

Challenge Workforce Solutions

Notice of Privacy Practices

(Notice to Program Participants)

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

Challenge Workforce Solutions (“Challenge”) is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Challenge please contact:

Privacy Officer: Melissa Chiusano
Challenge Workforce Solutions
950 Danby Rd. Suite 179
Ithaca, New York 14850
607-272-8990 ext. 125

I. How Challenge May Use or Disclose Your Health Information

Challenge collects health information from you and from other organizations which participate in your services, and stores this health information in paper files and in computer files. This health information includes information about any medical or other conditions which affect your ability to work. The paper and computer records are the property of Challenge, but the information in the medical record belongs to you. Challenge protects the privacy of your health information. The law permits Challenge to use or disclose your health information for the following purposes:

1. **Treatment.** Challenge provides habilitation services and vocational services to help individuals overcome barriers to employment, which may include a disability or medical condition. Your health information is used by our staff to assist you in overcoming these barriers. For example, an Employment Specialist may advise a participant on how to compensate for a physical limitation in order to complete a job more efficiently. We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.
2. **Payment.** Challenge receives a significant portion of its support from various state agencies and from Medicaid. This support is in payment to Challenge for the services it provides to its participants. In order to receive payment from Medicaid and from the state agencies, we must provide health information to them as evidence that we have provided the services. This information may include your name, identifying numbers, and the nature and date of services provided.
3. **Regular Health Care Operations.** Challenge uses your health information in the operation and administration of our programs. Examples of operations included staff training, quality assurance, and analysis of the cost of our programs. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our business associate, Gadabout who provides transportation services for us. We have a written contract with Gadabout that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information.

4. **Appointment Reminders.** We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.
5. **Sign In Sheet.** We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
6. **Directory.** We may list your name, where you are located in our facilities, conditions that affect your ability to work, and your general medical condition in our directory. This information is accessible to Challenge staff and to representatives of other organizations which work with us in serving you. This information is used for the protection of your safety and health, and for operations (such as transportation) which require communication between Challenge staff and other providers. If you do not want us to list this information in our directory and provide it to other organizations, you must tell us that you object.
7. **Information provided to you.** At your request, Challenge will provide you with Protected Health Information that is in your file. Challenge may charge a nominal fee for photocopying.
8. **Notification and Communication With Family or Legal Guardian.** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, the privacy officer or their designee will use their best judgment in communication with your family and others.
9. **Marketing.** Challenge does not disclose your medical information for marketing purposes or accept any payment for other marketing communications.
10. **Required by law.** As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
11. **Public health.** We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
12. **Health Oversight Activities.** We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.
13. **Judicial and Administrative Proceedings.** We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information

about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

14. **Law enforcement.** We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
15. **Coroners.** We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.
16. **Organ or Tissue Donation.** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
17. **Public Safety.** We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
18. **Specialized Government Functions.** We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
19. **Workers' Compensation.** We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the workers' compensation insurer.
20. **Change of Ownership.** In the event that Challenge is merged with another organization, your health information/record will become the property of the resulting organization, although you will maintain the right to request that copies of your health information be transferred to another party.
21. **Breach Notification.** In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate. [Note: We will only use e-mail notification if we are certain it will not contain PHI and it will not disclose inappropriate information.]
22. **Psychotherapy Notes.** We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) use by the originator of the notes for your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you sue us or bring some other legal proceeding, 4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious and imminent threat to health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.
23. **Research.** Challenge may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.
24. **Fundraising.** We may use or disclose your demographic information in order to contact you for our fundraising activities.

II. When Challenge May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, Challenge will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize Challenge to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

- 1. Right to Request Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. Challenge reserves the right to accept or reject any other request, and will notify you of our decision.
- 2. Right to Request Confidential Communications.** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. Challenge will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
- 3. Right to Inspect and Copy.** You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable
- 4. Right to Amend or Supplement.** You have a right to request that Challenge amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. Challenge is not required to change your health information, and will provide you with information about Challenge's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.
- 5. Right to an Accounting of Disclosures.** You have a right to receive an accounting of disclosures of your health information made by Challenge, except that Challenge does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in parts 1 (treatment), 2 (payment), 3 (health care operations), 7 (information provided to you), 8 (notification and communication with family) and 18 (specialized government functions) of section I of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

6. **Right to a Paper or Electronic Copy of this Notice.** You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact Challenge's Privacy Officer listed at the top of this Notice of Privacy Practices.

IV. Changes to this Notice of Privacy Practices

Challenge reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, Challenge is required by law to comply with this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. If Challenge revises this notice, it will explain the revisions to all participants covered by the Notice of Privacy Practices at the time of revision, and provide paper copies to all who desire one. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

V. Complaints

Complaints about this Notice of Privacy Practices or how Challenge handles your health information should be directed to the Privacy Officer listed at the top of this Notice of Privacy Practices. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.

The complaint form may be found at www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf. You will not be penalized in any way for filing a complaint.