













Joint Notice of Privacy Practices of VNSNY OHCA

THIS JOINT NOTICE OF PRIVACY PRACTICES (ALSO CALLED THE “NOTICE”) DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Who Will Follow this Notice?

The entities listed below (Members) will follow the terms of this Notice and will only use or disclose your health information as described in this Notice. We are an organized health care arrangement (OHCA) and for purposes of our privacy practices, are considered one single entity, the VNSNY Organized Health Care Arrangement (VNSNY OHCA). The Members of the VNSNY OHCA are:

	<p align="center">Visiting Nurse Service of New York Home Care II d/b/a Visiting Nurse Service of New York Home Care</p>
 	<p align="center">New Partners, Inc. d/b/a Partners in Care</p>
  	<p align="center">VNS CHOICE d/b/a VNSNY CHOICE</p>
	<p align="center">Visiting Nurse Service of New York Hospice Care d/b/a VNSNY Hospice and Palliative Care</p>
	<p align="center">Medical Care at Home, P.C. d/b/a ESPRIT Medical Care</p>
 	<p align="center">VNSNY Care Management IPA, Inc. d/b/a VNSNY Care360° Solutions</p>

The VNSNY OHCA was formed for the primary purpose of improving the quality of care provided to you. Membership in the OHCA permits the Members to share medical information amongst ourselves to manage joint operational activities. The privacy practices in this Notice will be followed by all Members, including their workforce members and business associates. This Notice does not alter the independent status of any Member nor does it make any of the Members jointly responsible for the negligence, mistakes, or violations of any of the other Members.

In order to provide care or pay for your services, the Members must collect, create and maintain health information about you, which includes any individually identifiable information that we obtain from you or others that relates to your past, present or future physical or mental health, the health care you have received, or payment for your health care. Each Member is required by law to maintain the privacy of this information. This Notice of Privacy Practices describes how

Members uses and discloses your health information and explains certain rights you have regarding this information. Each Member is required by law to provide you with this Notice and we will comply with the terms as stated.

How VNSNY OHCA Uses and Discloses Your Health Information

The Members protect your health information from inappropriate use and disclosure. The Members will use and disclose your health information for only the purposes listed below:

1. Uses and Disclosures for Treatment, Payment and Health Care Operations. VNSNY OHCA may use and disclose your protected health information in order to provide your care or treatment, obtain payment for services provided to you and in order to conduct our health care operations as detailed below.
 - a. Treatment and Care Management. We may use and disclose health information about you to facilitate treatment provided to you by the Members and coordinate and manage your care with other health care providers. For example, your Member clinician may discuss your health condition with your doctor to plan the clinical services you receive at home. We may also leave protected health information in your home for the purpose of keeping other caregivers informed of needed information.
 - b. Payment. We may use and disclose health information about you for our own payment purposes and to assist in the payment activities of other health care providers. Our payment activities include, without limitation, determining your eligibility for benefits and obtaining payment from insurers that may be responsible for providing coverage to you, including Federal and State entities.
 - c. Health Care Operations. We may use and disclose health information about you to support functions of VNSNY OHCA, which include, without limitation, care management, quality improvement activities, evaluating our own performance and resolving any complaints or grievances you may have. We may also use and disclose your health information to assist other health care providers in performing health care operations.
2. Uses and Disclosures Without Your Consent or Authorization. Members may use and disclose your health information without your specific written authorization for the following purposes:
 - a. As required by law. We may use and disclose your health information as required by state, federal and local law.
 - b. Public health activities. We may disclose your health information to public authorities or other agencies and organizations conducting public health activities, such as preventing or controlling disease, injury or disability, reporting births, deaths, child abuse or neglect, domestic violence, potential problems with products regulated by the Food and Drug Administration or communicable diseases.
 - c. Victims of abuse, neglect or domestic violence. We may disclose your health information to an appropriate government agency if we believe you are a victim of abuse, neglect, domestic violence and you agree to the disclosure or the disclosure is required or permitted by law. We will let you know if we disclose your health information for this purpose unless we believe that advising you or your caregiver would place you or another person at risk of serious harm.

- d. Health oversight activities. We may disclose your health information to federal or state health oversight agencies for activities authorized by law such as audits, investigations, inspections and licensing surveys.
- e. Judicial and administrative proceedings. We may disclose your health information in the course of any judicial or administrative proceeding in response to an appropriate order of a court or administrative body.
- f. Law enforcement purposes. We may disclose your health information to a law enforcement agency to respond to a court order, warrant, summons or similar process, to help identify or locate a suspect or missing person, to provide information about a victim of a crime, a death that may be the result of criminal activity, or criminal conduct on our premises, or, in emergency situations, to report a crime, the location of the crime or the victims, or the identity, location or description of the person who committed the crime.
- g. Deceased individuals. We may disclose your health information to a coroner, medical examiner or a funeral director as necessary and as authorized by law.
- h. Organ or tissue donations. We may disclose your health information to organ procurement organizations and similar entities for the purpose of assisting them in organ or tissue procurement, banking or transplantation.
- i. For research. We may use or disclose your health information for research purposes, such as studies comparing the benefits of alternative treatments received by our patients or investigations into how to improve our care delivery. We will use or disclose your health information for research purposes only with the approval of our Institutional Review Board, which must follow a special approval process. Before permitting any use or disclosure of your health information for research purposes, our Institutional Review Board will balance the needs of the researchers and the potential value of their research against the protection of your privacy. When required, we will obtain a written authorization from you prior to using your health information for research.
- j. Health or safety. We may use or disclose your health information to prevent or lessen a threat to the health or safety of you or the general public. We may also disclose your Health information to public or private disaster relief organizations such as the Red Cross or other organizations participating in bio-terrorism countermeasures.
- k. Specialized government functions. We may use or disclose your health information to provide assistance for certain types of government activities. If you are a member of the armed forces of the United States or a foreign country, we may disclose your Health information to appropriate military authority as is deemed necessary. We may also disclose your health information to federal officials for lawful intelligence or national security activities.
- l. Workers' compensation. We may use or disclose your health information as permitted by the laws governing the workers' compensation program or similar programs that Provide benefits for work-related injuries or illnesses.
- m. Individuals involved in your care. We may disclose your health information to a family member, other relative or close personal friend assisting you in receiving health care services. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon our professional judgment.

- n. **Appointments, Information and Services.** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related services that may be of interest to you.
 - o. **Fundraising.** As a not-for-profit health care organization, our parent agency, Visiting Nurse Service of New York (VNSNY) may identify you as a patient for purposes of fundraising and marketing. You have the right to opt out of receiving such fundraising communications by contacting us at the email address or phone number we provide in the fundraising communication or by filling out and mailing back a preprinted, prepaid postcard contained in the fundraising communication.
 - p. **Incidental Uses and Disclosures.** Incidental uses and disclosures of your health information sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.
 - q. **Organized Health Care Arrangement.** We participate in an OHCA, as described in the beginning of this Notice, and may share protected health information amongst our Members to perform health care operations, unless otherwise limited by another law or regulation. For example, your medical information may be shared across the OHCA in order to assess quality, effectiveness, and cost of care.
3. **Special Treatment of Certain Records.** HIV related information, genetic information, alcohol and/or substance abuse records, mental health records and other specially protected health information may enjoy certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections. Specifically, if applicable to you, substance use disorder patient records protected pursuant to 42 C.F.R. Part 2 and will not be shared amongst the Members, unless such disclosure is permitted by Part 2.
4. **Obtaining Your Authorization for Other Uses and Disclosures.** Certain uses and disclosures of your health information will be made only with your written authorization, including uses and/or disclosures: (a) of psychotherapy notes (where appropriate); (b) for marketing purposes; and (c) that constitute a sale of health information under the Privacy Rule. The Members will not use or disclose your health information for any purpose not specified in this Notice of Privacy Practices unless we obtain your express written authorization or the authorization of your legally appointed representative. If you give us your authorization, you may revoke it at any time, in which case we will no longer use or disclose your health information for the purpose you authorized, except to the extent we have relied on your authorization to provide your care.
5. **Children's and Family Services or Mental Health Services.** If you decide to receive services from other VNSNY programs, such as Children's and Family Services or Mental Health services, you will be informed of specific privacy practices that relate to those programs in addition to the practices contained in this notice.

Your Rights Regarding your Health Information

You have the following rights regarding your health information:

1. **Right to Inspect and Copy.** You have the right to inspect or request a copy of health information about you that we maintain. Your request should describe the information you want to review and the format in which you wish to review it. We may refuse to allow you to inspect or obtain copies of this information in certain limited cases. We may charge you a reasonable, cost-based fee. We may also deny a request for access to health information under certain circumstances if there is a potential for harm to yourself or others. If we deny a request for access for this purpose, you have the right to have our denial reviewed in accordance with the requirements of applicable law.
2. **Right to Request Amendments.** You have the right to request changes to any health information we maintain about you if you state a reason why this information is incorrect or incomplete. Members may not agree to make the changes you request. If we do not agree with the requested changes we will notify you in writing and inform you how to have your objection included in our records.
3. **Right to an Accounting of Disclosures.** You have the right to receive a list of the disclosures of your health information by each of the Members. The list will not include disclosures made for certain purposes including, without limitation, disclosures for treatment, payment or health care operations or disclosures you authorized in writing. Your request should specify the time period covered by your request, which cannot exceed six years. The first time you request a list of disclosures in any 12-month period, it will be provided at no cost. If you request additional lists within the 12-month period, we may charge you a nominal fee.
4. **Right to Request Restrictions.** You have the right to request restrictions on the ways which we use and disclose your health information for treatment, payment and health care operations, or disclose this information to disaster relief organizations or individuals who are involved in your care. A Member may not agree to the restrictions you request. We are, however, required to comply with your request if it relates to a disclosure to your health plan regarding health care items or services for which you have paid the bill in full.
5. **Right to Request Confidential Communications.** You have the right to ask us to send health information to you in a different way or at a different location. Your request for an alternate form of communication should also specify where and/or how we should contact you.
6. **Right to Receive Notification of Breach.** You have the right to receive a notification, in the event that there is a breach of your unsecured health information, which requires notification under the Privacy Rule.
7. **Right to Paper Copy of Notice.** You have the right to receive a paper copy of this Notice of Privacy Practices at any time. You may obtain a paper copy of this Notice, by writing to the VNSNY Privacy Official. You may also print out a copy of this Notice by going to our website at www.vnsny.org.

To make a request as described in any of the above, please submit a request to: VNSNY Privacy Official, 220 East 42nd Street, New York, New York 10017. Telephone 212- 609-7470.

Complaints. If you believe your privacy rights have been violated you may file a complaint with the VNSNY Privacy Official, 220 East 42nd Street, New York, New York 10017. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized or retaliated against by VNSNY for filing a complaint.

Changes to this Notice. The Members may change the terms of this Notice of Privacy Practices at any time. If the terms of the Notice are changed, the new terms will apply to all of your health information, whether created or received by VNSNY OHCA before or after the date on which the Notice is changed. Any updates to the Notice will be made available on www.vnsny.org