



NOTICE OF PRIVACY PRACTICES

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

Our Privacy Commitment to You: At Tri-County Care, we understand that information about you and your family is personal. We are committed to protecting your privacy and sharing information only with those who need to know and are allowed to see the information. To assure quality services for you, this notice tells you how we use and disclose information about you. It describes your rights and what Tri-County Care's responsibilities are concerning information about you.

Who Will Follow This Notice: All people who work for Tri-County Care will follow this notice. This includes employees, persons Tri-County Care contracts with (contractors) who are authorized to enter information in your clinical record or need to review your record to provide services to you, and volunteers that Tri-County Care allows to assist you. We may use your clinical information with community partners related to community-based work assessments, volunteer work, classes, interviews, job shadows, mentors etc.

What Information Is Protected: All information we create or keep that relates to your health or care and treatment, including your name, address, birth date, Social Security number, your medical information, your Life Plan, service documentation, monthly summaries, career and interest assessments, disability information, financial benefits, observation, program and community activities and other information including photographs and other images about your career and our programs. In this notice we refer to protected information as "clinical information".

Your Clinical Information Rights: You have the following rights concerning your clinical information. When we use the word "you" in this notice, we also mean your personal representative. Depending on your circumstances, and in accordance with state law, this may be your guardian, your healthcare proxy or your involved parent, spouse, or adult child. (1) You have the right to see or inspect your clinical information and obtain a copy. Some exceptions apply such as records regarding incident reports and investigations and information compiled for use in court or administration proceedings. (2) If we deny your request to see your clinical information, you have the right to request a review of that denial. Professionals chosen by Tri-County Care who were not involved in denying your request will review the record and decide if you may have access to the record. (3) You have the right to ask Tri-County Care to change or amend clinical information that you believe is incorrect or incomplete. We may deny your request in some cases. For example, if the record was not created by Tri-County Care or if after reviewing your request we believe the record is accurate and complete. (4) You have the right to request a list of disclosures Tri-County Care has made of your clinical information. This list, however, does not include certain disclosures such as those made for treatment payments and healthcare operations or disclosures made to you or made to others with your permission. (5) You have the right to request that Tri-County Care communicate with you in a way that will help keep your information confidential. (6) You have the right to request a restriction on uses or disclosures of your clinical information related to treatment, payment, healthcare operations, and disclosures to involved family. Tri-County Care, however, is not required to agree to your request. (7) You have the right to receive a paper copy of this notice. You may ask Tri-County Care staff to give you another copy. (8) To request access to your clinical information or to request any of the rights listed here, you may contact our privacy contact person at (844)-504-8400 Extension 9552.

NOTE: Tri-County care requires you to make your requests in writing.

Tri-County Care's Responsibilities for Your Clinical Information: Tri-County Care is required to: (1) Maintain the privacy of your information in accordance with federal and state laws. (2) Give you this notice of our legal duties and practices concerning

the clinical information we have about you. (3) Follow the rules of this notice. Tri-County Care will use or share information about you only with your permission except for the reasons explained in this notice. (4) Tell you if we make changes to our privacy practices in the future. If significant changes are made, Tri-County Care will give you new notice.

How Tri-County Care Uses and Discloses Clinical Information: Tri-County Care may use and disclose clinical information without your permission for the purposes described below. For each of the categories of uses and disclosures we explain what we mean and offer an example. Not every use or disclosure is described, but all the ways we will use or disclose information will fall within these categories.

Treatment: Tri-County Care will use your clinical information to provide you with treatment and services. We may disclose clinical information to doctors, nurses, psychologists, social workers, qualified intellectual disabilities professionals (QIDP), developmental aides, and other Tri-County Care personnel, volunteers, or interns who are involved in providing you care. For example, involved staff may discuss your clinical information to develop and carry out your Life Plan. Other Tri-County Care staff may share your clinical information to coordinate different services you need such as medical tests, respite care, transportation etc. We may also need to disclose your clinical information to other providers outside of Tri-County care who are responsible for providing you with the services identified in your Life Plan or to obtain new services for you. Your clinical information may be used to gain information that will assist to support you in career development activities and community work experiences. Support staff, clinicians, and family members may be interviewed. If there are any specific people who you do not agree to be interviewed regarding your supports and services, please contact our compliance department at (844)-504-8400.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services at one of our programs.

Payment: Tri-County Care will use your clinical information so that we can bill and collect payment from you, a third party, an insurance company, Medicare or Medicaid or other government agencies. For example, we may need to provide the New York State Department of Health with information about the services you receive through Tri-County Care so that they will pay us for the services. In addition, we may disclose your clinical information to receive prior approval for payment for services you need. Also, we may disclose your clinical information to the U.S. Social Security Administration or the Department of Health (Medicaid) to determine your eligibility for coverage or your ability to pay for services.

Healthcare Operations: Tri-County care will use clinical information for administrative operations. These uses and disclosures are necessary to operate Tri-County Care programs and to make sure all individuals receive appropriate quality care. For example, we may use clinical information for quality improvements to review our treatment and services and to evaluate the performance of our staff and caring for you. We may also disclose information to clinicians and other personnel for the on-the-job training. We will share your clinical information with other Tri-County Care staff for the purposes of obtaining legal services through Tri-County Care's Counsel's Office, conducting fiscal audits, and for fraud and abuse detection and compliance through our Compliance Department. We will also share your clinical information with Tri-County Care staff to resolve complaints or objections to your services. We may also disclose clinical information to our



business partners who need access to the information to perform administrative or professional services on our behalf.

Other Uses and Disclosures That Do Not Require Your Permission: In addition to treatment, payment and healthcare operations, Tri-County Care will use your clinical information without your permission for the following reasons (1) When we are required to do so by federal or state law. (2) For public health reasons, including prevention and control of disease, injury, or disability, reporting births and deaths, reporting child abuse or neglect, reporting reactions to medications or problems with products, and to notify people who may have been exposed to a disease or are at risk of spreading the disease. (3) To report domestic violence and adult abuse or neglect to government authorities if you agree or if necessary to prevent serious harm. (4) For health oversight activities, including audits, investigations, surveys and inspections, and licensure. These activities are necessary for government to monitor the health care system, government programs, and compliance with civil rights laws. Health oversight activities do not include investigations that are not related to the receipt of health care or receipt of government benefits in which you are the subject. (5) Judicial and administrative proceedings, including hearings and disputes. If you are involved in a court or administrative proceeding, we will disclose clinical information if the judge or presiding officer orders us to share information. (6) For law enforcement purposes in response to a court order or subpoena to report a possible crime, to identify a suspect, witness, or missing person, to provide identifying data in connection with a criminal investigation, and to the District Attorney in furtherance of a criminal investigation of client abuse. (7) Upon your death to coroners or medical examiners for identification purposes or to determine cause of death, and to funeral directors to allow them to carry out their duties. (8) To organ procurement organizations to accomplish cadaver, eye, tissue, or organ donations in compliance with state law. (9) For research purposes, when you have agreed to participate in Research and the Institutional review Board or Privacy Committee has approved the use of clinical information for research purposes. (10) To prevent or lessen a serious or imminent threat to your health and safety or someone else's. (11) To authorize federal officials for intelligence and other national security activities authorized by law or to provide protective services to the President and other officials. (12) To correctional institutions or law enforcement 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 correctional institution. (12) To governmental agencies that administer public benefits, if necessary to coordinate the covered functions of the programs.

Uses And Disclosures That Require Your Agreement: Tri-County Care may disclose clinical information to the following persons if we tell you we are going to use or disclose it and you agree or do not object: (1) To family members and personal representatives who are involved in your care if the information is relevant to their involvement and to notify them of your condition and location; or (2) 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 types of uses and disclosures not described in this notice, Tri-County Care will use or disclose clinical information only with a written authorization signed by you that states who may receive the information, what information is to be shared, the purpose of the use or disclosure, and an expiration for the authorization. Written authorizations are always required for use and disclosure of psychotherapy notes and for marketing purposes.

NOTE: If you cannot give permission due to an emergency, Tri-County Care may release clinical information in your best interest. We must tell you as soon as possible after releasing the information.

You may revoke your authorization at any time. If you revoke your authorization in writing, we will no longer use or disclose your clinical information for the reasons stated in your authorization. We cannot, however, take back disclosures we made before you revoked, and we must retain clinical information that indicates the

services we have provided to you.

Changes To This Notice: We reserve the right to make changes to this notice. We reserve the right to make changes to the terms described in this notice and to make the new notice terms effective to all clinical information that Tri-County Care maintains. We will offer you a copy of the revised notice at your next scheduled service planning meeting.

Complaints: If you believe your privacy rights have been violated: You may file a complaint with us by calling 844-504-8400 Extension 9552. Or you may contact the Secretary of the Department of Health and Human Services: 200 Independence Ave. S. W. Washington DC, 20201, Phone: (877)-696-6775. You may file a grievance with the U.S. Department of Health and Human Services: Jacob Javits Federal Building 26 Federal Plaza – Suite #3312 New York, NY 10278. Customer Response Center: (800)-368-1019 Fax: (202) 619-3818 Email: ocrmail.hhs.gov

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

If you have any questions about this notice, please contact our Compliance Officer, Alty Kleinman, at (844)-504-8400 extension 9552.