PRIVACY NOTICE

Your Information. Your Rights. Our Responsibilities.

AHRC Nassau is committed to protecting the confidentiality and privacy of individuals receiving services. Information shall only be accessed or disclosed on a need-to-know basis and in accordance with signed consents, OPWDD regulations, and applicable laws.

This notice applies to:

- All individuals receiving services
- Employees, volunteers, interns, consultants, and contractors
- All OPWDD-certified programs and settings operated by the agency

This notice, which is effective 4/20/26 describes how information about you may be used and disclosed and how you can get access to this information. This notice is consistent with OPWDD Part 624 Right to Privacy and Part 633 confidentiality requirements.

Please review it carefully.

You may contact Lisa Shortell, Privacy Officer, at 516-293-2016, extension 5493 or Lshortell@ahrc.org with any questions about this policy.

For the purpose of this notice, **Protected Health Information (PHI)** includes individually identifiable health information in any form (oral, written, electronic).

Confidential Information is any personal, medical, behavioral, or identifying information related to an individual receiving services.

Authorized Disclosures refer to the release of confidential information with proper consent or as permitted/required by law.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we have shared your information
- Get a copy of this privacy notice
- Choose someone to act for you

- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- Comply with OPWDD and New York State Justice Center incident reporting and investigation requirements

To the extent that we have substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Your Rights

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When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you:

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. To inspect or obtain a copy of your health information, please submit your request in writing to AHRC Nassau's Privacy Officer, Lisa Shortell at 115 East Bethpage Road, Plainview, NY 11803.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Requests to correct health information should be sent to the Program Director.
- We may say "no" to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no," for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. To request a copy of disclosures, please submit your request in writing to AHRC Nassau's Privacy Officer, Lisa Shortell at 115 East Bethpage Road, Plainview, NY 11803 or Lshortell@ahrc.org.

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- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. To request a paper copy of this notice, please contact the Privacy Officer, Lisa Shortell at 115 East Bethpage Road, Plainview NY 11803 or Lshortell@ahrc.org.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us through the Privacy Officer, Lisa Shortell at 115 East Bethpage Road, Plainview NY 11803 or Lshortell@ahrc.org.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **https://www.hhs.gov/hipaa/filing-a-complaint/index.html.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster relief situation

- Include your information in a hospital directory

  If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Treat you

- We can use your health information and share it with other professionals who are treating you.

- *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

- *Example: We use health information about you to manage your treatment and services.*

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

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- *Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

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- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services
- **Respond to lawsuits and legal actions**
  - We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Acknowledgement of Privacy Practices

I acknowledge that I have received a copy of **AHRC Nassau's Notice of Privacy Practices**, effective **April 20, 2026**.

I understand that this Notice describes how my **protected health information (PHI)** may be used and disclosed, as well as my rights regarding access to, correction of, and control over my health information, in accordance with **HIPAA**, **New York State law**, and **OPWDD regulations**.

I understand that:

- I may ask questions or request clarification at any time
- I may request a paper copy of the Notice at any time
- I may file a complaint with the agency or with the U.S. Department of Health and Human Services if I believe my privacy rights have been violated
- I will not be retaliated against for filing a complaint

I understand that signing this acknowledgment does **not** waive any of my rights under applicable law.

Individual Receiving Services

Name: _____

Signature: _____

Date: _____

If Signed by Legal Guardian / Personal Representative

I represent that I am legally authorized to acknowledge receipt of this Notice on behalf of the individual named above.

Name of Guardian / Representative: _____

Relationship to Individual: _____

Signature: _____

Date: _____

Agency Use Only

Program / Site: _____

Staff Name (Witness): _____

Staff Signature: _____

Date Provided: _____

If an individual chooses not to sign this acknowledgment, the agency must document the reason and the date the Notice was provided.

Reason acknowledgment not obtained (if applicable):

Staff Signature: _____ Date: _____