

**Notice of Privacy Practices  
Oswego County Opportunities, Inc.**

**Oswego Health Center  
Pulaski Health Satellite**

**Fulton Health Center**

**Mexico Health Satellite  
SUCO Health Satellite**

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.

At Oswego County Opportunities, Inc., we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

**Key Issues**

**Uses and Disclosures:** We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care is part of treatment and your records may be shared with other providers to whom you are referred. Information may be shared by paper mail, electronic mail, fax, or other methods. We may use or disclose identifiable health information about you without your authorization in several situations, but beyond those situations, we will ask for your written authorization before using or disclosing any identifiable health information about you.

**Your Rights:** You have the right to:

Inspect and copy your protected health information. Upon written request, we will either permit visual inspection of your requested protected health information or provide to you a copy within 10 days. As permitted by NYS statute, we charge \$.75/page plus postage (if applicable) for paper copies. Release of records will not be denied solely because of inability to pay. We may deny access in limited circumstances, such as when requested information may be needed for a civil or criminal proceeding. We may also deny access under certain circumstances when the request is made by the parent or guardian of an infant/minor where we determine that access would have a detrimental effect on our professional relationship with the infant/minor, on the care and treatment of the infant/minor or on the infant/minor's relationship with his parents or guardian. A minor over the age of twelve years may be notified of a request by his parent or guardian to review his patient information. If the minor objects to the disclosure, we may deny the request. Additionally, records concerning the treatment of a minor patient for venereal disease or the performance of an abortion operation upon a minor may not be released or in any manner be made available to a parent or guardian.

Request a restriction of your protected health information. You may ask us not to use or disclose certain parts of your protected health information for treatment, payment or healthcare operations. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, but if we do agree, then we must behave accordingly. You may revoke a previously agreed upon restriction, at any time, in writing.

Request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.

Ask your provider to amend your protected health information. You may submit a written request to amend inaccurate or incomplete protected health information about you. If we deny your request for amendment, you have the right to submit into the medical record a written statement of disagreement and your provider may submit a written rebuttal to such statement.

Receive an accounting of certain disclosures we may have made. This right applies to disclosures for purposes other than treatment, payment or healthcare operations made after April 14, 2003 and made no more than 6 years prior to the date of request. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. It excludes disclosures made for national security or intelligence purposes as permitted by law and to disclosures made to correctional institutions or law enforcement officials as permitted by law. It also excludes disclosures requested through your written authorization. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

**Our Responsibilities:** Oswego County Opportunities, Inc. is required by law to protect the privacy of your health information, provide this notice about our information practices, follow the information practices that are described in this notice, and seek your acknowledgement of receipt of this notice. Before we make a significant change in our policies, we will change our notice, post the new notice in the waiting area and provide to you a copy upon your next visit to one of our Health Centers. You can also request a copy of our notice at any time. We must notify you if we are unable to agree to a requested restriction. We also must accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

**For More Information or to Report a Problem**

If you have questions and would like additional information or would like to appeal a denial of access, you may contact the practice's Privacy Officer at 315-598-4715.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services at the address listed below. There will be no retaliation for filing a complaint.

*Region II, Office for Civil Rights*

U.S. Department of Health and Human Services

Jacob Javits Federal Building

26 Federal Plaza, Suite 3312

New York, New York 10278

## Uses and Disclosures of Protected Health Information

Following are examples of the types of uses and disclosures of your protected health care information that we, as your provider, are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, your protected health information may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.

**Payment:** Your protected health information will be used, as needed, in activities related to obtaining payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to your health insurance company to obtain approval for the hospital admission. A bill may be sent to you or a third-party payer that includes information that identifies you, as well as your diagnosis, procedures, and supplies used.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support our business activities. For example, when we review employee performance, we may need to look at what an employee has documented in your medical record. Our staff also routinely perform chart reviews for coding audit and clinical quality improvement purposes.

**Business Associates:** We will share your protected health information with third party 'business associates' that perform various activities (e.g., billing clearinghouse, transcription services). Whenever an arrangement between a business associate and us involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

**Marketing:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact us to request that future marketing communications not be sent to you.

## Written Authorization

Pursuant to New York Public Health Law, we will not transfer information to another provider without your written authorization. Pursuant to New York Education Law, we will obtain your written consent before disclosing your protected health information to carry out treatment, payment, or healthcare operations, except as authorized or required by law. When New York State law requires specific consents for treatment or authorizations for release of information, such as for HIV-related information, we will require these documents to be signed before treatment is given or information released. Other uses and disclosures of your protected health information will be made only with your specific written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing.

## Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to object. If you are not present or able to object, then your provider may, using professional judgment, determine whether the disclosure is in your best interest.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care or payment related to your care.

**Emergencies:** In an emergency treatment situation, your provider shall try to provide you a Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.

**Communication Barriers:** We may use and disclose your protected health information if your provider attempts to obtain acknowledgement from you of the Notice of Privacy Practices but is unable to do so due to substantial communication barriers and the provider determines, using professional judgment, that you would agree.

## Without Opportunity to Object

We may use or disclose your protected health information in the following situations without your authorization or opportunity to object:

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Health Oversight:** to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

**Abuse or Neglect:** to an appropriate authority to report child abuse or neglect, if we believe that you have been a victim of abuse, neglect, or domestic violence.

**Food and Drug Administration (FDA):** as required by the FDA, health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Legal Proceedings:** in the course of legal proceedings, such as in response to a valid subpoena.

**Law Enforcement:** for law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.

**Coroners, Funeral Directors, and Organ Donation:** for the coroner, medical examiner, or funeral director to perform duties authorized by law and for organ donation purposes.

**Research:** to researchers when an Institutional Review Board has approved their research.

**Soldiers, Inmates, and National Security:** to military supervisors of Armed Forces personnel or to custodians of inmates, as necessary. Preserving national security may also necessitate sharing protected health information.

**Workers' Compensation:** to comply with workers' compensation laws.

**Compliance:** to the Department of Health and Human Services to investigate our compliance.