



# Southern Tier Independence Center

*Access your world.*

## Notice of Privacy Practices

Effective date of this Notice: July 24, 2014

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.**

### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your file and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your file, usually within 10 days of your request.

#### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is 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 say “yes” to all reasonable requests.

#### **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 are not required to agree to your request, and we may say “no” if it would affect your services.

#### **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).

## **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. You can also ask to receive this notice in an accessible format including Braille, large print, an electronic copy, an audio file, etc. We will promptly provide you with a copy of the notice that meets your needs.

## **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 using the information on page 4.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by mail, telephone or online:  
U.S. Department of Health and Human Services Office for Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
1-877-696-6775  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you for filing a complaint.

## ***Your Choices***

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**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 your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again. We will respect your wishes and take you off our fundraising list.

## ***Our Uses and Disclosures***

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### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **To serve you**

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

#### **To run our organization**

We can use and share your health information to run our agency, improve your services, and contact you when necessary.

#### **To bill for your services**

We can use and share your health information to bill and get payment from health insurance plans or other entities.

## ***How else can we use or share your health information?***

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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. We have to meet many conditions in the law before we can share your information for these purposes.

#### **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

#### **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 to determine if we are complying with federal privacy law.

#### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

#### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- 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.

**For more information see:** [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## ***Our Responsibilities***

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- 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, by signing an Authorization to Release Information. If you tell us we can share your information you may change your mind at any time. Let us know in writing (or other accessible format) if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## ***Additional Information***

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We will never:

- Market or sell personal information
- Share any HIV/AIDS status or substance abuse treatment records without your specific written permission
- Share your information for health research.

## ***STIC's HIPAA Compliance Officer***

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If you want to exercise your rights, get a better explanation of your rights, or file a complaint, contact our Compliance Officer, Jennifer Watson at [watson@stic-cil.org](mailto:watson@stic-cil.org) or V&TTY (607)724-2111 ext. 323.

## ***Changes to the Terms of this Notice***

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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, in our office, and on our web site.

**Notice of Privacy Practices  
Acknowledgement of Receipt**

Federal regulations require STIC to provide a Notice of Privacy Practices to everyone who receives services from STIC. These regulations are known as HIPAA. HIPAA is short for the Health Insurance Portability and Accountability Act of 1996.

By signing this form, I agree that I have read and understand STIC's Notice of Privacy Practices effective July 24, 2014. I also understand that if I have any further questions or concerns regarding this Notice I can STIC's HIPAA Compliance Officer, at:

**Southern Tier Independence Center  
135 E. Frederick Street  
Binghamton, NY 13904  
(607) 724-2111 (V&TTY)**

This acknowledgement will be placed in your consumer file that is maintained at STIC.

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**Consumer's Name (Please Print)**

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**Signature of Consumer or Representative**

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**Date**

\_\_\_\_\_  
**Printed Name of Representative (if applicable)**

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**Relationship to Consumer**