

Community Service Society HIPAA Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Community Service Society (CSS) is a non-profit organization that operates several Health Initiatives to help consumers obtain and use health insurance. You are receiving this notice because you are receiving assistance from one of the following Health Initiatives at CSS:

- **Community Health Access for Addiction and Mental Healthcare Project (CHAMP)** – New York’s behavioral health ombudsman program helps individuals and their families resolve issues in accessing substance use disorder and mental health services.
- **Community Health Advocates (CHA)** – a free statewide consumer assistance program helping New Yorkers get, keep, and use their health insurance and obtain access to low-cost health care services.
- **CSS Navigator Network (CNN)** – a free statewide “navigator” network to help New Yorkers and small businesses shop for and enroll in health coverage through NY State of Health: the Official Health Plan Marketplace.
- **Facilitated Enrollment for the Aged, Blind and Disabled (FE-ABD)** – a New York State-sponsored public health insurance application assistance program for people who are aged, blind or disabled.
- **Harlem Health Advocacy Partners (HHAP)** – pairs Community Health Workers with CSS Health Advocates to help reduce disparities in chronic diseases among New York City Housing Authority (NYCHA) residents in East and Central Harlem and improve their long-term health and quality-of-life.
- **Independent Consumer Advocacy Network (ICAN)** – New York’s ombudsprogram for people in Medicaid managed care plans who need long term care or behavioral health services, including MLTC, FIDA, and HARP.

If you have any questions about this notice, please contact Ayisha Gelin, HIPAA Compliance Officer.

Your Rights

You have the right to:

- Inspect and get copies of your health information and enrollment records
- Correct your health information and enrollment records
- 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

Your Choices

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

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services

Our Uses and Disclosures

If applicable, we may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization/program
- Administer your health plan
- Help with public health and safety issues
- Do data collection and sentinel reporting to State agencies
- Comply with the law
- Make lawful disclosures to HIPAA business associates
- Address 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. Health information means any information that we have on file for you that has been provided by you, your provider, and/or your health plan. This section explains your rights and some of our responsibilities to help you.

Inspect and obtain copies of health information and enrollment records

- You can ask to see or get copies of your health information and enrollment records. Ask us how to do this.
- We will provide copies or summaries of your health information and enrollment records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health information and enrollment records if you think they are 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, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

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 will consider the request, but are not required to agree to it.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've 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 can ask for a paper copy of this notice 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

- You can complain if you feel we have violated your rights by contacting us.
- You can file a complaint with our office by contacting Ayisha Gelin, HIPAA Compliance Officer, by calling (212) 614-5406 or sending a letter to the HIPAA Compliance Officer, at Community Service Society of NY 633 3rd Avenue 10th Floor, New York, NY, 10017. You may also notify the U.S. Department of Health and Human Services of your complaint by calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.
- We will not retaliate against you for filing a complaint.

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 payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes

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.

Help manage the health care treatment or treatment-related services you receive

We can use your health information and share it with professionals who are treating you.

Example: We may disclose health information to doctors or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

Run our organization and administer your health plan

We may disclose your health information to run our organization/program and contact you when necessary. We may also disclose your health information to your health plan sponsor for plan administration. These uses are necessary to ensure that all of our clients receive quality services and to operate and manage our office.

Example: We may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Pay for your health services

We can use and disclose your health information so that others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received.

Example: We will help you enroll in a health plan that may bill you for monthly premiums that you owe.

How else can 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 data collection. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.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

Do data collection

We can use or share your information for health data collection.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Make lawful disclosures to HIPAA Business Associates

We may share information about you to business associates that provide enrollment and/or advocacy services. With your verbal or written consent, we may provide your contact information to a business associate for these purposes.

Address law enforcement and other government requests

We can share health information about you:

- 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.

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 see: 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, on our web site, and we will mail a copy to you.

Other Instructions for Notice

- This notice will take effect September 23, 2013.
- The HIPAA Compliance Officer is Ayisha Gelin, who can be contacted at agelin@cssny.org, or (212) 614-5406.
- We will never share any records on substance abuse treatment or HIV related information without your written permission.