



NOTICE OF PRIVACY PRACTICES

Effective Date: April 1, 2003

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 law to maintain the privacy of health information that may reveal your identity, and to provide you with a copy of this notice, which describes the health information privacy practices of Inspire. If you have any questions about this notice or would like further information, please contact the Privacy Officer at (845) 294-8806, ext. 279.

WHO WILL FOLLOW THIS NOTICE

All people who work for Inspire in our service programs and in our administrative offices will follow this notice. This includes employees, persons Inspire contracts with (contractors) who are authorized to provide your care, enter information in your clinical record or review your record to plan services for you, and volunteers including student clinicians that Inspire allows to assist you.

PERMISSIONS DESCRIBED IN THIS NOTICE

This notice will explain the different types of permission we will obtain from you before we use or disclose your health information for a variety of purposes. The three types of permissions referred to in this notice are:

1. A "general written consent," which we must obtain from you in order to use and disclose your health information in order to treat you, obtain payment for that treatment, and conduct our healthcare operations. We must obtain this general written consent the first time we provide you with treatment or services. This general written consent is a broad permission that does not have to be repeated.
2. 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.
3. 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 have signed. A written authorization will have an expiration date.

WHAT INFORMATION IS PROTECTED

We are committed to protecting the privacy of information we gather about you while providing services. Some examples of protected health information are:

- Information indicating that you are receiving treatment or other health-related services from Inspire;
- Information about your condition;
- Information about services you have received or may receive in the future;
- Information about your health care benefits under an insurance plan;

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.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

There are five ways in which we are permitted to use or disclose your health information without your authorization. These are:

1. Treatment, Payment and Healthcare Operations

With your general consent, we may use your health information in order to treat you, obtain payment for that treatment, and run our business operations. We may also disclose your health information for the payment activities and business operations of another health care provider or payer.

- **Treatment:** Inspire may share your health/clinical information among its providers and managers in order to plan and provide your care. For example, we may disclose your information to a clinical supervisor to review and revise a treatment plan.
- **Payment:** Inspire may use your health/clinical information so that we can bill and collect payment from you, a third party, an insurance company, Medicare, Medicaid, or other payers. For example, we may need to disclose your health/clinical information to receive prior approval and payment of your services from your insurance company.
- **Healthcare Operations:** Inspire may use health/clinical information for healthcare operations. For example, we may use health/clinical information for quality improvement to review our treatment and services and to evaluate the performance of our staff in caring for you. We may disclose health/clinical information to our business associates who need access to the information to perform services on Inspire's behalf, such as lab work or assistive devices.
- **Appointment Reminders:** We may contact you with a reminder that you have an appointment for treatment or services at one of our programs.
- **Fundraising:** We may use demographic information about you, including information about your age, gender and where you live, in order to contact you to raise money to help us operate. Such contact would not disclose individualized information about your healthcare. We would

not disclose individualized information for public relations, funding, or grant purposes without specific authorization from you. You have the right to opt out of this contact by calling us or by writing to us.

- **Business Associates:** We may disclose your health/clinical information to business associates who need the information in order to assist us with providing a service, obtaining payment or carrying out our healthcare operations. For example, we may share your health information with a billing company that helps us to obtain payment from your insurance company. A business associate will have a written agreement with Inspire to maintain the privacy of your health information.

We can do all of these things if you have signed a general written consent form. Your general written consent will be in effect indefinitely. You may revoke your general written consent at any time, except to the extent that we have already relied on it. For example, if we provide you with treatment 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. To revoke your general written consent, please write to the Privacy Officer at Inspire, 2 Fletcher Street, Goshen, NY 10924.

2. Family, Friends and Assistance

If you do not object, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care. We may also notify a family member, personal representative or another person responsible for your care if we are unable to reach you.

If you do not object, we may share your health information with disaster relief organizations that need to notify your family about your condition and locations should a disaster occur.

3. Emergencies or Public Need

We 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 will not be required to obtain your consent before using or disclosing your information for these reasons. We will obtain your written authorization or provide you with an opportunity to object to the use and disclosure of your health information in these situations when state law specifically requires that we do so.

- **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 written consent. If this happens, we will try to obtain your general written consent as soon as we reasonably can.
- **As Required by Law:** We may use or disclose your health information if we are required by law to do so. We will notify you of these uses and disclosures if notice is required by law.
- **Public Health:** We may use or disclose your health information for public health reasons, including prevention and control of disease, injury or disability; child abuse or neglect; reactions to medication or problems with products; and to notify people who may have been exposed to a disease or are at risk of spreading disease.

- **Domestic Violence and Abuse:** We may use or disclose your health information to report domestic violence and adult abuse or neglect to government authorities if you agree or if necessary to prevent serious harm.
- **Health Oversight:** We may use or disclose your health information for health oversight activities, including audits, investigations, surveys, inspections and licensure. These activities are necessary for government to monitor the health care system, government programs, and compliance with civil rights law.
- **Judicial and Administrative Proceedings:** We may use or disclose your health information for judicial and administrative proceedings, including hearings and disputes. If you are involved in a court or administrative proceeding we may disclose your health/clinical information if the judge or presiding officer orders us to share the information.
- **Law Enforcement:** We may use or disclose your health/clinical information in response to a subpoena, or other legal process; to identify a suspect, witness, or missing person; regarding a victim of a crime, a death or criminal conduct at the facility; and in emergency circumstances to report a crime.
- **Coroners, Medical Examiners, and Funeral Directors:** We may be required to disclose your health information to a coroner, medical examiner or funeral director.
- **Organ Donations:** We may use or disclose your health information to organ and tissue procurement organizations so that these organizations may investigate whether donation or transplantation is possible under applicable laws.
- **Workers Compensation:** We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.
- **Research:** When you have agreed to participate in a research project, we may use or disclose your health information. Under no circumstances do we allow researchers to use your name or identity publicly. In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research.
- **Serious and Imminent Threat:** We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health and safety, or the health and safety of another person or the public. We may disclose your 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, unless you admitted that fact while in counseling. We may disclose your information if we determine that you escaped from lawful custody, such as a prison or mental health institution.
- **National Security:** We may disclose your health information to authorized federal officials for intelligence and other national security activities authorized by law, or to provide protective services to the President or other important officials.
- **Military and Veterans:** If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission.

- **Inmates and Correctional Institutions:** If you are an inmate or detained by law, we may disclose your health information if necessary to provide you with health care, protect your health and safety or that of others, or for the safety of the correctional institution.
- **Government Agencies:** We may disclose your health information to governmental agencies that administer public benefits if necessary to coordinate the covered functions of the programs.

4. Completely De-identified or Partially De-identified Information

We may use and disclose your health information if we have removed all 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 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).

5. Incidental Disclosures

While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment visit, other patients in the area may see you or over hear you.

DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

For all other types of uses and disclosures not described in this Notice, Inspire will use or disclose health/clinical information only with your written authorization, that is signed by you or an authorized personal representative, that states who may receive the information, what information is to be shared, the purpose of the use or disclosure, and an expiration date for the authorization. For example,

- Your authorization is required to disclose your healthcare information to an attorney, or to a school.
- Written authorizations are always required for use and disclosure of psychotherapy notes.
- Your written authorization is required for Inspire to use your information for marketing purposes.
- Within our outpatient programs, Inspire may require your authorization to disclose your information to another healthcare provider.

You may revoke your authorization in writing at any time. If you revoke your authorization we will no longer use or disclose your health/clinical information for the reasons stated in your authorization. We cannot, however, take back disclosures we made before you revoked your authorization.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

You have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your health information.

1. Right to Inspect and Copy Records

You have the right to inspect and obtain a copy of any 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. This right does not include psychotherapy notes, records regarding incident reports and investigations, copyrighted test forms, and information compiled for use in court or administrative proceedings. Your request to review your information must be in writing. We will respond to your request within 10-30 days.

Where Inspire uses or maintains an Electronic Health Record (EHR), or has stored your information electronically, you have the right to obtain your health information in an electronic format, and to have that copy transmitted directly to yourself or to your designee, within the format available to Inspire.

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.

In some circumstances, we may deny your request to see your health/clinical information. We will provide a summary of the information instead, with a written reason for the denial. You have the right to request a review of the denial, and to file a complaint about the denial.

2. Right to Amend Records

If you believe that the health information we have about you is incorrect or incomplete, you have the right to ask us to amend the information. You may make this request for as long as the information is kept in our records. Requests for amendment must be in writing, and include the reasons why you think we should make the amendment. If we approve the request for amendment, we will change the health information, inform you of that action, and tell others that need to know about the change in information. If we deny your request for amendment, we will give a written explanation.

3. Right to an Accounting of Disclosures

You have the 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 named in this Privacy Notice.

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

- Disclosures we made to you or to your personal representative;
- Disclosures we made pursuant to your written authorization;
- Disclosures we made for treatment, payment or healthcare operations;
- Disclosures made to your friends and family involved in your care or payment for your care;
- Disclosures that were incidental to permissible uses and disclosures;
- Disclosures of limited portions of your health information that do not directly identify you and were done for the purposes of research, public health or our business operations;
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures about inmates to correctional institutions or law enforcement officers;
- Disclosures made before April 14, 2003.

To request an accounting of disclosures, please write to the Privacy Officer. Your request must state a time period within the past six years for the disclosures you want us to include.

Ordinarily we will respond to your request within 30 days. If we need additional time, we will notify you in writing about the reason for the delay and the date when you can expect to receive your accounting, unless a law enforcement official or government agency has asked us to delay the accounting.

4. Right to Request Additional Privacy Protection or Restrictions of Disclosures

You have the right to request that we further restrict the way we use and disclose your health information to treat you, collect payment for that treatment, or run our healthcare operations. For example, you may request that we limit how we disclose your information about you to your family or friends involved in your care. You may not request a restriction of a disclosure that is required in law, or that is required for Inspire to collect payment for services provided to you.

You have the right to request, and Inspire must agree unless otherwise required by law, to restrict disclosure of your health information to your health plan or insurer when the information pertains to a health care item or service that you have paid in full out of your own pocket.

To request restrictions, please write to the Privacy Officer. Your request should include the following:

1. What information you want to limit;
2. Whether you want to limit how we use the information, how we share the information with others, or both;
3. To whom you want the limits to apply.

We will consider your request, but are not legally bound to agree to the restriction except as noted above. If we agree to any restrictions to our use and disclosure of your information, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses and disclosures that are required by law.

5. Right to Request Confidential Communication

You have the right to request that we communicate with you in a way that will help keep your information confidential. For example, you may ask that we contact you at home instead of at work. To request more confidential communications, please write to the Privacy Officer. We will not ask you the reason for your request, and we will try to accommodate reasonable requests. Please specify in your request how and where you wish to be contacted.

6. Right to be Notified of a Breach

You have the right to be notified following a breach of unsecured health information that affects your information as created and/or maintained by Inspire. A breach is unauthorized access to your information. For example, if your information is faxed to a wrong number, you have the right to be notified by Inspire.

7. Right to a Copy of this Notice

You have the right to receive a paper copy of this Notice. If you received this notice electronically, you have the right to request a paper copy.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make changes to terms described in this notice and to make the new notice terms effective to all health/clinical information that we maintain. We will post any new notice with the effective date on our website and at our facilities. A copy of any revised notice will be available on our website and at our facilities.

COMPLAINTS

If you believe your privacy rights have been violated, you may do one of the following:

- You may file a complaint with the Privacy Officer at Inspire at 2 Fletcher Street, Goshen, NY 10924, (845) 294-8806, ext. 279.
- You may contact the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington DC, 20201, (877) 696-6775.
- You may file a grievance with the Office of Civil Rights by calling 866-OCR-PRIV, or (866) 627-7748, or (886) 788-4989 (TTY).

You will not be penalized or retaliated against for filing a complaint.

MARCH 12, 2003;

THIS NOTICE REVISED: September 24, 2003; March 31, 2004; April 26, 2005; July 15, 2010; February 13, 2013; AUGUST 28, 2013