



Notice of Privacy Practices

Advocates Incorporated

This notice describes how Advocates may use/disclose your Protected Health Information (PHI) and how you can gain access to this information.

Please review this notice carefully.

Advocates' commitment to you

At Advocates, we understand that information about you and your services is personal. We are committed to protecting your privacy and sharing information only with those who need to know and are authorized to see the information to assure quality services for you. This notice describes how Advocates uses and discloses Protected Health Information (PHI) about you for services, payment, and healthcare operations. It also describes your rights to access and control your PHI and Advocates' responsibilities to maintain your PHI. PHI is information that may identify you and relates to your past, present, or future physical and/or mental health condition, services, and payment for such services. Sometimes this information is also referred to as clinical information. In this notice, protected information will be referred to as PHI.

Who will follow this notice?

All Advocates' employees, volunteers, contractors, and business associates that provide services on behalf of Advocates who are authorized to access your records are subject to the terms of this notice.

What information is protected?

All information we create or maintain that relates to you and your healthcare and/or services, including your name, address, birth date, Social Security number, Medicaid number, medical information, person-centered service plan, staff action plan, safeguards, and other information (such as photographs and other images that could identify you in connection with your PHI) is protected.

Your PHI Rights

You and/or your designee have the following rights concerning your PHI. Your designee, depending on your circumstances and in accordance with state law, may be your legal guardian, healthcare agent, or designated legal representative who may include a family member such as a spouse, domestic partner, parent, adult child, or adult sibling. You have the right to:

- See or inspect your PHI and obtain a copy.
- Ask Advocates to change or amend PHI that you believe is incorrect or incomplete. We may deny your request if the record was not created by Advocates or if, after reviewing your request, we believe the record is accurate and complete.
- Request a list (accounting) of certain disclosures Advocates has made of your PHI for up to 6 years prior to the date of your request. The list does not include disclosures made for services, payment, and healthcare operations; disclosures made to you; or disclosures made to others with your permission (for example, disclosures made to law enforcement in response to a court order or subpoena).
- Request that Advocates communicate with you in a way that will keep your information confidential.

- Request a restriction on uses or disclosures of your PHI related to services, payment, healthcare operations, and disclosures to involved family. Advocates, however, is not required to agree to your request unless you have paid for your services in full, with your own money, and are requesting restrictions on information pertaining only to those services for payment or healthcare operations and the disclosure is not required by law.
- Receive a paper copy of this notice. You may obtain additional copies from Advocates' staff or by accessing our website at www.advocatesincorporated.org at any time.
- Be notified following a breach of unsecured PHI. When your PHI is disclosed to unauthorized persons and can be read by them, we must notify you.

To request access to your PHI or to exercise any of the rights listed above, submit your written request to the Advocates Compliance Officer at 300 South Manlius Street, Fayetteville, NY 13066.

Advocates is required to

- Keep and maintain the privacy of your PHI in accordance with federal and state laws.
- Give you this notice of our legal duties and practices concerning the PHI we maintain about you.
- Follow the rules in this notice. Advocates will only use or disclose PHI about you with your permission or for one of the reasons explained in this notice.
- Tell you if we make changes to our privacy practices in the future. If significant changes are made, Advocates will distribute a revised Notice of Privacy Practices to you and post the revised notice on our website at www.advocatesincorporated.org.

How Advocates uses and discloses PHI

Advocates may use and disclose PHI without your permission for the purposes described below:

Services/Treatment

Advocates will use your PHI to provide you with services. We may disclose PHI to doctors, nurses, psychologists, social workers, intellectual/developmental disability service professionals, direct support professionals, and other Advocates' employees, volunteers, contractors, and business entities that work with us to provide you with services. For example:

- Staff may discuss your PHI to develop and carry out your person-centered Staff Action Plan.
- Staff may discuss your PHI to coordinate your services in cooperation with your other service providers, like your Care Manager or your Day Habilitation Provider.

Payment

Advocates will use your PHI to bill and collect payment from you, a third party, an insurance company, Medicare, Medicaid, or other government agencies. For example:

- Advocates may disclose your PHI to Medicaid, Medicare, and/or the NYS Department of Health to receive payment for the services you receive.
- Advocates may disclose your PHI to Medicaid, Medicare, the NYS Department of Health, and/or the Social Security Administration to determine your eligibility for the benefits needed to pay for your services.

Healthcare Operations

Advocates will use your PHI for administrative operations. These uses/disclosures are necessary to operate Advocates' services and to ensure all individuals receive high quality, person-centered services. For example:

- We may use your PHI for quality improvement, to review our services, and to evaluate staff.
- We may disclose your PHI to conduct fiscal audits and ensure program compliance.
- We may disclose your PHI to resolve any complaints or objections you have about your services.
- We may disclose PHI to our business associates, who need access to your information to perform administrative or professional services on Advocates' behalf. These business associates have the same responsibility as Advocates to protect the privacy of your information.

Other uses and disclosures that do not require your permission

In addition to services/treatment, payment and healthcare operations, Advocates will use your PHI without your permission for the following reasons:

- When required to do so by federal or state law.
- To governmental agencies that administer public benefits, if necessary to coordinate your services and benefits.
- For public health reasons, including prevention and control of disease, injury, or disability; reporting births and deaths; reporting abuse or neglect; reporting reactions to medication or problems with products; and to notify people who may have been exposed to a disease or are at risk of spreading disease.
- For health oversight activities, including audits, investigations, surveys, inspections, and licensure.
- For judicial and administrative proceedings, including hearings and disputes, when ordered by a judge or presiding officer or in response to a court order or subpoena.
- For law enforcement purposes; to report a possible crime, identify a missing person, suspect, or witness; provide identifying data in connection with a criminal investigation; and/or assist the district attorney in furtherance of a criminal investigation of individual abuse.
- To correctional institutions/officials if you are an inmate and the information is necessary to provide you with healthcare, protect your health and safety or that of others, or for the safety of the facility.
- Upon your death to coroners, medical examiners, and/or funeral directors.
- To organ procurement organizations in compliance with state law.
- For research purposes when you have agreed to participate in the research.
- To prevent or lessen a serious or imminent threat to your health and safety or to the health and safety of others.
- To authorized federal officials for intelligence and other national security activities authorized by law.

Disclosures to certain persons if you agree or do not object

Advocates may disclose PHI, if we tell you we are going to use or disclose it and you agree or do not object, to family members or designees who are involved in your services or in payment for your services, if the information is relevant to their involvement; to notify them of your condition and location; and/or to disaster relief organizations that need to notify your family about your condition and location should a disaster occur.

Authorization required for all other uses and disclosures

- For all other uses and disclosures not already described in this notice, Advocates will use or disclose PHI only with a written authorization signed by you or your designee that states who may receive the information, what information is to be shared, the purpose of the use or disclosure, and an expiration date for the authorization.
- Written authorizations are always required for use and disclosure of psychotherapy notes (notes of counseling sessions that are kept separate from an individual's clinical record), the sale of PHI, and for marketing purposes. NOTE: Advocates will never sell your PHI.
- Under New York State law, confidential HIV-related information (information concerning whether or not you have had an HIV-related test or have HIV infection, HIV-related illness, or AIDS, or which could indicate that a person has been potentially exposed to HIV), cannot be disclosed except to those people you authorize in writing to receive it.

Additional Protections for Substance Use Disorder (SUD) Records – 42 CFR Part 2

If you receive services for a Substance Use Disorder (SUD) from a federally assisted program, your SUD treatment records are protected by federal law, 42 CFR Part 2 ("Part 2"). These rules provide extra confidentiality protections beyond HIPAA. Part 2 applies to records that identify you as having a SUD or as having received SUD treatment, diagnosis, or referral for treatment from a federally assisted Part 2 program.

Uses and Disclosures Requiring Your Written Consent

Except in very limited circumstances, Advocates may not use or disclose your Part 2-protected SUD treatment records without your written consent. Your consent must identify who may receive the information, specify what information may be shared, state the purpose of the disclosure, and include an expiration date or event. Under the 2024 final rule, you may provide a single consent permitting uses and disclosures for treatment, payment, and healthcare operations (TPO).

Redisclosure Prohibition

Any recipient of SUD records disclosed under Part 2 is prohibited from redisclosing those records unless you consent in writing or a Part 2 exception applies. A notice of this prohibition will accompany any Part 2 disclosure made with your consent.

Limited Disclosures Permitted Without Your Consent

- Medical emergencies when disclosure is necessary to treat a condition that poses an immediate threat to your health or safety.
- Approved scientific research, audits, or program evaluation under strict safeguards.
- Court orders that meet the specific Part 2 procedures and criteria (a subpoena alone is not sufficient).
- Reporting of crimes on program premises or against program staff.
- Disclosures required by the U.S. Department of Health and Human Services to investigate Part 2 compliance.

Part 2 records received by a HIPAA covered entity or business associate pursuant to your valid consent may be further used or disclosed consistent with HIPAA, except that such records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order that complies with Part 2.

Under the 2024 final rule, Part 2 aligns certain requirements with HIPAA, including breach notification and civil monetary penalties. You retain the right to revoke your consent at any time, except to the extent actions have already been taken in reliance on your consent.

Revocation

You may revoke your authorization to disclose your PHI, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons stated in your authorization. We cannot, however, take back disclosures we made prior to the revocation and we must retain PHI that verifies and supports the services we have provided to you.

Changes to this notice

Advocates reserves the right to make changes to the terms described in this notice and to make the new notice terms effective for all PHI that Advocates maintains. We will provide you with a copy of the revised notice at your next scheduled service planning meeting and post the revised notice with the effective date on our website at www.advocatesincorporated.org.

Complaints

If you believe your privacy rights have been violated:

1. You may file a complaint with the Advocates Compliance Officer at 300 South Manlius Street, Fayetteville, NY 13066; phone: 315-469-9931; email: carol@advocatesincorporated.org.
2. You may file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). You can submit a complaint online through the OCR Complaint Portal at <https://ocrportal.hhs.gov/ocr/>; by mail to Centralized Case Management Operations, U.S. Department of Health & Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, DC 20201; or by phone at 1-800-368-1019 (TDD 1-800-537-7697). You may also email OCRComplaint@hhs.gov.

3. You may contact OCR Region II (serving New York) at the Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312, New York, NY 10278.

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Questions

If you have any questions about this notice, please contact:

Carol Gentry

Director of Compliance, Quality & Incident Management (Compliance Officer/Privacy Officer)

Advocates Incorporated

300 South Manlius Street, Fayetteville, NY 13066

Phone: 315-469-9931

Email: carol@advocatesincorporated.org