



## NOTICE OF PRIVACY PRACTICES

### THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

The Resource Center for Independent Living, Inc. (RCIL), Living Independently is For Everyone, Inc. (LIFE at RCIL), and At Home Independent Care, Inc. (AHIC) hereinafter referred to as “the Agency” respects you and your privacy. We are committed to keeping all information received or created confidential.

We want you to have a clear understanding of how we use and safeguard information about you. This Notice of Privacy Practices describes how we may use and disclose your protected health information in order to carry out services, payment and for other purposes permitted or required by law. It also describes your rights to access and control your information.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of the legal duties and privacy practices with respect to your protected health information.

Health information means any information, whether oral or recorded in any form, that is created or received by the Agency, relates to the past, present or future physical, mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual.

### **How Your Protected Health Information May Be Used or Disclosed**

The Agency uses protected health information about you for services, payment, and regular health care operation purposes. We do not require authorization to use your protected health information for these purposes.

#### **Services:**

Providing you with care and services related to your health, such as working with other agencies involved with the delivery of services. LIFE at RCIL are members of the Oneida County Mental Health Network and may exchange information for the purposes of coordinating services.

#### **Payment:**

Information needed for billing, insurance, or compensation for services, if necessary. We may provide necessary portions of your protected health information to our billing department and to your health plan to get paid/reimbursed for the services we provide to you.

#### **Regular Health Care Operations:**

Activities that may include quality assessment, program evaluation and auditing.



### **Emergency Care:**

To help you obtain treatment in a medical emergency. An authorization is required as soon as reasonably possible after the emergency and the provider should document the reasons as to why the authorization could not be received.

### **When Legally Necessary:**

If required by federal, state or local law. We may make disclosures when a law requires that we report information to government agencies or law enforcement personnel about victims of abuse, neglect, domestic violence or to avoid a serious threat to health or safety of a person or the public.

We may provide protected health information to a family member, friend or other person that you indicate is involved in your services or the payment for your services **unless you object, in whole or in part**. The opportunity to consent may be obtained retroactively in emergency situations.

### **When the Agency May Not Use or Disclose Your Health Information:**

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without your written authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

### **Your Health Information Rights:**

You have the right to inspect and obtain a copy of your health information.

You have the right to request restrictions on certain uses and disclosures of your health information. We are not required to agree to the requested restriction.

You have a right to request that we amend your health information. An amendment can only be granted if the information requested to be amended is created by the Agency.

You have a right to receive an accounting of disclosures of your health information. This will not include any dates before April 13, 2003 and cannot be longer than six years from this date.

You have a right to receive confidential communications of protected health information and the manner in which it is sent to you. Within reason, you have the right to ask that we send information to you at an alternate address (such as requesting that we send information to your work address rather than your home address) or by alternate means (such as by regular mail versus e-mail, if such methods are reasonably available).

You have a right to a paper copy of this Notice of Privacy Practices. You will be asked to sign an Acknowledgement of Receipt of this Notice.

You have a right to complain if you believe your privacy rights have been violated or if you are dissatisfied with the services you are receiving. You will not be punished in any way for filing a complaint. (Please refer to our Complaint Form for information regarding internal and/or external complaints.)

**The Agency will provide you with any or all of the form(s) upon your request.**

**Changes to this Notice of Privacy Practices:**

We are bound by the terms of this notice currently in effect and reserve the right to amend this Notice of Privacy Practices at any time in the future. If such amendment is made, all individuals currently active in our programs will be provided a revised Notice of Privacy Practices by mail or at their next scheduled meeting.

If you have any questions regarding this notice or need further information please contact the Compliance Department at (315) 797-4642, extension. 2904 or by writing to RCIL, attention Compliance Department, RCIL, P.O. Box 210, Utica, NY 13503-0210.

<p><b>RCIL Utica Office</b> 131 Genesee St. P.O. Box 210 Utica, NY 13503-0210 Voice (315) 797-4642 Fax (315) 797-4747</p>	<p><b>RCIL Herkimer Office</b> Herkimer Business Park 420 E. German St., Suite 107 A Herkimer, NY 13350 Voice (315) 866-7245 Fax (315) 866-7280</p>
<p><b>AHIC Office</b> 1607 Genesee St. P.O. Box 210 Utica, NY 13503-0210 Voice (315) 797-4642 Fax (315) 738-2703</p>	<p><b>RCIL Amsterdam Office</b> 131 Maple Avenue Extension Amsterdam, NY 12010 Voice (518) 842-3561 Fax (518) 842-0905</p>
<p><b>LIFE at RCIL Youth Services Office</b> 131 Genesee St. P.O. Box 210 Utica, NY 13503-0210 Voice (315) 797-1253 Fax (315) 797-4006</p>	<p><b>RCIL Website:</b> <a href="https://www.rcil.com">https://www.rcil.com</a></p>



## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of the Agency’s Notice of Privacy Practices and understand my rights and responsibilities as explained in them. **Please initial both statements below.**

\_\_\_\_\_ I acknowledge that the Agency may disclose my protected health information in order to provide services, receive payment and/or funding for services, for regular health care operations or in an emergency situation.

\_\_\_\_\_ I understand, subject to any requirements or limitations in law, that I may request access to my protected health information; request restrictions on disclosure; request amendments to my protected health information; I can choose how my protected health information is sent and to where; I can find out where my information has been disclosed; and I may make a complaint if I’m dissatisfied with the services I am receiving or if I feel my privacy rights have been violated.

Signature of Consumer/Participant:

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Please Print Name	Signature	Date
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Or Signature of Designated Representative or Parent/Legal Guardian: (Required if participant is a minor – an individual younger than 18 years of age)

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Please Print Name	Signature	Relationship	Date
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Signature of Interpreter:

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Please Print Name	Signature	Date
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