

## **Abilities, Inc. at The Viscardi Center Revised Notice of Privacy Practices**

Effective Date: April 2003

***This notice describes how clinical information obtained from referring agencies and information gathered through your participation in our program may be used and disclosed to help you work toward your goal of employment. This also explains how our consumers, their guardians and/or personal representatives, can get access to this information. Guardians and personal representatives should be aware that the word “you” in this notice refers to the consumer, not to the guardian. Please review it carefully.***

We are required to maintain the privacy of protected health information and must inform you of our privacy practices. We adhere to policies and procedures to maintain confidentiality and to share information regarding your case only with those who have a clear need to know. We are required to abide by the terms of the Notice of Privacy Practices that is most current. We reserve the right to change the terms of the Notice at any time. Any changes will be effective for protected health information that we maintain. You may request a copy of the revised Notice at any time. A copy of our current Notice will always be posted. You will be able to obtain a copy by accessing our website at [www.viscardicenter.org](http://www.viscardicenter.org), calling our office at (516) 465-1490, or asking for one.

### **CONFIDENTIALITY INFORMATION**

In order to provide you with the highest quality services as you prepare for employment, your referring counselor has provided Abilities, Inc. with information related you, your disability, educational background and work history that will help us gain better insight into your needs. This information will also be utilized to evaluate your capabilities, strengths and skills as you prepare for and then enter (or re-enter) the labor market. Our goal is to help you obtain employment in a position that reflects upon your needs and your current skillsets, as well as the new skills you will acquire through participation in our programs. Clinical information about you may be used by our agency in connection with our duties to provide you with vocational planning services, to obtain payment for those services or to conduct our agency's business operations.

1. We will not disclose clinical information about you **without your consent** or written authorization, except for the following purposes:

- When we are communicating with other referral agencies which are currently providing services to you, or working with us to plan services for you, if this communication is about vocational planning services, payment or agency operations.
  - Vocational Planning Services means that we may share clinical information about you inside our agency, or with another agency, to plan for and provide training and/or employment services for you.
  - Payment means that we may use clinical information about you, or share it with others, so that we may obtain payment for services received.
  - Operations means that we may use clinical information about you in order to conduct our normal business operations. For example, we may use information about you to evaluate the performance of our staff providing services to you, or to educate our staff on how to improve the care they provide for you.
- To a personal representative who is authorized to make health care decisions on your behalf.
- To government agencies in order to obtain payment for services provided.
- To comply with a court order.
- To appropriate persons who are able to avert a serious and imminent threat to the health and safety of you or another person.
- To appropriate government authorities to locate a missing person or conduct a criminal investigation as permitted under Federal and State laws.
- To an authorized government official for the purpose of monitoring or evaluating the quality of care provided by the agency and its staff.
- *Emergencies or Public Need.* We may disclose clinical information about you in an emergency or for important public needs such as health departments who are authorized to investigate and control the spread of disease.
- *As required by law.* We may use or disclose your clinical information if we are required by law to do so, or if a court orders us to do so in a lawsuit. We will also notify you of these uses and disclosures if notice is required by law.
- *Victims of Abuse, Neglect or Domestic Violence.* We may release clinical information about you to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. We will make every attempt to obtain your permission before releasing

this information, but in some cases we may be required or authorized to act without your permission.

- *National Security and Intelligence Activities and Protective Services.* We may disclose to authorized federal officials who are conducting national security and intelligence activities or providing protective services.

2. **If you do not object**, we may disclose information about you in the following situation:

- *Disclosure To Friends and Family Involved in Your Care.* We will ask you whether you have any objection to sharing information about you with your friends and family involved in your care.

## WHAT INFORMATION IS PROTECTED

We are committed to protecting the privacy of clinical information we gather about you while providing services. Some examples of protected clinical information are:

- The fact that you are a participant at, or receiving services from our agency;
- Information about your condition;
- Information about health care products or services you have received or may receive in the future such as medication or equipment;
- Where you live or work.
- Any information that may identify you such as your social security number or Medicaid number.

## WHAT RIGHTS DO YOU HAVE

- You have the right to inspect and copy your clinical information.
- You have the right to request that we amend your clinical information if you believe it is inaccurate or incomplete.
- You have the right to receive a list from us, called an Accounting List, which provides information about when and how we have disclosed clinical information about you to outside person or organizations. Many routine disclosures we make will not be included in this accounting list, but the list will identify non-routine disclosures of your information.
- You have the right to request further restrictions on the way we use information about you or share it with others. We are not required to agree to the restrictions you request, but if we do, we will be bound by our agreement.
- You have the right to request that we contact you in a way that is more confidential. We will try to accommodate all reasonable requests.
- You have the right to name a personal representative who may act on your behalf to control the privacy of your clinical information.

If you believe your privacy rights have been violated, you may file a complaint with us. No one will retaliate or take action against you for filing a complaint.

**We have designated a Privacy Officer to answer your questions about our privacy practices. Please contact Alice Muterspaw, Associate Vice President, Vocational Services at 516-465-1490.**

Our programs do not discriminate against any persons because of race, color, religion, sex, age, sexual orientation or national origin. Preference given to veterans.