



## Search For Change, Inc.

# Notice of Privacy Practices

Effective Date: April 14, 2003

Reviewed/Revised: Jan. 12, 2023

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.

We are required by the privacy regulation issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to protect the privacy of health information that may reveal your identity, and to inform you about Search for Change (SfC) health information privacy practices. A copy of our current privacy notice will always be posted at each of our program sites. You or your personal representative may also obtain a copy of this notice from SfC staff or by accessing our website at [www.searchforchange.org](http://www.searchforchange.org).

***Search for Change's Compliance Officer serves as the agency's HIPAA Privacy Officer. If you have any questions about this notice or would like further information please contact:***

***Crystal Meyer at 914-428-5600 ext. 4857, [CMeyer@searchforchange.com](mailto:CMeyer@searchforchange.com)***

***In the absence of the Compliance Officer, the Clinical Director will serve as the interim HIPAA Privacy Officer and can be reached at 914-428-5600 ext. 9250.***

The privacy practices described in this notice will be followed by all SfC employees, interns, students, volunteers and business associates at any of our locations.

We are committed to protecting the privacy of health information we gather about you while providing you with agency services. Some examples of **protected health information (PHI)** are:

- information indicating that you are a client at SfC or receiving services from SfC.
- information about your health condition (such as a psychiatric diagnosis you may have received);
- information about health care products or services you have received or may receive in the future;
- information about rehabilitation or other counseling that you may be receiving;
- information about benefits you may receive under Medicaid;

*when combined with:*

- demographic information (such as your name, address, or insurance status);
- unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number); and
- other types of information that may identify who you are.

### **PERMISSIONS DESCRIBED IN THIS NOTICE**

The types of permissions referred to in this notice are:

- A **“general written consent,”** which we must obtain from you in order to use and disclose your health information in order to treat or care for you, obtain payment for that treatment or care, and conduct our business operations. One aspect of this consent is it permits SfC staff to use and disclose PHI to other SfC staff involved with your treatment/services, billing/payment, and related business operations. Information that may be shared includes mental health, substance use disorder, and/or HIV-related information. We must obtain this general written consent the

first time we provide you with treatment or care. This general written consent is a broad permission that does not have to be repeated each time we provide treatment or care to you. **This general written consent is included on the last page of this notice.**

- An “**opportunity to object**,” which we must provide to you before we may use or disclose your health information for certain purposes. In these situations, you will have an opportunity to object to the use or disclosure of your health information in person, over the phone, or in writing.
- A “**written authorization**,” which will provide you with detailed information about the persons who may receive your health information and the specific purposes for which your health information may be used or disclosed. We are only permitted to use and disclose your health information described on the written authorization in ways that are explained on the written authorization form you sign. A written authorization will have an expiration date.
- SfC policy continues to require that consent to release information forms be completed and signed for staff to share information with providers, agencies & persons that are not employees of SfC. For example, we require consent forms be completed to have contact with outpatient mental health providers, pharmacies, medical clinics, family members, Social Security Administration, etc.

### **HITECH ACT ENCRYPTION AND DESTRUCTION INFORMATION**

In accordance with the U.S. Department of Health and Human Services’ Health Information Technology for Economic and Clinical Health (HITECH) [title XIII of the American Recovery and Reinvestment Act of 2009 (ARRA)], SfC’s technologically generated and maintained records utilize the approved method(s) of encryption to ensure that your health information is unusable, unreadable, or indecipherable to unauthorized persons. SfC also follows these guidelines in the storage and destruction of all hard copy protected health information.

### **SUMMARY AND OVERVIEW OF PRIVACY INFORMATION**

**Requirement For Written Authorization.** We will generally obtain your written authorization before using your health information or sharing it with others outside the SfC agency. If you provide us with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it. To revoke an authorization, please write to SfC Director of Utilization Management and Review.

**Exceptions To Written Authorization Requirement.** There are some situations when we do not need your written authorization before using your health information or sharing it with others. They are:

- **Exception For Treatment, Payment, And Business Operations.** We will only obtain your general written consent one time to use and disclose your health information for treatment or services, to collect payment for that treatment or services, or run our business operations. In some cases, we also may disclose your health information to another health care provider or payor for its payment activities and certain of its business operations. For more information, see page 4 of this notice.
- **Exception In Emergencies Or Public Need.** We may use or disclose your health information in an emergency or for important public needs. For example, we may share your information with public health officials at the New York State or city health departments who are authorized to investigate and control the spread of diseases. For more examples, see pages 5-6 of this notice.
- **Exception If Information Is Completely Or Partially De-Identified.** We may use or disclose your health information if we have removed any information that might identify you so that the health information is “completely de-identified.” We may also use and disclose “partially de-identified” information if the person who will receive the information agrees in writing to protect the privacy of the

information. For more information, please see page 6 of this notice.

**How To Access Your Health Information.** You generally have the right to inspect and copy your health information. All requests must be made in writing to the SfC Compliance Officer. For more information, please see page 7 of this notice.

**How To Correct Your Health Information.** You have the right to request that we amend your health information if you believe it is inaccurate or incomplete. All requests must be made in writing to SfC Compliance Officer. For more information, please see page 7 of this notice.

**How To Identify Others Who Have Received Your Health Information.** You have the right to receive an “accounting of disclosures” which identifies certain persons or organizations to whom we have disclosed your health information in accordance with the protections described in this Notice of Privacy Practices. Many routine disclosures we make will not be included in this accounting, but the accounting will identify many non-routine disclosures of your information. For more information, please see page 7-8 of this notice.

**How To Request Additional Privacy Protections.** You have the right to request further restrictions on the way we use your health information or share it with others. We are not required to agree to the restriction you request, but if we do, we will be bound by our agreement. All requests must be made in writing to SfC Compliance Officer. For more information, please see page 8 of this notice.

**How To Request More Confidential Communications.** You have the right to request that we contact you in a way that is more confidential for you. We will try to accommodate all reasonable requests. All requests must be made in writing to SfC Compliance Officer. For more information, please see page 8 of this notice.

**How Someone May Act On Your Behalf.** You have the right to name a personal representative who may act on your behalf to control the privacy of your health information.

**How To Learn About Special Protections For HIV, Alcohol and Substance Abuse, Mental Health And Genetic Information.** Special privacy protections apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you will be provided with separate notices explaining how the information will be protected. To request copies of these other notices, please contact SfC Compliance Officer.

**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. You or your personal representative may also obtain a copy of this notice from our website at [www.searchforchange.org](http://www.searchforchange.org) or by requesting a copy from SfC staff.

**How To Obtain A Copy Of Revised Notice.** We may change our privacy practices from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices. The revised notice will apply to all of your health information. We will post any revised notice at each of our program sites. You or your personal representative will also be able to obtain your own copy of the revised notice by accessing our website at [www.searchforchange.org](http://www.searchforchange.org) or requesting a copy from SfC staff. The effective date of the notice will always be noted in the top right corner of the first page. We are required to abide by the terms of the notice that is currently in effect.

**How To File A Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our office. Please contact:

SfC Compliance Officer  
400 Columbus Avenue, Suite 201E  
Valhalla, NY 10595  
Ph: 914-428-5600 ext.4857  
Fax: 914-428-3388

You may also file a complaint with the Secretary of the Department of Health and Human Services (HHS). To file a complaint with HHS, you may contact them at 200 Independence Avenue, SW, Washington, D.C. 20201, or at 1-877-696-6775 or by accessing the HHS website at [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

In addition, the Federal Center for Deaf and Hearing Impaired can be contacted at 1-800-877-8339. No one will retaliate or take action against you for filing a complaint.

## **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

### **1. Treatment, Payment And Business Operations**

***With your general written consent, SfC may use your protected health information (PHI) or share it with others in order to provide you with treatment/services or care, obtain payment for that treatment or care, and run our business operations. We are required to obtain this consent the first time we provide you with treatment or services. Once you sign this general written consent form, it will be in effect indefinitely until you revoke your general written consent. You may revoke your general written consent at any time, except to the extent that we have already relied upon it. For example, if we provide you with treatment or care before you revoke your general written consent, we may still share your health information with your insurance company in order to obtain payment for that treatment or care. To revoke your general written consent, please contact SfC Compliance Officer at 914-428- 5600 ext.4857.***

Below are some examples of how your information may be used and disclosed for these purposes.

**Treatment.** We may share your PHI with other SfC staff who are involved in providing services to you, and they may in turn use that information to provide treatment/services to you. We may use or disclose PHI with agency staff to better serve your treatment/services needs or in an attempt to coordinate related services or manage your treatment. We may share PHI with other SfC staff to verify that agency standards are being met and/or that we are in compliance with licensing or certification agencies.

**Payment.** We may use your health information or share it with others so that we may obtain payment for your health care services. For example, we may share information about you with Medicare, Medicaid, or your health insurance company in order to obtain reimbursement for treatment or care we have provided to you, or to determine whether it will cover your future treatment or care. Finally, we may 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 performance of our staff in providing services to you, or to educate our staff on how to improve the services they provide to you. Finally, we may share your health information with other health care providers, contract agents, and payors for certain of their business operations if the information is related to a relationship the provider or payor currently has or previously had with you, and if the provider or payor is required by federal law to protect the privacy of your health information.

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

**Fundraising.** To support our business operations, we may use demographic information about you, including information about your age and gender, when deciding whether to contact your family or personal representative to raise money to help us operate. We may also share this information with a charitable foundation that will contact your family or personal representative to raise money on our behalf.

**Business Associates.** We may disclose your health information to contractors, agents and other business associates who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, we may share your health information with a billing company that helps us to obtain payment from Medicaid or your insurance company. Another example is that we may share your health information with an accounting firm or law firm that provides professional advice to us about how to improve our services and comply with the law. If we do disclose your health information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information.

## **2. Emergencies or Public Need**

*SfC may use your health information, and share it with others, in order to treat you in an emergency or to meet important public needs. **We are not required to obtain your consent before using or disclosing your health information for the following reasons:***

**Emergencies.** We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your general written consent. If this happens, we will try to obtain your consent as soon as we reasonably can after we treat you. We may also disclose information to family in the event of an emergency such as severe illness or death.

**Communication Barriers.** We may use and disclose your health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.

**As Required By Law.** We may use or disclose your health information if we are required by law to do so. For example, in response to a court order or subpoena. We also will notify you of these uses and disclosures if notice is required by law.

**Public Health Activities.** We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such 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. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so.

**Victims Of Abuse, Neglect Or Domestic Violence.** We may disclose your health information to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, we may report your information to government officials if we reasonably believe that you have been a victim of such abuse, neglect or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

**Health Oversight Activities.** We may disclose your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

**Product Monitoring, Repair And Recall.** We may disclose your health information to a person or company that is regulated by the Food and Drug Administration for the purpose of: (1) reporting or tracking product defects or problems; (2) repairing, replacing, or recalling defective or dangerous products; or (3) monitoring the performance of a product after it has been approved for use by the general public.

**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 the following reasons:

- To comply with court orders, warrants, summons or laws that we are required to follow;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- If necessary to report a crime that occurred on our property;
- If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your general written consent because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interests; or
- If we suspect that your death resulted from criminal conduct.

**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. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person, or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

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

**Inmates And Correctional Institutions.** If you later become incarcerated at a correctional institution or detained by a law enforcement officer, we may disclose your health information to the prison officers 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. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

**Workers' Compensation.** We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

**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. This may be necessary, for example, to determine the cause of death. 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 so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

**Research.** At this time, SfC is not involved in any formal research activities. Should this status change in the future, we would notify you and ask for your written authorization/consent before using or disclosing your health

information for research purposes. If there are any revisions to our privacy policy related to research, we will revise this notice and inform you of the changes at that time.

### **3. Completely De-identified Or Partially De-identified Information**

SfC may use and disclose your health information if we have removed any information that has the potential to identify you so that the health information is “completely de-identified.” We may also use and disclose “partially de-identified” health information about you if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will *not* contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number).

### **4. Incidental Disclosures**

While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a meeting/discussion with agency staff, other clients who are in the office/vicinity may see, or overhear discussion of, your health information.

#### **Corporate Compliance Program:**

In addition to the steps outlined in this notice to protect your privacy rights, Search for Change, Inc. is committed to maintaining the integrity of the services we provide, our financial and business operations, and our adherence to all applicable laws, statutes, and regulations. Search for Change maintains our Corporate Compliance Program to ensure that we comply with federal, state and city laws governing our work and that we adhere to the highest ethical standards in doing so. If you have any questions or concerns about Search for Change’s Corporate Compliance Program and related policies, you may contact the Compliance Officer: Crystal Meyer, (914) 428-5600 ext. 4857.

To report a reasonable suspicion of fraud confidentially, you have the following options:

- Call Search for Change’s anonymous fraud voice mailbox at (914) 428-5600 ext. 9239
- In writing to Search for Change, Inc., 400 Columbus Avenue, Suite 201E, Valhalla, NY 10595, to the attention of the Corporate Compliance Officer. Please mark the envelope “Confidential.”

## **YOUR RIGHTS REGARDING HEALTH INFORMATION**

### **1. Right To Inspect And Copy Records**

You have the right to inspect and obtain a copy of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. All requests to read, inspect or obtain a copy of your health information must be submitted in writing to the SfC Compliance Officer. If you request a copy of the information, SfC 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 respond to your request for inspection of records within 10 days. We ordinarily will respond to requests for copies within 30 days if the information is located in our facility, and within 60 days if it is located off site at another facility. If we need additional time to respond to a request for copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

Under certain circumstances, SfC may deny your request to inspect or obtain a copy of your information. If we do, we will provide you with a summary of the information instead. We will also provide a written notice that explains our reasons for providing only a summary, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. The notice will also include information on how to

file a complaint about these issues with us or with the Secretary of the Department of Health and Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

## **2. Right To Amend Records**

If you believe that the health information SfC has about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please contact SfC Compliance Officer in writing. Your request should include what information needs to be changed and the reasons why you think we should make the changes. Ordinarily we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

SfC may deny part or all of your request if you ask us to amend information SfC did not create or if we believe the information is complete and accurate. We will provide a written notice that explains our reasons for denying your request. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

## **3. Right To An Accounting Of Disclosures**

After April 14, 2003, you have a right to request an “accounting of disclosures” which identifies certain other persons or organizations to whom we have disclosed your health information in accordance with applicable law and the protections afforded in this Notice of Privacy Practices. An accounting of disclosures does not describe the ways that your health information has been shared within and between SfC programs and staff.

An accounting of disclosures also does not include information about the following disclosures:

- Disclosures we made to you or your personal representative;
- Disclosures we made pursuant to your written authorization;
- Disclosures we made for treatment, payment or business operations;
- Disclosures that were incidental to permissible uses and disclosures of your health information (for example, when information is overheard by another client passing by);
- Disclosures for purposes of research, public health or our business operations of limited portions of your health information that do not directly identify you;
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures about inmates to correctional institutions or law enforcement officers; or
- Disclosures made before April 14, 2003.

To request an accounting of disclosures, please submit request in writing to SfC Compliance Officer. Your request must state a time period within the past six years but not include dates before April 14, 2003. 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. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily we will respond to your request for an accounting within 60 days. If we need additional time to prepare the accounting of disclosures, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting. In rare cases, we may have to delay providing you with the accounting without notifying you because a law enforcement official or government agency has asked us to do so.



In the event of a breach of your **unsecured** electronic personal health information, SfC, in accordance with the U.S. Department of Health and Human Services' Health Information Technology for Economic and Clinical Health (HITECH) [title XIII of the American Recovery and Reinvestment Act of 2009 (ARRA)], will notify you within 60 days of the discovery of the breach. This notification will be made via first class mail, unless you express a preference for electronic mail. This notification will include information about the facts surrounding the breach, the type of information involved, what steps you should take to protect yourself, what SfC is doing to investigate, mitigate and protect against further breaches, and SfC contact information should you have questions or need additional information. In the event of a breach involving PHI of more than 500 individuals in a state, SfC is also required to notify the state's prominent media outlets.

#### **4. Right To Request Additional Privacy Protections**

You have the right to request that SfC restrict the way we use and disclose your health information to provide you with treatment or services, collect payment for that treatment or services, or run our business operations. To request restrictions, please write to SfC Compliance Officer. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. In some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

#### **5. Right To Request Confidential Communications**

You have the right to request that SfC communicate with you or your personal representative about your medical matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. To request more confidential communications, please write to SfC Compliance Officer. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests. Please specify in your request how you or your personal representative wishes to be contacted, and how payment for your services will be handled if we communicate with your personal representative through this alternative method or location.



**Notice of Privacy Practices**  
**Acknowledgement and Consent Form**

**Effective Date: April 14, 2003**

**Reviewed/Revised: Jan. 12, 2023**

By signing below, I acknowledge that I have been provided a copy of the Search for Change Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by SfC, and how I may obtain access to and control this information. I also acknowledge and understand that I may request copies of separate notices explaining special privacy protections that apply to HIV-related information, alcohol and substance abuse, mental health and genetic information.

\_\_\_\_\_  
Signature of Resident or Personal Representative

\_\_\_\_\_  
Print Name of Resident or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority (if applicable)

By signing below, I consent to the use and disclosure of my health information for treatment/services, to seek and receive payment for services given to me, and for the business operations of Search for Change and its staff. Additionally, I acknowledge that my health information may be accessed by providers participating in CBHS listed on their website at [www.cbhsinc.org](http://www.cbhsinc.org), when such providers have a treating provider relationship with me.

\_\_\_\_\_  
Signature of Resident or Personal Representative

\_\_\_\_\_  
Print Name of Resident or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority (if applicable)