



**CDS MONARCH**  
**NOTICE of PRIVACY PRACTICES**  
Effective September 2013

**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.**

CDS Monarch is providing this Notice of Privacy Practices (Privacy Notice) because the privacy of your Protected Health Information (PHI) is very important to you and to us. This Notice describes how CDS Monarch uses and discloses PHI about you for treatment, payment and health care operations. It also describes your rights to access and control your protected health information. PHI is information that may identify you and relates to your past, present or future physical or mental health condition, services and payments for such services.

**Our commitment to you regarding your PHI:** At CDS Monarch, we understand that information about you and your services is personal. We are committed to protecting your privacy and sharing information only with those who need to know and are allowed to see the information to assure quality services for you. CDS Monarch is required by state and federal law to maintain the privacy of your information. We are required to give you this notice of our legal duties and privacy practices with respect to the health information that we collect and maintain about you.

**Who will follow this Notice?** All employees of CDS Monarch and volunteers who may work with you. In addition, contractors or business associates who provide services on behalf of CDS Monarch who are required have limited access to your record will follow this Notice.

**What information is protected?**

All information we create or maintain that relates to you and your health care, including, but not limited to, your name, address, birth date, social security number, medical information, insurance information, service plan, treatment, services and other information such as photographs and other images is protected.

**How we use and disclose your health information:**

We protect your health information from inappropriate use and disclosure. Your health information is obtained in the course of providing services to you and is related to your medical/clinical records, treatment, services and claims payment information. We will not disclose any personal health information without your written authorization, unless such disclosure is permitted or required by law.

**CDS MONARCH MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR PERMISSION FOR THE FOLLOWING PURPOSES:**

- **Treatment:** We may use your PHI to plan, coordinate and provide your care. We disclose your PHI for treatment purposes to physicians and other health care professionals outside of our agency who are involved in your continued care.
- **Payment:** We may use and disclose medical/treatment information in order to bill and collect payment from you, a third party, an insurance company, Medicaid or Medicare, or other government agency.
- **Health Care Operations:** We may use and disclose your information in order to maintain company operations. These uses and disclosures are necessary for our operations and to make sure that the individuals we serve receive appropriate quality care. Information may be used and disclosed to support functions related to treatment and payment, which include, without limitation, quality improvement activities, internal audit, administrative operations, accreditation, certification evaluation, and resolving any complaint or grievance you may have.

In addition to disclosure for treatment, payment or operations, CDS Monarch may use and disclose your PHI without your consent to:

- **Business Associates:** We may disclose certain health information to our business associates who perform certain activities on our behalf. Our contracts with them require that they protect the privacy of your PHI.
- **Government, Regulatory and Law Enforcement Authorities:** We may disclose certain health information to a variety of government, regulatory or law enforcement authorities:
  - To a federal or state health oversight agency such as the New York State Office of People with Developmental Disabilities for the purposes of inspections and audits; or to investigate or determine compliance with federal or state regulation. Other regulators include, but not limited to, the New York State Justice Center, Child Protective Services, Adult Protective Services, Mental Hygiene Legal Services (MHLS), State Education Department and Department of Health to report serious incidents, fraud and abuse detection, fiscal audits, and program certification and compliance
  - To law enforcement: in response to a court order or subpoena; to report a possible crime, to identify a missing person, suspect or witness; to provide identifying data in connection with a criminal investigation; and to the district attorney in furtherance of a criminal investigation.
- **As Required by Law:** We may disclose health information about you without your authorization when required to do so by federal, state or local law.
- **Personal Representative:** We may disclose your health information to your personal representative who has authority to act on your behalf under applicable law.
- **Judicial or Administrative Proceedings:** We may disclose your health information in the course of any judicial or administrative proceeding in response to an appropriate order of a court or administrative body (for example responding to a court order or subpoena).
- **Workers Compensation:** We may use or disclose your health information as permitted by the law governing the workers' compensation program or similar programs that provide benefits for work-related illness or injuries.
- **Military and Veterans:** If you are a member of the Armed Forces, we may release health information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Victims of Abuse or Neglect:** We may release your health information to a public health authority authorized to receive reports of abuse or neglect. We may report domestic violence if you agree or if necessary to prevent serious harm.
- **Public Health Activities:** We may disclose health information about you for public health activities related to prevention or control of disease, injury or disability.
- **Correctional Facilities:** We may disclose your health/clinical information to correctional institutions or law enforcement officials if you are an inmate and the information is necessary to provide you with health care, protect your health and safety or that of others, and for the safety of the correctional institution;
- **Assistance in disaster relief efforts:** We may disclose your health information to public or private disaster relief organizations such as the Red Cross to assist your family members or friends in locating you or learning about your general condition in the event of a disaster.
- **Organ and Tissue Donation:** If you are an organ donor we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to the facilitation of organ or tissue donation and transplantation.

- **Coroners, Medical Examiners and Funeral Directors:** Upon your death, to coroners or medical examiners for identification purposes or to determine cause of death, and to funeral directors to allow them to carry out their duties.
- **National Security and Intelligence Activities:** We may release medical information about you to authorized federal official for intelligence, counterintelligence, or other national security activities authorized by law.
- **Serious Threats:** As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, 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 public.
- **Special Treatment of Certain Records:** HIV related information, genetic information, alcohol and/or substance abuse records, mental health records and other specially protected health information have special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.

**CDS MONARCH MAY RELEASE INFORMATION ABOUT YOU IF WE TELL YOU AND YOU AGREE OR DO NOT OBJECT TO:**

- **To individuals involved in your care:** If you agree, your clinical information may be disclosed to a family member, other relative or close friend involved in your care and treatment.
- **Research Purposes:** For research when you have agreed to participate in the research and the Institutional Review Board or Privacy Committee has approved the use of the clinical information for treatment purposes.
- **Appointment Reminders:** In the course of providing services to you, we may contact you to provide appointment reminders or information about treatment
- **Fundraising:** We may disclose your information to the CDSL Foundation for the purposes of raising funds. If we do this, we will only use or disclose basic demographic information. If you do not want the CDSL to contact you for fundraising activities, you have the right to opt out of receiving such fundraising communications by contacting us at the email address or phone number we provide in the fundraising communication.
- **Marketing:** We may use information about where you live to contact you to notify you of new services CDS Monarch provides

**AUTHORIZATION REQUIRED FOR ALL OTHER USES AND DISCLOSURES:**

Other uses and disclosures of clinical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. The authorization must be signed by you or your consenting party and must states who may receive the information, what information is to be shared, the purpose of the use of disclosure, and an expiration date for the authorization. If you provide us your authorization to use or disclose clinical/PHI information about you, you may revoke that permission in writing, at any time.

- **Psychotherapy Notes:** written authorization is always required for use and disclosure of psychotherapy notes (notes of counseling sessions that are kept separate from the individual's clinical record).
- **Confidential HIV-Related Information:** Under NYS law, confidential HIV-related information (information concerning whether or not you have had an HIV-related test, or have HIV infection, HIV related illness, or AIDS, or which could indicate that a person has been potentially exposed to HIV), cannot be disclosed except to those people you authorize in writing to have it.

- **Other Specifically Protected Information:** genetic information, alcohol and/or substance abuse records, mental health records and other specially protected health information have special confidentiality protections under applicable state and federal law. Any disclosures of these types of records require written authorization and will be subject to these special protections.

**REVOCATION:**

If you provide us your authorization to use or disclose clinical/PHI information about you, you may revoke that permission at any time in writing. If you revoke your authorization in writing we will no longer use or disclose your clinical information for the reasons stated in your authorization.

**YOUR RIGHTS REGARDING YOUR CLINICAL INFORMATION**

You have the following rights regarding your clinical information. When we use the word “you” in this notice we also mean your personal representative. Depending on your circumstances and in accordance with state law, this may be your legal guardian, health care agency or designated legal representative who may include and actively involved family member such as a spouse, domestic partner, parent, adult child, adult sibling or other family member.

- **Right to Inspect and Receive Copies:** You may request to inspect and to receive copies of your health information that may be used to make decisions about your care, including medical and billing records. To inspect or receive copies of your medical information, submit your written request to the CDS Monarch Director of Quality Assurance. We may charge a reasonable fee for the costs of copying. However, you may not be denied a copy if you are unable to pay. You may request an electronic copy of your record and it will be provided in an electronic format if it is readily producible; otherwise you will be provided with a printed copy.

We may deny your request to inspect or receive copies in certain limited circumstances. If your request is denied, you may ask that the denial be reviewed. You also have additional rights to appeal a denial to the New York State Office of People with Developmental Disabilities.

- **Right to Amend:** If you feel your clinical information is incorrect or incomplete, you may ask to amend the information for as long as we maintain the information. Your request must be made in writing to the CDS Monarch Privacy Officer. You must also provide a factual reason that supports your request.

We may deny your request if the information:

- Was not created by us;
- Is not part of the clinical information kept by us, or;
- Is not part of the information that you would be permitted to inspect or receive copies; or
- Is accurate and complete

If the request to amend your record is denied you will be notified in writing of the denial and the right and process to appeal.

- **Right to a Listing of Persons Receiving Your Clinical Information:** You may request an “accounting of disclosures” that was made by CDS Monarch of your clinical information. An accounting of disclosures does not include disclosures made:
  - to you or your personal representative;
  - with your written authorization;
  - for treatment, payment or health operations;
  - to your family or friends involved in your care or payment for your care; or
  - incidental to permissible uses or disclosures.



To request this list, submit your request in writing to the CDS Monarch Director of Quality Assurance, 860 Hard Road, Webster, New York 14580. Your request must state a time period, which may not be longer than six years.

- **Right to Request Restrictions**: You have the right to request restriction on the ways in which we use and disclose your clinical information for treatment, payment and operations. We are not required to agree to your request.
- **Right for Confidential Communication**: You may request CDS Monarch communicate with you in a way that will help keep your information confidential.
- **Right to Receive Notification of Breach**: You have the right to receive a notification, in the event that there is a breach of your unsecured protected health information, which requires notification under the HIPAA Privacy Rule.
- **Right to a Paper Copy of the Notice**: You have the right to receive a paper copy of this Privacy Notice at any time. Your written request should be sent to Privacy Officer at 860 Hard Road, Webster, New York 14580.

#### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. If we change the terms of this Notice, the new terms will apply to all of your clinical information, whether created or received before or after the date on which the Notice is changed. We will notify you of changes to this Notice by posting a copy of the Notice on our website. In addition, if significant changes are made we will offer you a copy of the revised notice at your next scheduled service planning meeting.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with:

- Privacy Officer, CDS Monarch, 860 Hard Road, Webster, New York 14580, 585-341-4600, via email at [compliance@cdsmonarch.org](mailto:compliance@cdsmonarch.org)
- Secretary of the Federal Department of Health and Human Services, 200 Independence Avenue S. W. Washington, D.C. 20220, phone 1-877-696-6775.
- You may file a grievance with the Office for Civil Rights, Jacob Javits Federal Building, 26 Federal Plaza – Suite 3312, New York, N.Y. 10278. 1-800-368-1019, fax 212-264-3039, TDD 1-800-537-7697, or via email [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

You will not be penalized or retaliated against by CDS Monarch for filing a complaint.

#### **ADDITIONAL INFORMATION**

If you have questions about this Notice, please call the Privacy Officer at 585-341-4600, email [Compliance@cdsmonarch.org](mailto:Compliance@cdsmonarch.org) or Compliance Hotline at 585-347-1264.