agree to your request, we are required to adhere to your restrictions, except in certain emergency circumstances. To request a restriction, you must make your request in writing to the Catholic Charities' Agency Privacy Officer at the address of the Agency set forth at the beginning of this Notice.

(e) **Right to Request Confidential Communications.** You have the right to request that we communicate with you about services provided to you in a certain way or at a certain location. To request confidential communications, you must make your request in writing to the Catholic Charities' Agency Privacy Officer at the address of the Agency set forth at the beginning of this Notice.

(f) **Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this notice. You may ask us to give you a 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, contact the Catholic Charities' Agency Privacy Officer at the address of the Agency set forth at the beginning of this Notice.

For a more detailed description of your rights regarding our uses and disclosures of your protected health information, you may request a copy of our **Comprehensive Privacy Notice**

V. Complaints.

If you believe your privacy rights have been violated, you may file a complaint in writing, with our agency or with the Office of Civil Rights in the United States Department of Health and Human Services. To file a complaint with our agency, please contact the Catholic Charities' Agency Privacy Officer at the address of the Agency set forth at the beginning of this Notice. If there are remaining questions or concerns after you receive the Agency's response to your complaint, you may contact the Catholic Charities' Chief Privacy Officer at 40 N. Main Avenue, Albany, NY 12203, (518) 453-6550.

WE WILL NOT RETALIATE AGAINST YOU IF YOU FILE A COMPLAINT.

VI. Changes to this Notice.

We will promptly revise and distribute this notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this notice. We will post a copy of the current notice in our agencies' lobbies and on the agency's website www.ccrda.org. In addition, we will make the revised or new notice available upon request of clients and others on or after the effective date of the revision.

For a more detailed description of our right to change this notice, you may request a copy of our **Comprehensive Privacy Notice**.
