

Notice of Privacy Practices

Transitional Services, Inc.

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.

Transitional Services, Inc. (TSI) has adopted the following policies and procedures for protecting the privacy of the people we serve. If you have any questions about this notice, please speak to your counselor or the unit supervisor. You may also contact Mark Kraus, Director of Quality Improvement at our Cooper Avenue Offices. The telephone number is (716) 874-8182.

OUR OBLIGATION TO YOU

We at TSI respect your privacy. This is part of our code of ethics. We are required by law to maintain the privacy of “protected health information” about you, to notify you of our legal duties and your legal rights, and to follow the privacy practices described in this notice.

Protected health information is information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

This Notice of Privacy Practices describes how TSI may use and disclose your protected health information to carry out treatment, payment or agency program operations, and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information.

TSI is required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. If you are receiving services from TSI at the time of the revision, we will give you a copy of the revised notice. You may also request a copy of this notice anytime from your counselor, the unit supervisor or by calling the TSI Quality Improvement Department at (716) 874-8182.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

A TSI staff member will ask you to sign an Authorization to Share Information (TS 12) at the admission screening interview, when you move into a unit, when there is a change in your service providers and at least every six months.

The use and disclosure of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law, as described below. Disclosure can occur only when the information is clearly for professional use and is related to your treatment. Written and oral reports will contain only the minimally required, pertinent information needed.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION

With your written authorization, we may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Only the protected health information that is about your health care will be disclosed.

You may refuse or revoke your authorization in writing anytime, unless TSI has taken an action using the information identified in the authorization. The original authorization is retained in your file. You are entitled to a copy as well. You are not required to sign an authorization to receive services.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage- your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your authorization to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to your psychiatrist or outpatient counselor.

Others involved in your Healthcare: If you are an adult, you have the right to control disclosure of information about you to any other person, including family members or friends. If you ask us to keep your information confidential, we will respect your wishes. With your written authorization, we may share your protected health information as needed with a member of your family, a relative, a close friend or any other person you identify.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, your counselor will try to obtain your authorization as soon as possible after the delivery of treatment.

PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

We may use or disclose your protected health information in the following situations without your authorization. TSI Staff will provide no information unless authorized by the Executive

Director, Associate Director or Designee. Any disclosure will be consistent with applicable federal and state laws. These situations include:

Payment: Your protected health information will be used, as needed, to obtain payment for your rehabilitation services. This may include certain activities that- Medicaid may undertake before it approves or pays for the health care services, such as making a determination of eligibility or coverage for benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Agency Program Operations: We may use or disclose, as -needed, your protected health information to support the business activities of TSI. For example, our Quality Improvement team reviews records to be sure that we deliver appropriate treatment of high quality.

Business Associates: We will share your protected health information with third party “business associates” such as financial auditors and legal counsel, who perform various activities for TSI. Whenever an arrangement between TSI and a business associate involves the use or disclosure of your protected health information, we will have a written contract containing terms that will protect the privacy of your protected health information.

Required by Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law, such as the application for a petition for Assisted Outpatient Treatment (Kendra’s Law). The use or disclosure will be made according to the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Health Oversight: We may disclose protected health information to a health oversight agency such as the New York State Office of Mental Health, 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 protected health information as needed to comply with state laws requiring reports of suspected incidents of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to agencies authorized to receive such information.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products, to enable product recalls, to make repairs or replacements, etc. as required.

Legal Proceedings: We may disclose protected health information in any judicial or administrative proceeding, or in response to an order of a court, as required by law.

Law Enforcement: We may also disclose protected health information, provided applicable legal requirements are met, for law enforcement purposes. This includes limited information (1) for identification and location purposes, (2) concerning victims of a crime, (3) when there is suspicion that death has occurred because of criminal conduct, (4) if a crime occurs on the premises, or (5) during a medical emergency and it is likely that a crime has occurred.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, 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 protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, to permit the funeral director to carry out his or her duties.

We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for organ, eye or tissue donation purposes.

Disaster: We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 of Part 45 of the Code of Federal Regulations.

2. Your Rights

Following is a statement of your rights regarding your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains personal health and billing records and any other records that TSI uses to make decisions about you. Information will be provided to you in the format requested (i.e., electronically or on paper).

The request for access to clinical records must be received in writing by the Executive Director. If the decision is made to grant access, the Associate Director will authorize the Unit Supervising Counselor to complete a summary of clinical information. If access is denied, for example, because we have reason to believe that giving you access would endanger your life or cause harm to another, you may have a right to have this decision reviewed. This review is conducted by the Quality Improvement Director or designee. In a case where the qualified person requesting access is other than you, the Unit Supervising Counselor will inform you of the request.

Under federal law, however, you may not inspect or copy information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or protected health information that is subject to law that prohibits access to protected health information.

Please contact your unit supervisor or Mrs. Laura Norwood, Associate Director at 874-8182 if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information 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. Your request must state the specific restriction requested and to whom you want the restriction to apply.

TSI is not required to agree to a restriction that you may request. If TSI staff believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If TSI does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your counselor. You may request a restriction by putting your request into writing and submitting the request to Mrs. Laura Norwood, Associate Director at: Transitional Services, Inc., 389 Elmwood Avenue, Buffalo, NY 14222.

Note: If you are paying for services privately, TSI will, if requested, not notify your health plan of the services for which you have paid.

You have the right to request confidential communications from TSI. You may request that communications with you, such as Satisfaction Surveys or information about other services provided by TSI, be made in a confidential manner. We will accommodate reasonable requests if you provide 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 the Unit Supervisor.

You may have the right to have your protected health information amended. You may request an amendment of protected health information about you in your file for as long as we maintain this information. In certain cases, we may deny

your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will give you a copy of any such rebuttal. Request for amendment must be in writing, include a reason to support the amendment and submitted to Mrs. Laura Norwood, Associate Director.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or agency program operations as described in this Notice of Privacy Practices. It also excludes disclosures we may have made to you, to individuals for whom you have provided authorization to share information, or for notification purposes. You have the right to receive specific information regarding these disclosures during the previous six years for paper records, starting April 14, 2003. You may request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions and limitations, such as with electronic records.

Breach Notification You will be notified as soon as possible of the unlikely event that your protected health information may have been subject to unauthorized acquisition, access, use or disclosure.

You have the right to obtain a paper copy of this notice from us.

3. Complaints

If you have concerns about our privacy policies or practices, please submit a complaint to our Director of Quality Improvement. You may contact Mr. Mark Kraus at (716) 874-8182 for further information about the complaint process.

You may also file a complaint with the Secretary of Health and Human Services, Office for Civil Rights. The telephone number is 1-800-368-1019.

We will not retaliate against you for filing a complaint.

This notice revised, published and becomes effective on September 23, 2013.