

Western New York Independent Living, Inc.
3108 Main Street, Buffalo, NY 14214
www.wnyil.org

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**

This notice is effective as of October 1, 2020. If you have any questions about this notice, please contact Tina Brown, (716) 836-0822, extension 102, e-mail: tbrown@wnyil.org.

Our Privacy Commitment to You

At Western New York Independent Living, Inc. (WNYIL), family of agencies, Independent Living Center, Mental Health Peer Connection, Independent Living of Niagara County, and Independent Living of Genesee Region 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 WNYIL uses and discloses information about you. It describes your rights and what WNYIL responsibilities are concerning information about you.

1. Who will follow this notice?

All people who work for the WNYIL family of agencies, Independent Living Center, Mental Health Peer Connection, Independent Living of Niagara County, and Independent Living of Genesee Region, and in our WNYIL administrative offices will follow this notice. This includes employees, persons WNYIL contracts with (contractors) who are authorized to enter information in your Consumer Service Record or need to review your record to provide services to you, and volunteers that WNYIL allows to assist you.

2. What information is protected?

All information we create or keep that relates to your health or care and services, including your name, address, birth date, social security number, your medical information, your Individualized Service Plan (ISP) and/or Independent Living Plan (ILP) and other information (including photographs and other images) about your services in our programs. In this Notice, we refer to protected information as "Consumer information."

Your Consumer Information Rights

You have the following rights concerning your Consumer 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, health care proxy, or involved parent, spouse, or adult child.

Get a copy of your record:

- You have a right to see or inspect your Consumer information and obtain a paper or electronic copy of it. Some exceptions apply, such as records regarding incident reports and investigations, and information compiled for use in court or administration proceedings.
- WNYIL reserves the right to charge you a reasonable, cost-based fee for copying your record. You should request the cost for copying prior to requesting copies your records.
- We will provide this copy usually within 30 days of your request.

Ask us to correct your Consumer Service Record:

- You have the right to ask WNYIL to change or amend Consumer information that you believe is incorrect or incomplete.
- We may deny your request in some cases, but we will tell you why in writing within 60 days of the denial.

Get a list of those with whom we have shared information:

- You have the right to request a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- The list, however, does not include certain disclosures, such as those made for services, payment, and health care operations, and certain other disclosures, such as any you asked us to make. We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Request confidential communications:

- You have the right to request that WNYIL communicates with you in a way that will help keep your information confidential.
- You can ask us to contact you in a specific way or to send mail to a different address
- We will say yes to all reasonable requests

Ask us to limit what we use or share:

- You have the right to request a restriction on uses or disclosures of your Consumer information related to services, payment, health care operations and disclosures to involved family.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information

Get a copy of this privacy notice:

- You have the right to a paper or electronic copy of this notice available at WNYIL.

Choose someone to act for you:

- If you have given someone power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated:

- You may file a complaint utilizing the Consumer Rights process
- You may contact Tina Brown at (716) 836-0822 extension 102 or in writing at the address listed on the first page of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

WNYIL's Responsibilities for Your Consumer Information

WNYIL is required to:

- Maintain the privacy of your information in accordance with federal and state laws.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

Changes to the Terms of This Notice:

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on request, in our office, and on our website.
- We will post the new notice with the effective date on our internal Bulletin Boards in our facilities.

How WNYIL Uses and Discloses Consumer Information

WNYIL may use and disclose Consumer 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.

Services: WNYIL will use your Consumer information to provide you with services and programs. We may disclose Consumer information to staff and volunteers who are or need to be involved in the delivery of your service. For example, involved staff may discuss your Consumer information to develop and carry out your ISP or ILP.

Payment: WNYIL will use your Consumer 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 NYS Department of Health (Medicaid) with information about the services you received in our facility or through one of our HCBS waiver programs so they will pay us for the services. In addition, we may disclose your Consumer information to receive prior approval for payment for services you may need. Also, we may disclose your Consumer information to the US Social Security Administration, or the Department of Health to determine your eligibility for coverage or your ability to pay for services.

Operations: We may use Consumer information for quality improvement to review our services and to evaluate the performance of our staff in our provision of services for you. We will also share your Consumer information with WNYIL staff to resolve complaints or objections to your services. We may also disclose Consumer 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 services, payment and health care operations, WNYIL will use your Consumer information without your permission for the following reasons:

- When we are required to do so by federal or state law including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy laws
- For public health reasons: We can share health information about you for certain situations such as:
 - prevention and control of disease, injury or disability
 - reporting suspected abuse, neglect or domestic violence
 - reporting adverse reactions to medications
 - helping with product recalls
 - preventing or reducing a serious threat to anyone's health or safety
- For research: We can use or share your information for health research
- To work with a medical examiner or funeral director
 - We can share health information with a coroner, medical examiner, or funeral director when an individual dies
- To respond to organ and tissue donation requests:
 - We can share information about you with organ procurement organizations to accomplish cadaver, eye, tissue, or organ donations in compliance with state law
- To work with worker's compensation, law enforcement and other government requests. We can share health information about you:
 - For worker's compensation claims
 - For law enforcement purposes or with a law enforcement official to report a possible crime, to identify a suspect or 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
 - For health oversight activities, including audits, investigations, surveys and inspections, and licensure and activities authorized by law. 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
 - For special government functions such as military, national security, and presidential protective service
- Respond to lawsuits and legal actions:
 - We can share information about you in response to a court or administrative order, or in response to a subpoena
 - For judicial and administrative proceedings, including hearings and disputes. If you are involved in a court or administrative proceeding, we will disclose Consumer information if the judge or presiding officer orders us to share the information

Uses and Disclosures that Require Your Agreement

For certain health information, you can tell us your choices about what we share. If you have clear preference for how we share your information in the situations described below tell us what you want us to do and we will follow your instructions. In these cases, you have both the right and choice to tell us to and/or not to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts
- Share your information for marketing purposes

Note: If you cannot give permission due to an emergency, WNYIL may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Authorization Required for All Other Uses and Disclosures

For all other types of uses and disclosures not described in this Notice, WNYIL will use or disclose Consumer 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 Service Performance Record and for marketing purposes.

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

By signing this form, I am confirming that:

I have been offered and/or received a copy of WNYIL, Inc.'s Notice of Privacy Practices. If I have declined to be given a copy at this time, I understand I may receive the full notice upon request.

Your information may be used for fundraising and/or marketing purposes. Check below if you **do not** want to be contacted or your information shared by WNYIL or any of its affiliates for either of these purposes:

_____ Fundraising

_____ Marketing

Relationship: _____ Self _____ Parent _____ Legal Guardian

Print Consumer Name: _____ DOB _____

Print Name if Parent or Legal Guardian: _____

Signature: _____ Date: _____