NYSARC, Inc., Columbia County Chapter Coarc

CONFIDENTIALITY OF HIV-RELATED INFORMATION AND PSYCHOTHERAPY NOTES NOTICE OF PRIVACY PRACTICE ATTACHMENTS

Effective Date: May 8th, 2015

The privacy and confidentiality of HIV-related information and psychotherapy notes maintained by Coarc is protected by Federal and State law and regulations. These protections go above and beyond the protections described in our agency's general Notice of Privacy Practices. *If you have questions about this notice or would like further information, please contact our Privacy Officer at 672-4451.*

CONFIDENTIALITY OF HIV-RELATED INFORMATION

Confidential HIV-related information is any information indicating that you had an HIV-related test, have HIV-related illness or AIDS, or have an HIV-related infection, as well as any information which could reasonably identify you as a person who has had a test or has HIV infection.
Under New York State law, confidential HIV-related information can only be given to persons allowed to have it by law, or to persons you allow to have it by signing a written authorization form. You can ask to see a list of people who can be given confidential HIV-related information by law without a written authorization form.
Confidential HIV-related information about you may be used by personnel within the agency who need the information to provide you with direct care or treatment, to process billing or reimbursement records, or to monitor or evaluate the quality of care provided at the agency. Generally Coarc may not reveal to a person outside of the agency any confidential HIV-related information that the agency obtains in the course of treating you, ***unless:***

- The agency obtains your written authorization;
- The disclosure is to a person who is authorized under applicable law to make health care decisions on your behalf and the information disclosed is relevant to that person fulfilling such health care decision making role;
- The disclosure is to another health care provider or payor for treatment or payment purposes;
- The disclosure is to an external agent of the agency who needs the information to provide you with direct care or treatment, to process billing or reimbursement records, or to monitor or evaluate the quality of care provided at the agency. In such cases, the agency will ordinarily obtain your general written consent and have an agreement with

the agent to ensure that your confidential HIV-related information is protected as required under federal and New York State confidentiality laws and regulations;

- The disclosure is required by law or court order;
- The disclosure is to an organization that procures body parts for transplantation;
- You receive services under a program monitored or supervised by a federal, New York State, or local government agency and the disclosure is made to such government agency or other employee or agent of the agency when reasonably necessary for the supervision, monitoring, administration or provision of the program's services;
- The agency is required under federal or New York State law to make the disclosure to a health officer;
- The disclosure is required for public health purposes;
- If you are an inmate at a correctional facility and disclosure of confidential HIV-related information to the medical director of such facility is necessary for the director to carry out his or her functions;
- You are deceased, in which case disclosure may be made to a funeral director who has taken charge of your remains and who has access in the ordinary course of business to confidential HIV-related information on your death certificate; or
- The disclosure is made to report child abuse or neglect to appropriate New York State or local authorities.

Violation of these privacy regulations may subject the agency to civil or criminal penalties. Suspected violations may be reported to appropriate authorities in accordance with Federal and State law.

CONFIDENTIALITY OF PSYCHOTHERAPY NOTES

Psychotherapy notes are notes that our mental health counseling staff might make about your private counseling sessions, or your group, joint, or family counseling sessions, that are maintained separate from the rest of your clinical records. These notes can only be used and disclosed as described below. *With your general written consent,* psychotherapy notes about you may be used and disclosed in the following situations:

- The mental hygiene professional who created the notes may use them to provide you with further treatment;
- The mental hygiene professional who created the notes may disclose them to students, trainees, or practitioners in mental hygiene who are learning under supervision to practice or improve their skills in group, joint, family, or individual counseling;
- The mental hygiene professional who created the notes may disclose them as necessary to defend his or herself, or the agency, in a legal proceeding initiated by you or your personal representative;

Without your general written consent, psychotherapy notes may be used and disclosed only in the following situations:

- The mental hygiene professional who created the notes may disclose them as required by law;

- The mental hygiene professional who created the notes may disclose the notes to appropriate government authorities when necessary to avert a serious and imminent threat to the health or safety of you or another person;
- The mental hygiene professional who created the notes may disclose them to the United States Department of Health and Human Services when that agency requests them in order to investigate the mental hygiene professional's compliance, or the agency's compliance, with Federal privacy and confidentiality laws and regulations; and
- The mental hygiene professional who created the notes may disclose them to medical examiners and coroners if necessary to determine your cause of death.

Your special written authorization is required for all other uses and disclosures of psychotherapy notes.

SIGNATURE

By signing below, I acknowledge that I have been provided a copy of the NYSARC, Inc., Columbia County Chapter (Coarc) Notice of Privacy Practices (NOPP) and Confidentiality of HIV-Related information and Psychotherapy notes attachments and have therefore been advised of how medical information about me may be used and disclosed by NYSARC, Inc., Columbia County Chapter (Coarc) and how I may obtain access to this information.

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Signature of Individual or Personal Representative

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Print Name of Individual or Personal Representative

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Date

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Description of Personal Representative's Authority