

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This notice applies to all ConnexxCare patients including medical, dental, mental health, and school-based locations. **Please review it carefully.**

Your Rights	Your Choices	Our Uses and Disclosures
You have the right to: • Get a copy of your paper or electronic medical record • Request to correct your paper or electronic medical record • Request confidential communication • Ask us to limit the information we share • Get a list of those with whom we've shared your information • Get a copy of this privacy notice • Choose someone to act on your behalf • File a complaint if you believe your privacy rights have been violated	You have some choices in the way that we use and share information as we: • Tell family and friends about your condition • Provide disaster relief • Provide Mental Health and Substance Use Disorder care • Market our services and sell your information • Raise funds	We may use and share your information as we: • Treat you • Run our organization • Bill for your services • Help with public health and safety issues • To do research (with permission or de-identified) • Comply with the law • Respond to organ and tissue donation requests • Work with a medical examiner or funeral director • Address workers' compensation, law enforcement, and other government requests • Respond to lawsuits and legal actions

***To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Contact Information

Corporate Compliance Officer Anonymous Hotline: 1-855-252-7606 or https://www.complianceresource.com/hotline/ Phone: 315-298-6564 ext 2012 Email: corporatecompliance@connexxcare.org Address: 61 Delano St., Pulaski, NY 13142	U.S. Department of Health and Human Services Office for Civil Rights 200 Independence Avenue, S.W., Washington, D.C. 20201, 1-877-696-6775, or https://www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html
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For more information about HIPAA privacy practices, visit:

<https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- 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 our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this Notice of Privacy Practices

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information **unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

Our Uses and Disclosures

We typically use or share your health information in the following ways:

To Treat you

We can use your health information and share it with other professionals who are treating you. To support high-quality care and coordinated care, our organization participates in secure Health Information Exchanges (HIE), which allows your health information to be exchanged with other healthcare providers and organizations involved in your care, as permitted by law, to support treatment, payment, and healthcare operations. You have the right to opt out of HIE participation, except where sharing is required by law.

We may use your health information when we contact you for an appointment for health care services. We may also contact you to follow-up on the care you have received, to discuss test results, or make referrals to other health care providers, or to recommend possible treatment options, health-related benefits, or services that may be of interest to you. When we disclose to a third party as outlined herein might be redisclosed by the third party, and the redisclosure may no longer be protected by federal or state law. *Example: A Specialist Doctor is treating you and they ask your Primary Care Provider about your overall health condition.*

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary. We also use technology tools, including artificial intelligence applications, to support and enhance our business operations and efficiency. We may share your health information with companies that perform services on our behalf. *Example: We use health information about you to manage your treatment and services. We also use AI Scribes (with whom we have confidentiality agreements with) to document certain services.*

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities. We may disclose your health information related to treatment and services provided by us to an individual responsible for payment or maintenance of your health insurance. *Example: We give information about you to your health insurance plan so it will pay for your services.*

We are also allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Special Privacy Protections May Apply to Certain Categories of Health Information Such as:

- HIV/AIDS related information
- Alcohol and substance treatment information
- Mental health information
- Genetic health information
- Psychotherapy notes

If your treatment involves any of these specialized services, you may be asked to sign an authorization permitting us to disclose this information. You have the right to revoke the authorization at any time. If you revoke the authorization, we will not further use or disclose your health information for the purposes documented on the authorization.

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent **or** (2) a court order and a subpoena.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing Disease/Communicable Disease Reporting
- Reporting adverse reactions to medications, products or devices, and helping with product recalls
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Reporting Births and Deaths

Do research

We can use or share your information for health research with certain restrictions.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual passes away.

To follow the law, address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Inmates and Correctional Institutions:

- We may disclose your health information to correctional institutions or law enforcement officials if you are an inmate or under lawful custody, when necessary to provide you with healthcare, ensure your health and safety or that of others, or maintain the safety and security of the institution. While inmates do not have the same rights to receive a Notice of Privacy Practices as other patients, their health information remains protected under HIPAA and applicable state laws. Disclosures without authorization are permitted by law under these specific circumstances.

Military and Veterans:

- If you are in the armed forces, we may disclose your health information to appropriate military authorities for activities they determine are necessary to carry out their military mission. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

Student Immunizations to Schools:

- We are permitted to disclose proof of immunization to a school if state law requires it prior to admitting a student. Although an authorization is not required, we will attempt to obtain oral agreement from the parent/guardian or directly from an adult patient before disclosing the information.

Our Responsibilities

- 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.
- We must follow the duties and privacy practices described in this notice and give you a copy.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We will not share your mental health treatment records without your written consent unless it is for treatment or another law requires us to share the information.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Contact Information

Privacy Officer: ConnextCare Corporate Compliance Officer
Anonymous Hotline: 1-855-252-7606 or <https://www.complianceresource.com/hotline/>
Phone: 315-298-6564 ext. 2012
Email: corporatecompliance@connextcare.org
Address: 61 Delano St., Pulaski, NY 13142

You can also file a complaint with the U.S. Government:

U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue, S.W., Washington, D.C. 20201,
1-877-696-6775, or <https://www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html>

For more information about HIPAA privacy practices, visit:

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