New York State Psychiatric Institute
Notice of Privacy Practices
Effective date 5/21/2012

THIS NOTICE DESCRIBES HOW INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ THIS NOTICE CAREFULLY.

About this Notice
This Notice will tell you about the ways we may use and disclose health information that identifies you (“Health Information”). We also describe your rights and our obligations under the law to maintain the privacy of your Health Information. We reserve a right to use and disclose the health information we collect during your participation in research. We may need this record to provide you with quality care and to determine your eligibility for research and your response to any research interventions. We are committed to protecting your health information and to following all state and federal laws regarding the protection of your health information.

We are required by law to:
◆ make sure that health information that identifies you is kept private
◆ give you this notice of our legal duties and privacy practices with respect to health information about you
◆ follow the terms of the notice that is currently in effect

Who will follow this notice:
◆ All employees, staff, and other personnel of NYS Office of Mental Health (OMH)
◆ Any student, intern or member of a volunteer group we help to allow you while you are in our care
◆ Staff employed by Columbia University (CU), and/or Research Foundation for Mental Hygiene, Inc. (RFMH) who work at NYSPI and who are considered part of the NYSPI/OMH workforce in relation to the creation, use, and disclosure of Health Information.
◆ Contractors, agencies, or other organizations that provide services to us or on our behalf and who have agreed, in writing, to protect your information and follow this Notice.

How we may use and disclose health information about you:
Your Health information, which includes any information that relates to your past, present, or future health/mental health condition, may be used and released by NYSPI/OMH for the purposes of providing you with treatment and/or your participation in research. There may be occasions where we need to use/disclose your Health Information for administrative purposes, operational purposes, and to evaluate the quality of the services you receive. Health Information used for research requires a special authorization from you. Not all types of uses and releases can possibly be described in this document so we have listed some common examples of permitted uses and disclosures below.

FOR RESEARCH: At NYSPI we perform mental health and substance abuse research and in that process may collect Health Information about you. Our researchers may share your health information with other researchers, sponsors, regulatory authorities and others if you authorize them to do so.

Health Information about you may also be disclosed to people preparing to conduct a research project, for example, to help them look for participants with specific medical needs, so long as the health information they review does not leave our facility.

All research conducted at NYSPI goes through a special process required by law that reviews protections for individuals involved in research, including privacy. We will not use your health information or disclose it for research reasons without either getting your prior written approval or determining that your privacy is protected.

FOR TREATMENT: Caregivers, such as nurses, doctors, psychologists and social workers, may use your health information to determine and provide you with treatment. Individuals and programs at NYSPI and OMH may share Health Information about you to coordinate the services you may need, such as clinical examinations, therapy, laboratory test results, medications, hospitalization, or transfers or referrals for follow-up care.

FOR PAYMENT: OMH may release information about you to your health plan or health insurance carrier to obtain payment for our clinical services. For example, we may need to give your health plan information about medications that you received so your health plan will pay us for treatment or services we provided. We may also share your information, when appropriate, with other government programs such as Workers’ Compensation, Medicaid, or Medicare to determine if you are eligible for, or to coordinate, your benefits, entitlements, and payments. We may need to disclose a limited amount of information about you to explore your financial situation for possible sources of payment for your care, but we will only do so as permitted under law. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. If you are due a refund of money because you have overpaid for our services, we may share a limited amount of your information with the NYS Office of the State Comptroller to obtain that refund for you.

While the institution does not seek reimbursement from health plans for research services there might be instances where the research team might recommend medical services for conditions identified during your participation in research. For example, we may need to give your health plan information about a clinical exam or medications that you received so your health plan will pay for treatment or services that you might need.

FOR OPERATIONS: OMH may review information about you to ensure that the services provided to you are appropriate, safe and of high quality. For example, we may use your information to evaluate our treatment and service programs or to evaluate the services of other providers that use government funds to provide health care services to you. We may combine health information about many individuals to research health trends, or determine what services and programs should be offered, or whether new treatments or services are useful. We may share your health information with our business partners who perform functions on our behalf. OMH requires that our business partners abide by the same level of confidentiality and security as OMH when handling your information.

TO KEEP YOU INFORMED: Unless you provide us with alternative instructions, we may contact you about reminders for visits, treatment, or research appointments. For our clinical patients, we may also contact you to tell you about health related benefits or services that may be of interest to you or to give you information about your health care choices.

FACILITY DIRECTORIES: At NYSPI we use an inpatient directory. If you are an inpatient and do not object, we may put your name and location in our patient directory for disclosure to callers or visitors who ask for you by name. Additionally, your religious affiliation may be shared with clergy.

TO OTHER GOVERNMENT AGENCIES PROVIDING BENEFITS OR SERVICES: We may release your health information to other government agencies that are providing you with benefits or services when the information is necessary for you to receive these benefits or services.

AS REQUIRED BY LAW: We will disclose health information about you when required to do so by federal, state, or local law.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may release your health information if it is necessary to prevent a serious threat to your health or safety or to the health and safety of the public or another person.

FOR PUBLIC HEALTH ACTIVITIES: We may disclose health information about you to public health agencies, subject to the provision of applicable state and federal law, for the following kinds of activities:

o to prevent or control disease, injury or disability
o to report births and deaths
o to report child abuse or neglect to agencies authorized by law to receive these reports
o to report reactions to medications or problems with products to the Food and Drug Administration (FDA)

FOR HEALTH OVERSIGHT ACTIVITIES: NYSPI/OMH may share your health information within OMH and with other agencies for oversight activities authorized by law. Examples of these oversight activities include audits, inspections, licensure, or investigations.

LAWSUITS AND DISPUTES: If you are involved in a lawsuit or dispute, we may release health information about you in response to a court or administrative order. We may also release health information about you in response to a court order, subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information required.

Some studies have Certificates of Confidentiality which are issued by the National Institutes of Health (NIH) to protect identifiable research information from forced disclosure. They allow the investigator and others who have access to research records to refuse to disclose identifying information on research participants in any civil, criminal, administrative, legislative, or other proceeding, whether at the federal, state, or local level.

FOR LAW ENFORCEMENT: We may release health information to a law enforcement official:

o in response to a court order, subpoena, warrant, summons, or other similar process
o to identify or locate a suspect, fugitive, material witness, or missing person
o about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement
o about a death we believe may be the result of criminal conduct
o about criminal conduct at the hospital
o in emergency circumstances to report a crime, the location of the crime or victims; or the identity, description or location of the person who committed the crime

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS: We may release health information to a coroner or medical examiner to carry out their duties as authorized by law (for example, to identify a deceased person or determine the cause of death). We may also release health information to funeral directors as necessary to carry out their duties.

ORGAN DONATION: If you are an organ donor, we may release your health information to an organization that procures, banks, or transports organs for the purpose of an organ, eye, or tissue donation or transplantation.

NATIONAL SECURITY AND PROTECTION OF THE PRESIDENT: We may release your health information to an authorized federal official or other authorized persons for purposes of national security, for providing protection to the President, or to conduct special investigations, as authorized by law.

TO THE MILITARY: If you are a veteran or a current member of the armed forces, we may release your health information as required by military command or Veterans Administration authorities.

Your Health Information Rights:
You have the following rights regarding your health information:

RIGHT TO INSPECT AND OBTAIN COPIES: You have the right to inspect and obtain a copy of Health Information that may be used to make decisions about your care. Usually, this includes medical and psychiatric records related to your clinical care and/or study participation…. It does not include information that is needed for civil, criminal, or administrative actions or proceedings or components of the research record during a clinical trial or information that is not traditionally found in a health record. We may charge a fee for the costs of copying, mailing, or other supplies associated with your request. To inspect or obtain a copy of health information that may be used to make decisions about you, you must submit your request in writing to: Administrator, c/o NYSPI Medical Records Department. We may deny your request to inspect and obtain a copy in very limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed. The Information Management Committee will review your request and the denial. The person(s) conducting the review will not include the person who initially denied your request. We will comply with the outcome of the review.

Form PP1: NYSPI Notice of Privacy Practices
RIGHT TO AMEND: If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend that information. We may deny your request if you ask to amend information that: (1) was not created by us; (2) is not part of the Health Information kept by us; (3) is not part of the information which you would be permitted to inspect or copy; or (4) is determined to be accurate and complete. You have the right to request an amendment for as long as the information is kept by or for us.

To request an amendment, your request must be in writing and submitted to Administrator, c/o NYSPI Medical Records Department. In addition, you must provide a reason that supports your request.

RIGHT TO AN ACCOUNTING OF DISCLOSURES: You have the right to request a list of information releases that we have made of your health information. The list will not include health information releases: (1) made for purposes of providing treatment to you, or releases made for other administrative/operational purposes; (2) made for national security; (3) made to correctional and other law enforcement custodial situations; (4) made based on your written authorization; (5) made to persons who are involved in your care; or (6) made prior to April 14, 2003.

To request this list or accounting of disclosures, you must submit your request in writing to Administrator, c/o NYSPI Medical Records Department. Your request must state a time period which may not be longer than 6 years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request a restriction or limitation on the health information we use or disclose about you for the purpose of treatment or health care operations. Your right to request any restrictions to use or disclose for research purposes is dependent on the type of research you are involved in and will be explained to you in the authorization and/or consent document for the study. You also have the right to request that we restrict or limit health information about you that we may use or disclose to someone who is involved in your care, such as a family member. For example, you could ask that we not use or disclose information about the medication you are taking to your spouse or significant other.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to your treating physician or the study Principal Investigator. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both, and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS: You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. For example, you can ask that we only contact you at a certain phone number or by mail.

To request confidential communications, you must make your request in writing to your treating physician or the study Principal Investigator. We will not ask you the reason for your request and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

RIGHT TO A PAPER COPY OF THIS NOTICE: You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain an additional copy of this notice at our website http://nyspi.org/clinical_services.html or by asking the clinical or research staff you work with.

If you do not object and the situation is not an emergency and disclosure is not otherwise prohibited by stricter laws, we are permitted to release your health information under the following circumstances:

To Individuals Involved in Your Care: We may release your health information to a family member, other relative, friend, or other person who you have identified to be involved in your health care or research participation.

To Family: We may use your health information to notify a family member, a personal representative or a person responsible for your care, of your location, general condition, or death.

To Disaster Relief Agencies: We may release your health information to an agency authorized by law to assist in disaster relief efforts.

Your research staff can talk to you more about this. Be sure to the staff know if you have any concerns about, or object to, these types of disclosures.

What is NOT Covered Under this Notice?
- Confidential HIV Related Information: Under New York State Law, confidential HIV-related information (information concerning whether or not you have had an HIV-related test, have HIV infection, HIV-related illness, AIDS, which could indicate that a person has been potentially exposed to HIV), can only be given to entities allowed to have it by law or allowed to have it by a release that you have signed.
- Alcohol or Substance Abuse Treatment Information: If you have received alcohol or substance abuse treatment from an alcohol/substance abuse program that receives funds from the United States government, federal regulations may protect your treatment records from disclosure without your written authorization.

The Office of Mental Health's Requirements:
NYSPI, as a facility of OMH, is required by state and federal law to maintain the privacy of your health information. We are required to give you this notice of our legal duties and privacy practices with respect to the health information that OMH collects and maintains about you. We are required to follow the terms of this notice.

This notice describes and gives some examples of the permitted ways that your health information may be used or released. Release of your information outside of the boundaries of OMH related treatment, payment, or operations, or as otherwise permitted by state or federal law, will be made only with your written authorization. You may revoke specific authorizations to release your health information, in writing, at any time. If you revoke an authorization, we will no longer release your health information to the authorized person, except to the extent that we have already released or released that information in reliance on your original authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care we have provided to you.

We reserve the right to revise this notice. We reserve the right to make the revised notice effective for health information we already have about you as well as any information we create or receive in the future.

For More Information or to Report a Problem:
If you believe your privacy rights have been violated, you may file a complaint with any or all of the agencies listed below. There will be no penalty or retaliation for filing a complaint:

New York State Psychiatric Institute
Privacy Officer c/o Quality Management Department
1051 Riverside Drive
New York, N.Y. 10032
Telephone: (212) 543-5273
Fax: (212) 543-6752

Office for Civil Rights
Telephone: (888) OCR-PRIV (866) 627-7748 or TDD: (877) 521-2172
Fax: (888) 786-6999
TTY

Privacy Liaison
Secretary of Health and Human Services
200 Independence Avenue, SW.
Washington, D.C. 20201
Phone: 1-800-877-8339

Federal Center for Deaf and Hearing Impaired: Toll Free Phone: 877-696-6775

To obtain more information about NYSPI/OMH's privacy practices, to receive additional copies of this notice, or to receive request forms to access or amend your health information, please contact:

New York State Psychiatric Institute
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c/o Quality Management Department
1051 Riverside Drive
New York, N.Y. 10032
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