



HIPAA Notice of Privacy Practices

Effective Date: May 10, 2017

Revised Date: August 19, 2021

EHS, Inc. and its affiliates, Pride Center of Western New York and Community Access Services, (collectively, "Evergreen Health," "We," or "Us") are committed to keeping your health information private. This notice describes how health information about you may be used and disclosed and how you can get access to this information.

WHAT INFORMATION IS PROTECTED?

We are committed to safeguarding the privacy of your "protected health information," as that term is defined in the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). With certain limited exceptions, protected health information is generally defined as information that may identify you and that relates to your past, present, or future physical or mental health or condition.

WHO MUST FOLLOW THIS NOTICE?

This Notice applies to all Evergreen Health employees, volunteers, interns, and business associates, including:

- Any health care professional authorized to enter health information into your medical record;
- All departments and units of Evergreen Health;
- All others required by law to protect the privacy of your information.

A copy of our current Notice is posted in our reception areas, and can be obtained via our website at <http://www.evergreenhs.org>.

EVERGREEN HEALTH'S COMMITMENT

Evergreen Health is committed to protecting the privacy of your health information. In order to comply with certain legal requirements, we are required to:

- Keep your health information private
- Provide you with a copy of this notice
- Follow the terms of this notice
- Notify you if we are unable to agree to a restriction that you requested
- Accommodate your reasonable requests to communicate your health information by alternative means or at alternative locations
- Notify you following an authorized disclosure of your personal health information

YOUR HEALTH INFORMATION RIGHTS

Your health record is the physical property of Evergreen Health. However, the information contained in the record belongs to you. You have the right to:

- Receive a paper copy of this Notice, even if you agreed to accept this Notice electronically, by contacting corporatecompliance@evergreenhs.org
- Request restrictions on certain uses and disclosures of your health information. Although we will consider your request, we are not legally required to agree to a requested restriction.
- Request that we communicate with you by alternative means or at an alternative location.
- Inspect, copy or request an electronic version of your health information maintained by Evergreen Health,

subject to certain limitations.

- Request that we amend health care information maintained in our records if you believe that the information in your record is incomplete or incorrect.
- Receive an accounting stating who and where your health-related information has been disclosed for purposes other than treatment, payment, healthcare operations, or where you specifically authorized a use or disclosure. The request must be in writing and state the time period desired for the accounting, but can go back no further than six years from the date of your request.
- Pay out of pocket for tests and procedures and not have the results shared with your insurance provider.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Consistent with applicable federal and state laws, we may use or disclose your health information without your authorization for the following purposes and to the following agencies or entities:

- **Treatment** – We may use and disclose your health information to those who need it for the purpose of taking care of you;
- **Payment** – We may use and disclose your health information so that the services you receive can be billed and paid for by insurance companies, government agencies, and other third parties.
- **Operations** – We may use and disclose your health information to operate Evergreen Health to maintain and improve patient care
- **Emergencies** – We may use and disclose health information if there is an immediate, significant risk to your health or safety
- **Public Health** – We may disclose health information for public health and safety reasons, such as reporting births, deaths, and child abuse/neglect. We may also disclose information to control the spread of diseases and problems with medical devices or medications.
- **Health Information Exchange** – Evergreen Health participates in health information exchanges (HIEs). HIEs allow your healthcare providers to access and use health information necessary for your treatment. Evergreen Health may electronically share your health information for treatment, payment and healthcare operation purposes with other participants in a HIE. The inclusion of your health information in a Health Information Exchange is voluntary and subject to your written consent.
- **Health Oversight Agencies** – Your health information may be disclosed to health oversight agencies for activities related to audits and investigations necessary for oversight of the healthcare system and government benefit programs
- **Business Associates** -- Business Associates perform functions on Evergreen Health's behalf. All of our Business Associates are obligated to protect the privacy of your information.
- **Health Related Services** – We may use and disclose your health information to send you mailings about health-related products and services available at Evergreen Health.
- **Philanthropic Support** – We may use or disclose certain health information to contact you in an effort to raise funds to support Evergreen Health and its operations. You have a right to choose not to receive these communications and we will tell you how to cancel them.
- **Medical Research** – To prepare for and conduct medical research, we may look at your health information. All patient research conducted at or through Evergreen Health goes through a special process required by law that reviews protections for patients involved in research. We will not use your health information or disclose it outside Evergreen Health for research reasons without either getting your prior written approval or determining that your privacy is protected.
- **Workers Compensation** – We may disclose information as part of a workers' compensation claim
- **Legally Required** – We will disclose information when we are legally required to do so either by specific laws or through the receipt of a subpoena or summons.
- **Special Government Requests** – We will release information for special government functions such as military, national security, presidential protective services, and law enforcement
- **Coroners, Medical Examiners and Funeral Directors** We may disclose 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, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death.

- **Organ Procurement Organizations** - Health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

ADDITIONAL PROTECTIONS FOR CERTAIN CATEGORIES OF INFORMATION

Some health information is deemed so sensitive that state and federal laws provide special protections:

- **HIV-Related Information** – in accordance with NYS Public Health Law Article 27-F, HIV-related information will only be disclosed upon completion of special written authorization. We may, however, disclose HIV-related information as part of your treatment, as part of public health activities, for disease prevention, and as otherwise permitted by law.
- **Mental Health Records** – NYS Mental Hygiene Law requires that all clinical records of a facility licensed by the Office of Mental Health remain confidential. We will only disclose your mental health treatment records in accordance with your specific authorization or as otherwise permitted by law.
- **Substance Use Treatment Records** – federal law protects the confidentiality of alcohol and drug use treatment records. We will only disclose such records with your specific written authorization or as otherwise permitted by law.

TRANSFERRING HEALTH INFORMATION

You can request that we transfer your records to another provider by completing a written authorization form.

REVOKING AUTHORIZATION

If you provide us with written authorization to release information, you may revoke it at any time, in writing, except to the extent that we have already relied upon it. You can submit your written revocation to the Corporate Compliance Department as noted below.

SALE OF HEALTH INFORMATION

We will not sell your health information to third parties

CHANGES TO THIS NOTICE

Evergreen Health reserves the right to change this Notice at any time. We have the right to make the revised Notice effective for any health information we already have as well as any information we receive in the future. If we make a material change to this Notice, we will post the revised Notice at our location(s) where you receive services, on our website, and we will make the revised Notice available upon request.

QUESTIONS OR COMPLAINTS

If you have any questions about Evergreen Health's privacy practices or you believe that your privacy rights have been violated, you can contact Evergreen Health's Corporate Compliance Officer at the contact information below. All complaints to the US Department of Health and Human Services must be submitted in writing to the address noted below. You will not be penalized for filing a complaint.

If you have questions regarding this Notice or want to file a complaint, you can do so by contacting the following:

Evergreen Health
ATTN: William (Bill) Dimmig, Corporate Compliance Officer
206 South Elmwood Avenue
Buffalo NY 14201
Corporate Compliance: 716.847.2441
Email: CorporateCompliance@evergreenhs.org

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Ave., SW
Room 509F, HHH Building
Washington DC 20201
Email: OCRComplaint@hhs.gov