

LIBERTY HOUSE FOUNDATION, INC.

NOTICE OF INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

NOTICE OF INFORMATION PRACTICES

Protecting the privacy and confidentiality of information about our **members, staff, board members and donors** is very important to Liberty House Foundation, Inc. Accordingly, we strive to comply with each of the following practices in everything we do:

- **We do not sell, rent, lease or otherwise disclose personal information of our members, staff, board members and donors for purposes unrelated to our services.** The personal information of our **members, staff, board members and donors** is of paramount importance to us. Therefore, we provide this information only to our employees as required allowing them to develop and provide our services.
- **We work to ensure information integrity and security.** We use technology tools and design our business practices to help ensure that the personal information of our **members, staff, board members and donors** is properly gathered, stored and processed. We also work to maintain the security of, and restrict internal and external access to, the personal information of our **members, staff, board members and donors** through the use of technology and our business practices.
- **We expect our employees to respect the personal information of our members, staff, board members and donors.** Liberty House Foundation, Inc. has business policies and practices in place to help ensure that our employees carry out these practices and otherwise protect personal information about our members. Both employees and agents are subject to censure, dismissal, or termination for violation of these policies.

NOTICE OF INFORMATION PRACTICES - PROTECTED HEALTH INFORMATION

The terms of this Notice of Information Practices applies to Protected Health Information (defined below). This Notice describes how Liberty House Foundation, Inc. may use and disclose Protected Health Information to carry out payment and program services, and for other purposes that are permitted or required by law.

We are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to maintain the privacy of Protected Health Information and to provide our members with notice of our legal duties and privacy practices concerning Protected Health Information. In the event applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of Protected Health Information, as set forth below, we will restrict our uses or disclosures of your Protected Health Information in accordance with the more stringent standard. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Information Practices as necessary and to make the new Notice effective for all Protected Health Information maintained by us. If we make material changes to our privacy practices, we will mail copies of revised notices to all current members.

DEFINITIONS

Protected Health Information (“PHI”) means individually identifiable health information, as defined by HIPAA, that is created or received by Liberty House and that relates to the past, present, or future physical or mental health or condition of an individual; the provision of service to an individual; or the past, present, or future payment for the provision of service to an individual; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased.

UNDERSTANDING YOUR LIBERTY HOUSE CASE RECORD INFORMATION

Upon admission, Liberty House generates a case record documenting your course of rehabilitation with the agency. Typically, this case record contains documentation of your diagnosis, treatment, medications, social and health history, vocational history, treatment plans, goals and objectives, current level of functioning and plan for future care. This information serves as a:

- Basis for planning your services and treatment
- Legal document describing the services you received
- Means by which you or the county/state can verify that you actually received the services billed for
- A tool to assess the appropriateness and quality of services you received
- A tool to improve the quality of services and achieve better member outcome

This information helps you to:

- Ensure its accuracy and completeness

- Understand who, what, where, why, and how others may access your personal health information
- Make informed decisions about authorizing disclosures to others
- Better understand the rights detailed below

DISCLOSURE OF INFORMATION

Neither Liberty House or our employees will use or share with other parties, any nonpublic personal information about Liberty House members for any purpose other than; disclosures for the determination of eligibility for the performance of services by Liberty House, disclosures that are permitted or required by law, or disclosures that the member has authorized.

Neither Liberty House nor our employees will further disclose any nonpublic personal information about a former member of Liberty House other than as may be required or permitted by law.

CONFIDENTIALITY AND SECURITY

Liberty House Foundation, Inc. will safeguard, according to strict standards of security and confidentiality, any information we collect, receive or maintain about Liberty House's members. Liberty House maintains administrative, technical, and physical safeguards to ensure the security and confidentiality of our member information and records, to protect against anticipated threats or hazards to such records, and to protect against unauthorized access to or use of such information or records.

Internally, Liberty House limits access to our member's information to only those employees who need access to the information to perform their job functions. Employees who misuse information are subject to disciplinary actions. Externally, we do not disclose member information to any third parties unless we have previously informed the member of the disclosure, have been authorized to do so by the member, or are required or permitted to make the disclosure by law or our regulators.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose PHI. For each category of uses and disclosures we will explain what we mean and, where appropriate, provide examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose PHI will fall within one of the categories.

Your Authorization - Except as outlined below, we will not use or disclose your PHI unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent that we have taken action in reliance upon the authorization.

Uses and Disclosures for Payment - We may make requests, uses, and disclosures of your PHI as necessary for payment purposes.

Family and Friends Involved in Your Care - If you are available and do not object, we may disclose your PHI to your family, friends, and others who are involved in your care. If you are unavailable or incapacitated and we determine that a limited disclosure is in your best interest, we may share limited PHI with such individuals. If you do not wish Liberty House to share PHI with your spouse or others, you may exercise your right to request a restriction on Liberty House's disclosures of your PHI (see below).

Other Uses and Disclosures - We may make certain other uses and disclosures of your PHI without your authorization.

- We may use or disclose your PHI for any purpose required by law. For example, Liberty House may be required by law to use or disclose your PHI to respond to a court order.
- We may disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations.
- We may disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you to be a victim of abuse, neglect or domestic violence.
- We may disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.
- We may disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- We may disclose your PHI to the proper authorities for law enforcement purposes.
- We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
- We may use or disclose your PHI for cadaveric organ, eye or tissue donation.
- We may use or disclose your PHI for research purposes, but only as permitted by law.
- We may use or disclose PHI to avert a serious threat to health or safety.

- We may use or disclose your PHI if you are a member of the military as required by armed forces services, and we may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- We may disclose your PHI to workers' compensation agencies for your workers' compensation benefit determination.
- We will, if required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

RIGHTS THAT YOU HAVE

Access to Your PHI - You have the right to copy and/or inspect certain aspects of your PHI that we maintain. Requests for access to your PHI must be in writing, must state that you want access to your PHI and must be signed by you or your representative.

Amendments to Your PHI - You have the right to request that PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your representative, and must state the reasons for the amendment/correction request. Amendment request forms are available from Liberty House at the address below.

Accounting for Disclosures of Your PHI - You have the right to receive an accounting of certain disclosures made by us of your PHI. Examples of disclosures that we are required to account for include those to state insurance departments, pursuant to valid legal process, or for law enforcement purposes. To be considered, your accounting requests must be in writing and signed by you or your representative.

Restrictions on Use and Disclosure of Your PHI - You have the right to request restrictions on certain uses and disclosures of your PHI for insurance payment or program services, disclosures made to persons involved in your care, and disclosures for disaster relief purposes. For example, you may request that we not disclose your PHI to your spouse. Your request must describe in detail the restriction you are requesting. HIPAA does not require us to agree to your request but we will accommodate reasonable requests when appropriate. We retain the right to terminate an agree-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such a termination. You also have the right to terminate, in writing or orally, any agreed-to restriction. Requests for a restriction (or termination of an existing restriction) may be made by contacting Liberty House.

Request for Confidential Communications - You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address. We are required to accommodate reasonable requests if you inform us that disclosure of all or part of your information could place you in danger. Requests for confidential

communications must be in writing, signed by you or your representative, and sent to Liberty House at the address below.

Right to a Copy of the Notice - You will receive a paper copy of this Notice.

Complaints - If you believe your privacy rights have been violated, you can file a complaint, without fear of retaliation, with Liberty House in writing at the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of a violation of your rights.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact Julia Beebe, Executive Director of Liberty House Foundation, Inc., 54 Bay Street, Glens Falls, New York 12801. You may also call her directly at (518) 798-1066.

Adopted by Liberty House Foundation Board of Directors: 03/20/03

ORIGINAL EFFECTIVE DATE: April 14, 2003

REVISION DATE: February 23, 2017

NOTICE OF INFORMATION PRACTICES

I have received, reviewed and understand the Liberty House Foundation, Inc. Notice of Information Practices and I have been given a signed copy for my records.

Received by: _____

Date: _____