

NOTICE OF PRIVACY PRACTICES

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

At Northeast Center for Youth and Families (“NCYF”), we take your privacy very seriously. We want to tell you about our privacy practices to protect information about you.

We are required by law to protect the privacy of your health information. We will not use or disclose your health information without your written permission, except as described in this Notice.

Throughout this Notice, we use the term “protected health information,” or PHI, to describe 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.

We will use your PHI:

- 1) For your treatment. For example, PHI will be recorded in your record and used to provide services to you. We may disclose PHI to doctors, nurses, clinicians, therapists, treatment families, or other NCYF personnel involved in your care. Our mental health programs will ask you for your authorization prior to sharing PHI with any other service provider.
- 2) For payment. For example, a bill may be sent to you, your insurance company, or Medicare or Medicaid. The information on or accompanying the bill may include information that identifies you, as well as the treatment provided to you. Our mental health programs will ask you for your authorization prior to billing for our services.
- 3) To operate our Agency. For example, members of our quality improvement team may use information in your record to assess the care and outcomes in your case and others like it.

You Have a Right to:

- 1) Request that we limit certain uses and disclosures of your PHI, such as in how we provide services to you, get paid for our services or administer our Agency (referred to as “treatment, payment, or health care operations”). You also have the right to request a restriction on the PHI we disclose about you to someone who is involved in your care or payment for your care, such as a family member or friend. However, we are not required to agree to your request. To request limitations, you must send a written request to the director of the program from which you receive services.

- 2) See and get a copy of your PHI that is contained in our medical and billing records. To look at or copy your PHI, please send a written request to the director of the program from which you receive services.
- 3) Request additions or corrections to your PHI. If you feel that PHI we have about you is incomplete or incorrect, you may request that we correct or update (amend) the information. To request an amendment, you must send a written request to the director of the program from which you receive services including the reasons for your request. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision.
- 4) Receive an accounting of how your PHI was disclosed, excluding disclosures for treatment, payment, health care operations, that we have made directly to you or that you have authorized, or to friends or family members involved in your care, or for notification purposes. To request an accounting, submit your request in writing to the director of the program from which you receive services.
- 5) Request communication by alternative means or at alternative locations. For instance, you may request that we contact you only in writing or at a different residence or post office box. To request confidential communication of your PHI, you must submit your request in writing to the director of the program from which you receive services. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.
- 6) Obtain a paper copy of the Notice of Privacy Practices upon request. Copies are available at any of our sites.

We may disclose your PHI without your consent in the following circumstances:

- 1) When required by federal, state or local law, judicial or administrative proceedings or law enforcement. For example, in response to a court order.
- 2) To communicate with family or friends involved in your care or payment for your care. Our staff, using their judgment, may disclose to a family member, close personal friend or any other person you identify, PHI related to that person's involvement in your care or payment related to your care, unless you object.
- 3) Personal communications. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- 4) Public health and health oversight activities. As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We may disclose your PHI to an oversight agency, such as for audits and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws. We may also provide information to coroners and funeral directors as needed for these persons to carry out their duties.
- 5) For specialized government functions, such as national security and intelligence.
- 6) To avert a serious threat to health or safety. We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

- 7) To protect victims of abuse, neglect, or domestic violence. For example, we may disclose PHI about you to a protective services agency, if we reasonably believe you are or someone else is a victim of abuse, neglect, or domestic violence.
- 8) Business associates. There are some services provided by NCYF through contracts with business associates such as billing companies. We may disclose your PHI to our business associates so that they can perform the job we have asked them to do. We require our business associates to appropriately safeguard your PHI.
- 9) Fundraising. We may contact you as part of a fundraising effort for NCYF.
- 10) To a correctional institution, if you are or become an inmate.

Before using or disclosing your PHI for any other purposes, we will obtain your written authorization. You may withdraw or “revoke” this authorization in writing at any time. After we receive your written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization. We may refuse to continue to treat an individual that revokes his or her consent.

Changes to this Notice

We reserve the right to change our Notice of Privacy Practices and to make the new practices effective for all the PHI we maintain. We will post a copy of the current Notice at our main office, at each site where we provide care, and on our website at www.ncyf.org. You may also obtain a copy of the current Notice by calling us at 413.529.7777 and requesting that a copy be sent to you in the mail or by asking for one any time you are at our offices.

For More Information or to Report a Problem

If you have questions or would like additional information about NCYF’s privacy practices, you may contact the director of the program from which you receive services, or the NCYF Privacy Officer.

The Privacy Officer can be reached by mail at Northeast Center for Youth and Families, Inc., 203 East Street, Easthampton, MA 01027, or by telephone at 413.529.7777. If you have a complaint, you may file it with the Privacy Officer or with the Secretary of Health and Human Services in Washington, D.C. There will be no retaliation for filing a complaint.