Guild for Exceptional Children, Inc.
Notice of Privacy Practices

(Effective date: September 23, 2013)

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.

What is the Notice of Privacy Practices?

The Notice explains how we fulfill our commitment to respect the privacy and confidentiality of your protected information. We understand that health information about you is personal and we are committed to protecting that information. We need to maintain certain information about you to provide you with quality services and comply with laws and regulations. This Notice tells you about the ways we may use and share your protected health information, as well as the legal obligations we have regarding your privacy. The notice also tells you about your rights under Federal and State laws and applies to all Guild for Exceptional Children (GEC) facilities and services and all manner of record keeping (written, computerized, etc.). We are required to make sure that information that identifies you, is kept private and to make sure this Notice is available to you. In this Notice when we use the term "protected health information" (PHI) we are referring to individually identifiable information which may include:

- Information about the services you receive
- Information about your health condition of diagnosis
- Information about your health care benefits
- Demographic information (like, race, gender, etc.)
- Geographic information (where you live)
- Special numbers that may identify you (Social Security, telephone, etc.)
- Photographs

We are required to abide by the terms of this Notice; we are also required to notify you if a breach of unsecured health information should occur. If we change the contents of this Notice you may obtain any revisions to the Notice of Privacy Practice from our website (www.GECBklyn.org) or by calling us and requesting that a revised copy be sent to you.

How we may use and share your protected health information with others:

The following categories may describe different ways that we may use and disclose your PHI. For each category we will explain and try to give examples. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our Agency.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your services. This includes the coordination or management of your services with a third party that has already obtained your permission to have access to your protected health information, such

as another service provider. For example, we might disclose your PHI, as necessary, to a physician that provides care to you or to your Medicaid Service Coordinator.

Payment: Your PHI will be used, as needed, to obtain payment for services that we provide to you, such as: making a determination of eligibility or coverage for insurance benefits, and undertaking utilization review activities. For example, obtaining services may require that your relevant PHI be disclosed to the health plan (Medicaid, Medicare, other insurances) to obtain approval for or bill for services. The information on the bill may identify you, your diagnosis and services provided.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of GEC. These activities include, but are not limited to, quality assessment activities, employee review activities and training activities. For example, we may use your information to evaluate the performance of staff involved in your care, to assess the quality of care you receive, and to learn how to improve our services.

Business Associates: We may share your PHI with a "Business Associate" that we hire to help us, such as a billing or computer company. Business Associates will have assured us in writing, that they will safe guard your PHI as required by law.

Fundraising Activities: We may use or disclose certain information about you in order to contact you for fundraising activities supported by GEC. You have the right to opt out of receiving these materials. If you or your family does not want to receive these materials, please contact our Privacy Officer and request that these fundraising materials not be sent.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Certain uses and disclosures require your authorization. An authorization is required, with certain exceptions, for any use or disclosure of your protected health information for marketing purposes or for purposes involving the sale of your protected health information. Also, a specific authorization is required for the release of HIV/AIDS, mental health, and psychotherapy notes and information.

Except as described in this Notice, uses and disclosures will be made only with your written authorization. You may revoke such authorization, at any time, in writing, except in cases where GEC has already released authorized information.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

We may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. In this regard, we will ask you to provide us with the names of persons to whom we may speak. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any

other person that is responsible for your care of your location, general condition or passing. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

Required by Law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, tract products; to enable product recalls; to make repairs or replacements, or to conduct post-marketing surveillance, as required.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena,

discovery request or other lawful process. Special rules apply for HIV/AIDS information and mental health information.

Law Enforcement: We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and as otherwise required by law, (2) limited information requests for identification and location purposes, (3) disclosures pertaining to victims of a crime, (4) where there is suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of GEC, and (6) medical emergency (not on GEC's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose PHI 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 PHI 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. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donations purposes.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Workers' Compensation: Your PHI may be disclosed by us as to comply with workers' compensation laws and other similar legally-established programs.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 *et. seq.*

2. Your Rights Concerning your PHI

- You have the right to inspect and get a copy your PHI.

We may charge a reasonable, cost-based fee for the costs of copying, mailing or other supplies associated with your request, up to $0.75 per page for copied records. If the record is maintained electronically by GEC you have the right to obtain an electronic copy. We may also deny your request to inspect and copy in certain *limited* circumstances. If you are denied access, you may request that the denial be reviewed by GEC and/or the New York State Office of Mental Health. Please contact our Privacy Officer if you have questions about access to your medical record.

- You have the right to request a restriction of your PHI.

This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not

be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.
GEC is not required to agree to a restriction that you may request. If GEC believes it is in your best interest to permit use and disclosure of your PHI, then it will not be restricted. If GEC does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by contacting our Privacy Officer in writing.

- You have the right to request confidential communications.

You have the right to request that we communicate with you in a certain way. For example you can ask that we contact you only at home or by mail. If you want us to communicate with you in a special way you will need to give us details on how you want that communication to occur. We will not request an explanation from you as to the basis for the request, but ask that you make this request in writing to our Privacy Officer. We will comply with all reasonable requests. However, if we are unable to contact you using the requested means, we may use whatever alternate information we may have.

- You may have the right to have GEC amend your PHI.

This means you may request an amendment of PHI about you in a designated record for as long as we maintain it. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your medical record.

- You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, pursuant to your request, or for notification purposes.

- You have the right to obtain a paper copy of this Notice in whatever form you prefer from us.

You can be provided with a copy of this Notice electronically or in paper form, and you can change your preferences at any time by notifying us.

- Other Uses of Health Information.

Certain releases of health information may be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that

Permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization.

3. Complaints

- **How to file a Privacy Complaint:**

If you believe your privacy rights have not been followed as directed by federal regulation, state law, or as explained in this Notice, you may file a written complaint with us. Please submit your complaint to the Office of Corporate Compliance to the following address: GEC Compliance Officer, 260 68th Street, Brooklyn, NY 11220.

If you are not satisfied with our response to your privacy complaint or wish to file a complaint with a government agency you may do so without fear of retaliation or denial of services. The complaint must be filed in writing. It should provide details about the subject of the complaint and the individuals or organization that you believe violated your privacy. It also must be filed within 180 days of when you first knew or should have known that he violation occurred.

If you decide to file a complaint with the government it should be sent of the Office of Civil Rights, US Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza – Suite 3312, New York, NY 10278. You may also contact our Privacy Officer Elaine DeBerardine at (718) 833-6633 extension 261 for further information about the complaint process.

Future Changes to GEC's Privacy Practices and this Notice

We reserve the right to change this Notice and the privacy practice of the organization without first notifying you. Any revision will apply to PHI that we already have or may receive in the future. Copies of the current Notice of Privacy Practices will be available by contacting GEC at (718) 833-6633 extension 261. The current Notice will also be posted on the GEC website, www.GECBklyn.org

If you have any questions about this Notice please contact our Privacy Officer who is Elaine DeBerardine, c/o Guild for Exceptional Children.

Phone: (718) 833-6633 Ext. 261

E-mail: Privacy@GECBklyn.org or EDeBerardine@GECBklyn.org

Policy Reviewed and Revised 01/29/2018