

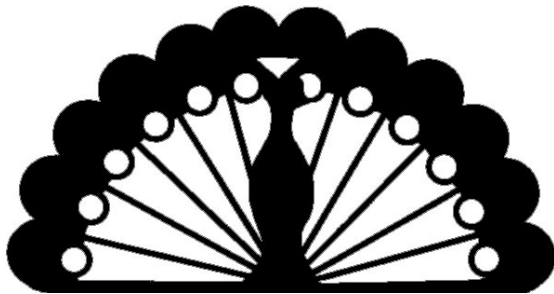
# Argus Community, Inc.

## Notice of Privacy Practices (NPP)

**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.**

**IF YOU NEED ASSISTANCE IN UNDERSTANDING THIS DOCUMENT, PLEASE ASK US FOR HELP.**

**ARGUS COMMUNITY, INC. (ACI) HAS A LEGAL DUTY UNDER FEDERAL LAW TO SAFEGUARD THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION.**



Under a Federal law called the *Health Insurance Portability and Accountability Act (HIPAA)*, we are legally required to protect the privacy of your identifiable health information. *HIPAA* calls this information *Protected Health Information (PHI)*. *PHI* includes any information that can be used to identify you that we have created or received about your past, present, or future health or condition, the provision of health care to you, or payment for your health care.

This *Notice of Privacy Practices (NPP)* briefly describes our policies and procedures related to our good faith and reasonable efforts to maintain the privacy of your *PHI* that is used for making decisions about your health care and case management, payments for that care and case management, and other associated health care operations that support our services to you. All *Argus Community Inc. (ACI)* workforce members and business associates must adhere to our privacy policies & procedures.

*HIPAA* requires us to provide you with this *NPP* to explain *how*, *when*, and *why* we may use and disclose your *PHI*. With some exceptions, we may use or disclose only the minimum necessary *PHI* to accomplish the purpose of a particular use or disclosure. *HIPAA* requires our practices to conform to the statements made in this *NPP*.

We do reserve the right to, at any time, change the terms of this *NPP* and our policies and procedures with regard to the *PHI* that we have already created or received about you, or the *PHI* that will be created or received about you in the future.

Before we make any important change to our policies or procedures with regard to your *PHI*, we will promptly revise and prominently post the new *NPP* in public areas at *ACI* and on our Website at <http://www.arguscommunity.org>

**WE MAY USE AND DISCLOSE YOUR *PHI* FOR 3 PRIMARY PURPOSES WITHOUT YOUR EXPLICIT AUTHORIZATION:**

**TREATMENT:** We may use and disclose your *PHI* in order to provide you with treatment related to your health and condition. We may disclose your *PHI* to physicians, nurses, dieticians, social workers, psychologists, and other health personnel that are involved, or may become involved, with providing or coordinating your treatment, consultations, referrals, etc. For example, we may disclose your *PHI* to your primary care physician or to specialists to whom you are referred.

**PAYMENT:** We may use and disclose your *PHI* for various *payment* functions, including but not limited to submitting Medicaid or other insurance claims, checking your eligibility for health insurance, resolving billing errors, etc. For example, employees in our Fiscal Department may disclose your *PHI* to a health insurance company or Medicaid. We may also disclose your *PHI* to our business associates, such as claims processing companies that, under contract, help us conduct these *payment*-related activities.

**HEALTH CARE OPERATIONS:** We may use and disclose your *PHI* in order to conduct necessary activities that support our continuing operations, including but not limited to case management, quality assurance, health provider competence, employee performance and training, auditing functions, legal services, etc. We may also disclose your *PHI* to our business associates that, under contract, help us perform these operations. For example, we may disclose your *PHI* to our accountants, consultants, and others who will help us to ensure that we comply with Federal and NYS laws that affect us and you.

**WE MAY ALSO USE & DISCLOSE YOUR *PHI* FOR SOME *HIPAA*-SPECIFIED ACTIVITIES WITHOUT YOUR EXPLICIT AUTHORIZATION:**

**REQUIREMENTS OF LAW, AND FOR JUDICIAL AND ADMINISTRATIVE HEARINGS:** We may use and disclose your *PHI* when required to do so by Federal, New York State, and/or local laws or statutes. For example, we may disclose your *PHI* to a judge when we are issued a subpoena.

**PUBLIC HEALTH ACTIVITIES:** We may use and disclose your *PHI* for reporting to government officials, or other authorities, that collect information about diseases, health conditions, child abuse, and other matters important to public health. For example, we may disclose your *PHI* to the New York State Registry.

**SPECIAL PROTECTIONS FOR HIV, ALCOHOL AND SUBSTANCE ABUSE, MENTAL HEALTH *PHI*:** If your care involves these special areas, please contact **ACI Privacy Official** (see last page for contact information) for more information about these additional protections.

**ABUSE, NEGLECT, DOMESTIC VIOLENCE:** We may use and disclose your *PHI* to report abuse, neglect, or domestic violence to a government authority. For example, we may disclose your *PHI* to NYS Adult Protective Services when a need arises. We would promptly tell you of such disclosures.

**HEALTH OVERSIGHT ACTIVITIES:** We may use and disclose your *PHI* to assist government officials or other authorities conduct oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; licensure or disciplinary actions; and other related oversight activities. For example, we may disclose your *PHI* to the NYS Department of Health for conducting our licensure and certification audits.

**LAW ENFORCEMENT:** We may use and disclose your *PHI* to make reports for law enforcement purposes. For example, we may disclose limited components of your *PHI* to a police officer conducting an authorized inquiry.

**RESEARCH:** In some instances we may use and disclose your *PHI* for research purposes. For example, we may allow researchers to review your *PHI* on-site at *ACI* to prepare research methods.

**SAFETY:** With specific limits, we may use and disclose your **PHI** when we believe it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. For example, we may disclose your **PHI** to an authorized law enforcement authority for identification purposes when we believe it would lessen the harm to a person or to the public.

**SPECIFIC GOVERNMENT FUNCTIONS:** We may use and disclose your **PHI** for purposes related to special Federal activities of the Military and Veterans Affairs, National Security, and associated authorities. For example, when mandated by the National Security Act, we may disclose your **PHI** when it is requested by authorized Federal officials.

**LAW ENFORCEMENT CUSTODIAL CARE:** For individuals having a Department of Corrections status we may use and disclose your **PHI** for purposes of making reports to correctional institutions or law enforcement officials having lawful custody. For example, we may disclose your **PHI** to correctional facility authorities for purposes related to providing health services or law enforcement.

**WORKER'S COMPENSATION:** We may use and disclose your **PHI** for the purposes of providing reports to NYS Worker's Compensation authorities.

**APPOINTMENT REMINDERS, TREATMENT ALTERNATIVES, HEALTH RELATED BENEFITS & SERVICES:** We may use your **PHI** to contact you to remind you about scheduled appointments, or to provide you with information about treatment alternatives or other health benefits and services that we offer. For example, we may use your **PHI** to call you on the telephone at home (or at another location of your choice) to talk about your participation in a new program.

**USES & DISCLOSURES REQUIRING AN OPPORTUNITY TO OBJECT OR OPT-OUT**

**DISCLOSURES TO FAMILY & FRIENDS INVOLVED IN YOUR CARE:** Unless you tell us that you object, we may disclose your **PHI** to family members, relatives, friends, and other persons that you indicate are involved in your care, or the payment of your care. The amount and type of **PHI** that we may disclose to them will depend upon the extent of their involvement in your treatment and care. You may opt-out of these disclosures at any time.

**RESIDENCE (& PROGRAM) DIRECTORY:** Unless you tell us that you object, we may use your **PHI** (that is, your name and program or room number) to create a residence or program directory. We may disclose the directory information to anyone who asks for you by name. You may opt-out of including your **PHI** in the residence or program directory at any time.

**FUNDRAISING:** We may use your **PHI** to contact you to ask your help in fundraising efforts for **ACI Community, Inc.** These funds would be used to improve and expand the services provided to the community. If you do not wish to be contacted by us for these fundraising purposes, please contact the **ACI Privacy Official** (see last page for contact information.)

**ALL OTHER USES & DISCLOSURES WILL REQUIRE YOUR WRITTEN AUTHORIZATION. YOU MAY REVOKE YOUR AUTHORIZATION AS PROVIDED BY THE HIPAA REGULATIONS.**

**YOU HAVE RIGHTS REGARDING YOUR PHI:**

**ADDITIONAL RESTRICTIONS ON THE USE & DISCLOSURE OF YOUR PHI:** You have the right to request that we limit (in excess of the HIPAA mandates) how we use and disclose your **PHI**. We may consider those requests but we are not required by HIPAA to accept the requests. If we accept your request, we will put any limits in writing and abide by them, except in emergency situations. We may not limit legally required uses and disclosures.

**ACCESS TO YOUR PHI:** In most instances, you have the right to access, inspect and copy your **PHI** that we or our business associates use with regard to your care, payments, and other decision-making. If we do not have your **PHI** but know who does, we will tell you how to contact them. All requests to access your **PHI** must be in writing and sent to the **ACI Privacy Official** (see last page for contact information.) We will respond to your written request within 30 days after its receipt. We may charge an appropriate fee for copying and postage. In certain circumstances we may deny your request. If that happens, we will provide you with a written explanation for the denial, and, if you wish, how to have the denial reviewed.

**ACCOUNTING OF DISCLOSURES OF PHI:** You have a right to an accounting of disclosures of your **PHI** that we and our business associates have made during the most recent 6 years starting on, and going forward from April 14, 2003. We are not obligated to account for disclosures: (a) for treatment, payment, or health care operations; (b) to you or a personal representative; (c) for notification of or to persons involved in your health care or payment for health care, for disaster relief, or for facility directories; (d) pursuant to an authorization; (e) of a limited data set; (f) for national security or intelligence purposes; (g) to correctional institutions or law enforcement officials for certain purposes regarding individuals in lawful custody; or (h) incident to those permitted or required uses or disclosures. Accountings for disclosures to health oversight agencies and law enforcement officials must be temporarily suspended on their written representation that an accounting would likely impede their activities.

A request for an accounting must be made in writing and sent to the **ACI Privacy Official** (see last page for contact information.) We will respond within 60 days of our receipt of written request. The accounting will include the required disclosures for the most recent 6 years starting on, and going forward from April 14, 2003 unless you request a shorter time frame. We will provide the accounting at no charge, but all subsequent accountings requested during a 12-month period will incur reasonable charges.

**AMENDMENTS TO PHI:** You have the right to request us to amend your **PHI** if it is inaccurate or incomplete. When we accept your request for an amendment, we will make the amendment and make reasonable efforts to provide the amendment to persons that you identify in your written request as needing the amended information, and to persons that we know who may rely on the amended information. We will also amend your **PHI** when we receive a notice to amend from another covered entity.

Requests must be in writing and sent to the **ACI Privacy Official** (see last page for contact information.) We will respond within 60 days of receiving your written request for an amendment to your **PHI**. We may deny your request if the **PHI** is complete, accurate, not allowed to be disclosed to you, not created by us, or not part of the *designated record set*. Our written denial will

state the reasons for the denial and explain your right to file a written statement of disagreement. If you want, we must include your original request for access, our denial, and any subsequent statement of disagreement or rebuttal with subsequent disclosures of the **PHI**.

**CONFIDENTIAL COMMUNICATIONS:** You have the right request confidential and alternate methods of communications, for example, to request that we use an alternative address or telephone number to contact you, or that we use secure e-mail versus regular post-office mail. We must accommodate all reasonable requests for confidential communications. Your request must be in writing and sent to the **ACI Privacy Official** (see last page for contact information.)

**PAPER & E-MAIL VERSIONS OF THE NOTICE OF PRIVACY PRACTICES (NPP):** You have the right to receive an e-mail version of this **NPP**. And even if you have requested the e-mailed **NPP**, you also have the right receive a paper copy of the **NPP**.

**COMPLAINTS REGARDING PRIVACY RIGHTS**

If you believe that we or our business associates have violated your privacy rights, or if you disagree with a decision that we have made about access to, or amendment of your **PHI**, you may file a complaint with the **ACI Privacy Official** listed below. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, and the Secretary of the U.S. Office of Civil Rights. We will take no retaliatory actions against you if you file a complaint about our privacy practices. If you have any questions about this **NPP**, or if you would like to file a complaint, please contact:

**Privacy Official & Deputy Privacy Official  
Argus Community, Inc.  
760 East 160<sup>th</sup> Street  
Bronx, NY 10456  
Telephone: (718) 401-5415  
E-mail: [privacy@arguscommunity.org](mailto:privacy@arguscommunity.org)**

**THE EFFECTIVE DATE OF THIS NOTICE OF PRIVACY PRACTICES IS: 11/24/2003, as revised**