



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL TREATMENT INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Horizon has adopted the following policies and procedures for protection of the privacy of our patients.

Our Obligation to You

We at Horizon respect your privacy. This is part of our Code of Conduct. We are also required by law:

- To maintain the privacy of “protected health information” about you;
- To notify you of our legal duties and your legal rights; and
- To follow the privacy policies described in this notice.

“Protected health information” means any information that we create or receive that identifies you and relates to your health or payment for services to you.

Use and Disclosure of Information about You

Use and Disclosure for Treatment: We will use your protected health information and disclose it to others as necessary to provide treatment to you. Here are some examples:

- Various members of our staff may see your treatment record in the course of our care for you. This includes clerical staff, counselors, nurses, physicians and other therapists. Only staff members who need to know the information in order to provide your treatment will view your record.
- We may send blood, tissue or urine samples to a laboratory for analysis.
- We may provide information to your health insurance plan or another treatment provider in order to arrange for a referral or clinical coordination.
- We may contact you to remind you of appointments.
- We may contact you to tell you about treatment services that we offer that might be of benefit to you.
- With your authorization, we may share your contact information with an organization we engage to perform evaluations of our services or to help you manage your health, and will ensure the confidentiality of your information.
- As required by law, we will be checking the NYS Department of Health Prescription Monitoring Program Registry to identify the controlled substances that have been prescribed for you.

Use and Disclosure for Payment: We will use or disclose your protected health information as needed to arrange for payment for service to you. For example, information about your diagnosis and the service we render is included in the bills that we submit to your health insurance plan. Your health insurance plan may require health information in order to confirm that the service rendered is covered by your benefit program and medically necessary. A health care provider that delivers service to you, such as a clinical laboratory, may need information about you in order to arrange for payment for its services. We may also release your name, address and other non-clinical information to a collection agency if you do not pay your fees despite our repeated communications to you.

Use and Disclosure for Health Care Operations and Fundraising: It may also be necessary to use or disclose protected health information for our health care operations or those of another organization that has a relationship with you. For example, our quality assurance staff reviews records to be sure that we deliver appropriate treatment of high quality. Your health insurance plan may wish to review your records to be sure that we meet national standards for quality of care. We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Policy

It is our policy to obtain your written permission to use, access or disclose your protected health information for treatment, payment or health care operations purposes. You will be asked to sign an authorization form to permit all such uses and disclosures of your information. You have the right to control disclosure of information about you to any other person, including family members or friends. If you ask us to keep your information confidential, we will respect your wishes. No disclosure of protected health information will be made without your written authorization with the following exceptions.

Emergencies: If there is an emergency (including medical), we will disclose the minimum amount of your protected health information to enable people to care for you with your consent or if you are incapable of providing consent.

Disclosure to Health Oversight Agencies: We are legally obligated to disclose protected health information to certain government agencies, including the federal Department of Health and Human Services, the NYS Offices of Mental Health, Alcoholism and Substance Abuse Services and Department of Health.

Disclosures to Child Protection Agencies: We will disclose protected health information as needed to comply with state law requiring reports of suspected incidents of child abuse or neglect.

Other Disclosures: We will follow the provisions of 42 CFR Part 2, NYS Mental Hygiene Law, and Public Health Law governing disclosure of protected health information. Except for the circumstances described above, we will not disclose protected health information to a third party without your written permission or a court order. If a request for disclosure of your treatment record is received, and we do not have a current authorization for its release, you will be contacted and asked whether you wish to authorize disclosure. If you refuse to authorize disclosure, or it is not possible for us to contact you, we will not disclose your information without a court order.

Federal and State Laws and Regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program, or about any serious and imminent threat of harm to yourself or anyone else.

Unauthorized Disclosures: 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.

Your Legal Rights

Right to Request Confidential Communications: You may request that communications to you, such as appointment reminders, bills, or explanations of health benefits be made in a confidential manner. We require that you submit your request in writing. We will accommodate any such request, as long as you provide a means for us to process payment transactions.

Right to Request Restrictions on Use and Disclosure of your Information: You have the right to request restrictions on our use of your protected health information for particular purposes, or on our disclosure of that information to certain third parties. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or operations with your health

insurer. We require that you submit your request in writing. We are not obligated to agree to a requested restriction, but we will honor such requests consistent with the delivery of high quality care.

Right to Revoke an Authorization: You may revoke a written Authorization for us to use or disclose your protected health information. The revocation will not affect any previous use, access or disclosure of your information. However, by law you may not revoke an authorization to communicate with a criminal justice agency that mandated your treatment.

Right to Review and Copy Your Record: You have the right to see your treatment record. We will allow you to review your record unless a clinical professional determines that would create a substantial risk of physical or emotional harm to you or someone else. You may appeal this decision by contacting the Horizon Privacy Officer (see below). If another person provided information about you to our clinical staff in confidence, that information may be removed from the record before it is shared with you. We will also delete any protected health information about other people. At your request, we will make a paper or electronic copy of your record for you. We will charge a reasonable fee for this service.

Right to Amend Your Record: If you want to make an addition to your record, or believe your record contains an error, you may amend it. If there is an error, a note will be entered in the record to correct the error. If not, and you want to document what you perceive to be in error, or if you want to make an addition, you will be permitted to add a short statement to the record. This information will be included as part of the total record that will be shared with your authorization.

Right to a Listing of Disclosures: You have the right to a listing of the times we have shared your health information for two years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about payment and health care operations, and certain other disclosures (such as those you asked us to make). We will provide one list per year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Right to a Personal Representative: A “personal representative” of a consumer may act on your behalf in exercising your privacy rights. This includes the parent or legal guardian of a minor. An individual can also grant another person the right to act as his or her personal representative in an advance directive or living will. Disclosure of protected health information to personal representatives may be limited in cases of domestic or child abuse.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this Notice which is also posted on our web site.

How to Exercise Your Rights/File Complaints

If you have questions about our policies and procedures, or wish to exercise your individual rights, contact the Director of the program you are attending or call (716) 831-2700 to be directed to an appropriate staff member. If you have a complaint or concern about our privacy policies or practices, contact our Privacy Officer at (716) 831-2700. Your counselor or Program Director will give you a form to submit a complaint if you wish. **We will never retaliate against you for filing a complaint.**

You can also submit complaints to:

*Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.*

*Room 509F, HHH Building
Washington, D.C. 20201
Hotline: 1-877-696-6775*

www.hhs.gov/ocr/privacy/hipaa/complaints

*US Attorney for the Western District of NY
139 Delaware Avenue
Buffalo, NY 14202
<https://www.justice.gov/usao/us-attorneys-listing>*

*SAMHSA Division of Pharmacologic Therapies
<https://www.samhsa.gov/medication-assisted-treatment/about>*