

JANIAN MEDICAL P.C.

NOTICE OF PRIVACY PRACTICES

Effective Date: 06/01/2016

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.

Janian Medical P.C. is required by law to protect the privacy of health information that may reveal your identity and to provide you with a copy of this Notice, which describes our health information privacy practices. A copy of our current Notice will always be posted in our offices and facilities. You or your personal representative may also obtain a copy of this Notice by accessing our website at www.cucs.org or requesting a copy from our staff. This Notice does not apply to information maintained by our affiliate Center for Urban Community Services aka CUCS.

If you have any questions about this Notice or would like further information, please contact:

*CUCS/Janian Chief Privacy Officer
198 East 121st street, 6th Floor
New York City, 10035
212-801-3300 (phone)*

WHAT HEALTH INFORMATION IS PROTECTED

Janian protects the privacy any information that identifies or could be used to identify you that relates to your health, your treatment, your case management services, or your health insurance benefits. If we obtain your name, address and other information about you in the course of providing you with health care services, this identifying information continues to be protected even if it is separated from information about your health, treatment or benefits.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

1. Treatment, Payment And Business Operations

Treatment. Janian staff may use your health information without your written authorization in order to provide you with treatment or care. For example, we may share your health information with nurses and other treatment providers at our program or at CUCS programs (an affiliate of Janian) who are involved in taking care of you, and they may in turn use that information to diagnose, treat, or provide services to you. We may also disclose your health information to others outside of Janian without your written authorization for treatment purposes such as the provision, coordination or management of your health care. For example, we may share information with a hospital emergency room if you are admitted there for emergency treatment.

Payment. We may use your health information or share it with others without your written authorization so that we may obtain payment for health care services we provide to you. For example, we may submit bills containing information about you to Medicaid or your managed care provider in order to obtain reimbursement for our services. We may share health information with your managed care provider for the purpose of authorizations or payment. We may also share your information with other providers and payors for their payment activities.

Business Operations. We may use your health information or share it with others in order to conduct our business operations. For example, we may use your health information to evaluate the quality of our services or the performance of our staff in caring for you. We may share your health information with our Incident Review Committee in order to evaluate incidents. We may also share your health information with other health care providers and payors with which you have a relationship for certain of their business operations.

Treatment Alternatives, Benefits and Services. In the course of providing treatment to you, we may use your health information to contact you in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

Appointment Reminders. We may use your health information to remind you about appointments you have made to receive health care services or to encourage you to make such appointments.

2. Family And Friends

We may share your health information with family and friends involved in your care, without your written authorization. We will give you an opportunity to object unless you do not have the capacity to make decisions upon admission, in which case, we will discuss your preferences when you gain such capacity. We may also notify a family member, personal representative or another person responsible for your care about your location and general condition here at the program, or about the unfortunate event of your death. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons.

3. Emergencies Or Public Need

We may use your health information and share it with others without your written authorization in order to meet the following important public needs.

As Required By Law. We may use or disclose your health information if we are required by law to do so.

Public Health Activities. We may disclose your health information to authorized public health officials so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury or disability.

Health Oversight Activities. We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facilities and programs.

Lawsuits And Disputes. We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute.

Law Enforcement. We may disclose your health information to law enforcement officials for certain law enforcement purposes such as: identifying or locating a suspect, fugitive or missing person;

complying with a court order, subpoena or administrative request; providing information about a victim of a crime; or reporting a death that may be the result of a crime.

To Avert a Serious and Imminent Threat to Health or Safety. We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public.

National Security and Intelligence Activities or Protective Services. We may disclose your health information to authorized federal officials who are conducting military, national security and intelligence activities or providing protective services to the President or other important officials.

Inmates and Correctional Institutions. If you become incarcerated at a correctional institution or detained by a law enforcement officer, we may disclose your health information to prison officials or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined.

Coroners, Medical Examiners and Funeral Directors. In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. We may also release this information to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation. In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes or other tissues.

Research. We may use and disclose your health information for research purposes if we obtain approval through a special process to ensure that research without your written authorization poses minimal risk to your privacy. Under no circumstances will we allow researchers to use your name or identity publicly. We may also release your health information to people who are preparing a future research project, so long as any information identifying you does not leave our facility. In the unfortunate event of your death, we may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our facility any information that identifies you.

4. Special Treatment of Sensitive Information

The policies and practices described above do not always apply to certain types of sensitive health information that is subject to special protection under the law. We will disclose this information to others without your permission only for the following purposes.

HIV-Related Information. We will not disclose any information related to HIV or AIDS without your written authorization, except (i) for purposes of obtaining payment for our services or carrying out our business operations, (ii) in connection with organ or tissue donation and transplantation, (iii) to accreditation and oversight bodies, (iv) to a government agency as required by law, (v) in response to a court order, (vi) to the medical director of a correctional facility, (vii) to the Commission of Corrections for health oversight purposes, (viii) to funeral directors to enable them to carry out their duties or (ix) for treatment purposes as otherwise permitted by this Notice.

Mental Health Records. We will not disclose any information maintained by one of our mental health programs without your written authorization, except (i) pursuant to a court order, (ii) to the Mental Hygiene Legal Service, (iii) to your attorney in an involuntary hospitalization proceeding, (iv) to the Commission on the Quality of Care for the Mentally Disabled, (v) to the medical review board of the State Commission of Corrections for its official duties, (vi) to an “endangered individual” or law

enforcement agency when a treating psychiatrist or psychologist determines that a client presents a “serious and imminent danger” to the individual, (vii) to the State Board for Professional Medical Conduct or the Office of Professional Discipline for its official duties, (viii) to agencies seeking to locate missing persons or conduct criminal investigations, (ix) to researchers operating under IRB approval if certain safeguards are in place, (x) to a coroner or medical examiner investigating a client’s death, (xi) to the district attorney investigating client abuse, (xi) to a correctional facility or the Division of Parole, (xii) to a director of community services under the Mental Hygiene Law, (xiii) to the State Division of Criminal Justice Services for certain evaluative purposes, (xiv) for purposes of obtaining payment for our services or carrying out our business operations or (xv) for treatment purposes as otherwise permitted by this Notice.

Alcohol and Substance Abuse Treatment Records. The records of federally assisted alcohol and substance abuse treatment programs are governed by 42 C.F.R. Part 2. We will not disclose the records of federally assisted alcohol and substance abuse treatment programs in which you have received services without your written authorization, except (i) to medical personnel to provide emergency treatment to you, (ii) to medical personnel of the Food and Drug Administration for the purpose of identifying potentially dangerous products, (iii) for research purposes if certain safeguards are in place, (iv) to authorized individuals or organizations conducting on-site audits of our records as long as the individual or organization does not remove the information from our premises and agrees in writing to safeguard the information as required by federal regulations or (v) in response to a court order.

5. Business Associates

We may share PHI with a Business Associate (BA) who requires access to PHI in order to fulfill its contracted function and with whom we have a formal HIPAA Business Associate Agreement. The BA is required to treat the PHI with the same privacy and security protection as we would ourselves.

6. Obtaining Your Written Authorization.

We will not use your health information or share it with others for any purpose not listed in this Notice without your written authorization. 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 that purpose, except to the extent we have already relied on the authorization. We will not deny you treatment if you refuse to sign an authorization unless the treatment is part of a research study or is being provided for the sole purpose of creating information for disclosure to a third party.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

You have the following rights regarding your health information.

1. Right to Inspect and Copy Records

You have the right to inspect and obtain a copy your medical and billing records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. The standard fee is \$0.75 per page and must generally be paid before or at the time we give the copies to you. We will provide the information electronically at your request if the information is held electronically. Under certain very limited circumstances for example if there is potential for harm to yourself or others, we may deny your request to inspect or obtain a copy of your information. If you would like to inspect or obtain a copy of your medical or billing records, speak with your provider. They will provide you with the necessary form.

2. Right to Amend Records

If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. Your request should include the reasons why you think we should make the amendment. We may deny your request if we believe our information is accurate or complete or for other limited reasons.

3. Right To An Accounting Of Disclosures

You have a right to request an “accounting of disclosures,” which identifies certain disclosures we have made of your health information. Your request must state a time period within the past six years for the disclosures you want us to include. You have a right to receive one accounting within every 12-month period for free. However, we may charge you for the cost of providing any additional accounting in that same 12-month period.

4. Right to Request Additional Privacy Protections

You have the right to request restrictions on our uses and disclosures of PHI for treatment, payment and health care operations. However, we are not required to agree to your 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. To request a restriction, you may make your request in writing to the Chief Privacy Officer.

5. Right To Request Confidential Communications

You have the right to request that we communicate with you or your personal representative by alternative means or at alternative locations. We will not ask you the reason for your request and we will try to accommodate all reasonable requests.

NOTIFICATION IN THE CASE OF A BREACH:

Janian is required by law to notify our clients/patients in case of a breach of their unsecured protected health information when it has been or is reasonably believed to have been accessed, acquired or disclosed as a result of a breach.

WHO MAY EXERCISE YOUR RIGHTS

If you have the capacity to make your own health care decisions under the law, you will generally exercise your own rights under this Notice. If you do not have such capacity, your legal guardian or any other person who has the right to make health care decisions on your behalf (for example, based on a health care proxy you have signed) may exercise your rights. This person is called your “personal representative.” In addition to exercising your rights under this Notice, your personal representative may also sign any authorizations or give any other approvals required by this Notice on your behalf.

OTHER IMPORTANT INFORMATION

How To Obtain A Copy Of This Notice. You have the right to a paper copy of this Notice. You may request a paper copy at any time, even if you have previously agreed to receive this notice electronically. To do so, please request it from your provider. You or your personal representative may also obtain a copy of this Notice from our website at www.cucs.org, or by requesting a copy from any of our program staff.

How to Obtain a Copy of a Revised Notice. We may change our privacy practices from time to time. If we do, we will revise this Notice. The revised notice will apply to all of your health information. We will post any revised notice at our offices and facilities. You or your personal representative will also be able to obtain your own copy of the revised notice by accessing our website at www.cucs.org or requesting a copy from our program staff. We are required to abide by the terms of the Notice that is currently in effect.

How To File A Complaint. If you believe that your privacy rights have been violated, you should immediately contact the Director of Quality Assurance at **212-801-3300**. We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of the U. S. Department of Health and Human Services.