NOTICE OF CONFIDENTIALITY & PRIVACY PRACTICES

This notice describes how medical, behavioral, and substance use disorder information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

General Information:
Information regarding your healthcare, including payment for healthcare you receive, is protected by three federal laws: The Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), and the Substance Abuse and Mental Health Services Administration (SAMHSA) Confidentiality Law, 42CFR Part 2. There are also New York State laws that protect your health information. Except as permitted by federal or state law, START Treatment & Recovery Centers (START) may not say to anyone outside START that you attend the program, nor may START disclose any information identifying you as having a substance use disorder or disclose any other information that may identify you.

START must obtain your written consent and authorization before it can provide treatment or disclose information about you for payment purposes. For example, START must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent and authorization before START can share information about you for treatment or for other purposes. However, federal and state laws provide for exceptions that permit START to use and/or disclose information without your written permission:

1. Pursuant to an agreement with another organization (known as a Business Associate) that provides supporting or administrative services to START and agrees to comply with all confidentiality and privacy rules that apply to START. For example, START can disclose information without your consent to obtain legal or accounting services, as long as there is a Business Associate Agreement in place. The same applies to disclosure of information regarding lab tests so that the laboratory that performs the tests can bill for them.
2. For audits or evaluations performed by START staff or governmental agencies that fund or regulate START;
3. For research studies performed by START or non-START staff in which no personal information is released that can identify you;
4. To report diseases or conditions (such as HIV/AIDS, hepatitis A & B, and venereal diseases) to state or local health departments, as required by law;
5. To report a crime committed on START’s premises or against patients or START employees;
6. To external medical personnel in a medical emergency;
7. To appropriate authorities to report suspected child abuse or neglect or if it is suspected that you may cause harm to yourself or others;
8. As allowed by a court order;
9. Pursuant to START employees’ responsibilities as Mandated Reporters to the New York State Justice Center in cases of abuse, neglect or other serious incident.
START will use your health information and other information that comes into its possession for treatment, as well as for payment and healthcare operations and otherwise as permitted by law. However, before START can use or disclose any information about your health in a manner that is not described above (including the use or disclosure of protected information for marketing purposes, sales or research); we must first obtain your specific written consent allowing START to use or disclose the protected information. You may revoke any such written consent in writing at any time.

**Your Rights:**

1. You have the right to request restrictions on certain uses and disclosures of your health information. START is not required to agree to any restrictions you request, but if it does agree, then it is bound by that agreement and may not use or disclose any information that you have restricted, except as necessary in a medical emergency or as required by federal and state law. However, if your request involves a healthcare item or service that has been paid out of pocket and in full for the purposes of disclosure to the patients' health plan; START is required to agree to any restrictions you request.

2. You have the right to request that START communicates with you confidentially by alternative means or at an alternative location. START will accommodate such requests that are reasonable and will not request an explanation from you.

3. You have the right to inspect, be given copies or to direct copies be sent to a third party of your health information maintained by START; except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.

4. You have the right, with some exceptions, to request an amendment to healthcare information maintained in START's records.

5. You have the right to request and receive an accounting of disclosures of your health-related information made by START during the six years prior to your request.

6. You have the right to receive a paper copy of this notice and a copy of any consent forms that you sign.

**START's Duties:**

1. START is required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to your health information.

2. START is required by law to abide by the terms of this notice.

3. START is required to notify you in the event that there is a breach of your protected health information.

4. START is required to have a method to readily identify any protected health information that you have placed restrictions on use or disclosure.

5. START reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. START may change this confidentiality and privacy policy in the future. If we do, we will revise this notice so you will have an accurate summary of our policies. Any changes will be effective upon the release of a revised confidentiality and privacy policy and that policy will be made available to you upon request. In addition, all revised notices will be posted in the reception area.
Complaints and Reporting Violations:
You may complain to START and to the Secretary of the United States Department of Health and Human Services, if you believe that your confidentiality and privacy rights have been violated. To file a complaint with START; you can contact a Patient Advisory Committee (PAC) member, any staff member or the Privacy Officer (see the Privacy Officer’s contact information below). You will not be retaliated against for filing such a complaint.

Violation of Confidentiality and Privacy laws by a program is a crime. Suspected violations of the Confidentiality and Privacy laws may be reported to the United States Attorney in the district where the violation occurs.

Contact Information:
For further information or to make a complaint, contact the Compliance Officer:

Constantine Abanda
937 Fulton Street
Brooklyn, New York 11238
718-260-2909

You also have the right to file a complaint with the following agencies, if you are dissatisfied with the outcome of your complaint:

Office of Alcoholism and Substance Abuse Services (OASAS)
501 7th Avenue, New York, NY 10018-5903
Telephone#: (800)553-5790
Attn: Patient Advocacy Unit

Or

New York State Department of Health (NYSDoH)
Corning Tower Empire State Plaza, Albany, NY 12237
(866) 881-2809 (Public Health Duty Officer Helpline)

Or

New York State Justice Center
(855) 373-2122

Or

Office for Civil Rights
US Department of Health and Human Services
200 Independence Avenue, SW, Room 509F HHH Bldg.
Washington, D.C. 20201