

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

## NOTICE OF PRIVACY PRACTICES

The mission of Project Renewal is to offer our clients quality care in all our facilities and programs. This notice is designed to inform you about Project Renewal's privacy practices.

This Notice describes how Project Renewal handles your health information and your rights regarding this information. Project Renewal is required to maintain the privacy of your health information as required by law; provide you with a notice of its legal duties and privacy practices with respect to your health information, and to notify affected individuals following a breach of unsecured protected health information. Revised notices will be provided in response to changes in the law.

We are required by law to give you this notice. This notice will describe how we may use and disclose information that is called "protected health information" (PHI). PHI is any information oral, paper or electronic data that may identify you (i.e. name, address, diagnosis) or that may relate to your past, present or future physical health or mental health condition and related health care services. We will also outline your rights and our obligations regarding the use and disclosure of that information.

Project Renewal is required to abide by the terms of this Notice of Privacy Practices mandated in the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) which go into effect as of April 14, 2003. Additionally, Project Renewal complies with Federal Laws governing the privacy of alcoholism and substance abuse information and State Laws governing mental health, health and human immunodeficiency virus information.

Project Renewal will not release your personal health information to any third party except in the following circumstances: (1) with your express (written, oral, or implied) consent for treatment and payment, (2) pursuant to your written authorization, or (3) as otherwise permitted by federal or state law or regulation. The Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA), permits disclosure of the following without your consent:

**Treatment:** We may use protected health information about you to better serve your treatment/service's needs. We may disclose this information to coordinate or manage your care and any related services. This may include sharing information with other health care or community providers to better assist you in achieving your personal goals.

**Payment:** Project Renewal may disclose protected health information about you in order to obtain payment for health care services. For example, we may need to give Medicaid, Medicare or other health insurers information about a service, your diagnosis, your name/address, or type of treatment received to secure payment. We may also need to tell them about a treatment you are going to receive to obtain prior approval, or to determine whether they will cover the treatment.

**For Health Care Operations:** We may use and disclose health information about you in order to run the program and make sure that you and other individuals involved with Project Renewal receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. It is also important for you to be aware that at times your case record may be reviewed as part of an on-going process to ensure that Project Renewal is providing quality service and care. We may also share PHI with our attorneys, consultants and others in order to ensure that Project Renewal follows applicable NYS Laws. Project Renewal may use PHI to notify you or remind you about an upcoming or scheduled appointment for treatment. We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.

In addition, we may use or disclose PHI about you without your permission in the following special situations.

- **Serious Threat to Health or Safety** We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

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- **Required by Law** We will disclose health information about you when required to do so by federal, state or local law.
- **Workers' Compensation** We may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Matters** Project Renewal may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may require reporting information about births, deaths, or suspected child/elder abuse or neglect.
- **Court Order** As allowed by law, following the strictest law governing the matter at hand
- **Suspected Child Abuse** Designated Project Renewal staff would report to appropriate authorities
- **Health Oversight Activities** We may disclose health information to individuals/agencies for the purpose of audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor Project Renewal and ensure compliance with government and civil rights laws.
- **Research** If Project Renewal is involved in any research activities, we would notify you that we may use or disclose your PHI conducting research. Any research project would first require approval from Project Renewal's Institutional Review Board (IRB) to ensure that it meets the mission and ethical standards of the agency and is in the best interest of the individuals we serve.
- **Emergencies** Project Renewal may use or disclose your protected health information in an emergency treatment situation. If an emergency occurs and treatment is given, by law your provider will notify you and attempt to get your authorization as soon as possible. In case of a disaster we may be required to notify the appropriate disaster relief organizations or authorities or family/friends/care givers to keep them aware of your health status, condition or location.
- **Pursuant to An Agreement With a Business Associate** Business Associates provide services to Project Renewal and its clients and agree in writing to follow HIPAA and other privacy laws

**OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

Most uses and disclosures of psychotherapy notes and of PHI for marketing purposes and the sale of PHI require your authorization. We would request your written *Authorization* to release protected health information (PHI) in any circumstances apart from those listed above. At any time during your treatment or care with Project Renewal you may revoke your *Authorization*, in writing. If you would like to withdraw your *Authorization*, please contact Project Renewal's Privacy Officer who will provide you with the necessary paperwork to complete this withdrawal of authorization. (See below)

**YOUR RIGHTS** You have the following rights regarding health information we maintain about you:

**Right to Inspect and Copy** You have the right to inspect and copy your health information. We may also deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. Please contact Project Renewal's Privacy Officer, if you have any questions about how to access your records.

**Right to Make Changes** If you believe Project Renewal has health information about you that is incorrect or incomplete, you may ask Project Renewal to amend to the information. We ask that you contact Project Renewal's Privacy Officer in writing and provide as much detail as possible as to what information needs to be changed and why. We may deny your request if you ask us to amend information that Project Renewal did not create, or if Project Renewal believes the information is complete and accurate.

**Right to Accounting of Disclosures** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to Project Renewal's Privacy Officer. Please include time frames, which may not be longer than six years from the date of the request and may not include dates before

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April 14, 2003. Project Renewal will review all requests individually and will comply with your request within 60 days, unless circumstances require additional time.

**Right to Request Restrictions** You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend.

**We are Not Required to Agree to Your Request** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**Right to Request Confidential Communications** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

**Right to a Paper Copy of This Notice** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy.

**Right to Notification of a Breach** You have the right to be notified of any breach to your Protected Health Information.

**If you have questions about this notice you may contact:**

Project Renewal - Compliance  
212-620-0340  
[Compliance@projectrenewal.org](mailto:Compliance@projectrenewal.org)

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with:

Project Renewal - Compliance  
Project Renewal  
200 Varick Street 9<sup>th</sup> Floor  
NY, NY 10014  
Phone: 212-620-0340 / Email: [compliance@projectrenewal.org](mailto:compliance@projectrenewal.org)

Or:

Region II Office of Civil Rights  
US Department of Health and Human Services  
Jacob Javits Federal Building  
26 Federal Plaza Suite 3312  
New York, New York 10278  
212-264-3313

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***By signing below, I acknowledge and confirm that I received a copy of the “Notice of Privacy Practices.”***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_