



SCO NOTICE OF PRIVACY PRACTICES

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.

This Notice is effective as of January 5, 2023.

Our Privacy Commitment to You:

We are required by law to provide you with this Notice which describes our health information privacy practices and those of our affiliated health care providers that provide care at SCO.

What information is protected:

All information that we create or keep that relates to your health or care and treatment, including but not limited to your name, address, birth date, social security number, your medical information, your service or treatment plan, and other information (including photographs or other images) about your care in our programs, is considered protected health information. In this Notice, we refer to protected health information, along with your private information,¹ as "PHI". We create and collect information about you and we keep a record of the care and services you receive through this agency, and use this information for your treatment, to obtain payment for our services and for our operational purposes, such as improving the quality of care we provide to you. The information about you is kept in a record; it may be in the form of paper documents in a chart or on a computer. We refer to the information that we create, collect, and keep as a "record" in this Notice.

Your Health Information Rights: You have the following rights concerning your PHI:

- **Right of Access to Protected Health Information:** You have the right to request to see or inspect a copy of your PHI and obtain a copy of the

¹ Private Information refers to unencrypted personal information in combination with any one or more of the following data elements: 1) social security number, 2) driver's license or non-driver identification card number, or 3) account number, credit or debit card number, in combination with any required security or access code which would permit access to an individual's financial account.



information, subject to some limited exceptions. We may charge a reasonable fee for our costs. NOTE: SCO requires you to make your request for records in writing to the Privacy Officer. You may request copies in paper format or in an electronic form such as a CD, portable device, or memory stick.

In certain limited circumstances, we may deny your request to inspect or receive copies. If we deny your request to see your information, we will provide you with a summary of the information, and you have the right to request a review of the denial. The Executive Director/designee will appoint a licensed health care professional to review the record and decide if you may have access to the record. We will provide you with information on how to request a review of our denial and how to file a complaint with us or the Secretary of the Department of Health and Human Services.

- **Right to Request Amendment:** You have the right to ask SCO to change or amend information that you believe is incorrect or incomplete for as long as the information is kept in our records. Your request must be in writing and state the reason for the requested amendment.
- **Right to an Accounting of Disclosures:** You have the right to request an “accounting” of our disclosures of your PHI. This is a list of certain disclosures of your PHI that SCO or others on SCO’s behalf have made. The list, however, does not include certain disclosures, such as those made for treatment, payment, and health care operations, or certain other purposes unless the records are maintained in an Electronic Health Record. Records maintained in an Electronic Health Record will include disclosures made for treatment, payment, health care operations, and other purposes.
- **Right to Request Restrictions:** You have the right to request a restriction on the way we use or disclosure your PHI for our treatment, payment, health care operations, and disclosures to family members, friends, or other persons who are involved in your care or the payment for your care.

SCO, however, is not required to agree to your request, and in some cases, the law may not permit us to accept your restriction. However, if we do agree to accept your restriction, we will comply with your restriction in most situations. If your restriction applies to disclosure of information to a health plan for payment or health care operations purposes and is not otherwise



required by law, and where you paid out of pocket, in full, for items or services, we are required to honor that request.

- **Right to Request Confidential Communications:** You have the right to request that SCO communicates with you in a way that will help keep your information confidential. You may request alternate ways of communication with you or request that communications are forwarded to alternative locations. We will accommodate your reasonable requests.
- **Right to Receive Notice of a Breach:** You will be notified if there is a breach of Unsecured PHI containing your information. “Unsecured Protected Health Information” is information that is not secured through the use of a technology or methodology identified by the U.S. Department of Health and Human Services to render the PHI unusable, unreadable, and undecipherable to unauthorized users. We are required by federal law to provide notification to you.
- **Right to a Paper Copy of This Notice:** You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time.

To request access to your clinical information or to request any of the rights listed here, you may contact:

SCO's Privacy Officer
Address:
Corporate Compliance Department Office
1415 Kellum Place, Suite 140, Garden City, NY 11530
Phone: (516) 671- 1253 ext. 1958

We will require you to submit your requests in writing to the Privacy Officer.

Our Responsibilities to You:

We are required by law to:

- Maintain the privacy of your PHI in accordance with federal and state laws.
- Give you this Notice of our legal duties and privacy practices relating to you PHI that tells you how we will keep your information private.



- Tell you if we are unable to agree to a limit on the use or disclosure that you request.
- Carry out reasonable requests to communicate information to you by special means or at other locations.
- Get your written permission to use or disclose your information except for the reasons explained in this Notice.
- Abide by the terms of the Notice that are currently in effect. We reserve the right to change our practices regarding the information we keep and the terms of this Notice. If practices are changed and we make any material changes to the Notice, we will tell you by giving you a new Notice. Notices will be posted on our website: www.sco.org.

How SCO Uses and Discloses Your Health Information:

You will be asked to sign a Consent allowing us to use and disclose your PHI to others to provide you with treatment, obtain payment for our services, and run our health care operations. SCO will initially limit its use and disclosure or request for your PHI, to the extent practicable, to a limited data set (a limited data set does not include your direct identifiers) or, if needed, to the minimum necessary to accomplish the intended purpose of such use, disclosure, or request. Here are examples of how SCO may use and disclose your health information. For each of the categories of uses and disclosures, we explain what we mean and offer an example. Not every use or disclosure is described, but all of the ways we will use or disclose information will fall within these categories.

- **Treatment:** SCO may use and disclose your information to provide you with treatment and services. We may disclose information to doctors, nurses, psychologists, social workers, and other SCO personnel, volunteers, or interns who are involved in providing your care. For example, involved staff may discuss your information to develop and carry out your treatment or service plan and other SCO staff may share your information to coordinate different services you need, such as medical tests, respite care, transportation, etc. We may also need to disclose your information to other providers outside of SCO who are responsible for providing you with services.
- **Payment:** SCO may use and disclose your information so that we can bill and collect payment from you, a third party, an insurance company,



Medicare or Medicaid, or other government agencies. For example, we may need to provide your health care insurer with information about the services you received in our agency or through one of our programs so they will pay us for the services. In addition, we may disclose your information to receive prior approval for payment for services you may need.

- **Health Care Operations:** SCO may use and disclose clinical information to others for SCO's business and administrative operations. These uses and disclosures are necessary to operate SCO programs and to make sure all individuals receive appropriate, quality care. For example, we may use information for quality improvement to review our treatment and services and to evaluate the performance of our staff in serving you. We may also use and disclose information to clinicians and other personnel for on-the-job training.

Other Uses and Disclosures of Your PHI For Other Specific Purposes:

In addition to treatment, payment, and health care operations, SCO may use and disclose your PHI for the following reasons:

- **As Required by Law:** We may share your PHI when we are required to do so by federal or state law.
- **Business Associates:** We may share your PHI with our vendors and agents who create, receive, maintain, or transmit PHI for certain functions or activities on behalf of SCO. These are called our "Business Associates" and include any subcontractor that creates, receives, maintains, or transmits PHI on behalf of SCO. For example, we may give your health information to a billing company to assist us with our billing for services, or to a law firm or an accounting firm that assists us in complying with the law and/or improving our services. To protect and safeguard your PHI we require our Business Associates and subcontractors to appropriately safeguard your information.
- **Personal Representative:** If you have a personal representative, such as a legal guardian, we will treat that person as if that person is you with respect to disclosures of your health information. If you become deceased, we may disclose your health information to an executor or administrator of your estate to the extent that person is acting as your personal



representative or to your next of kin, as permitted under state and federal law.

- **Public Health Reasons:** We may disclose your PHI for public health activities including prevention and control of disease, injury or disability, reporting births and deaths, reporting child abuse or neglect, reporting 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 the disease if a law permits us to do so.
- **Reporting Victims of Abuse, Neglect, or Domestic Violence:** If we have reason to believe that you have been the victim of abuse, neglect, or domestic violence, we may use and disclose your PHI to notify a government authority if required or authorized by law, or if you agree to the report.
- **Health Oversight Activities:** We may disclose your PHI to health oversight agencies authorized by law to conduct audits, investigations, surveys and inspections, and licensure actions or other legal proceedings. These activities are necessary for government to monitor the health care system, government programs, and compliance with civil rights laws. Health oversight activities do not include investigations that are not related to the receipt of health care or receipt of government benefits in which you are the subject.
- **Judicial and Administrative Proceedings:** We may disclose your PHI in the court of certain judicial or administrative proceedings. If you are involved in a court or administrative proceeding we will disclose information if the judge or presiding officer orders us to share the information.
- **Law Enforcement:** We may disclose your PHI for certain law enforcement purposes or other specialized government functions, including in response to a court order or subpoena, to report a possible crime, to identify a suspect or witness or missing person, to provide identifying data in connection with a criminal investigation, and to the district attorney in furtherance of a criminal investigation of client abuse.
- **Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations:** Upon your death, we may release your health information to a coroner, medical examiner, funeral director, or, if you are an organ donor, to an organization involved in the donation of organs and tissue.



- **Research:** In general, we will request that you sign a written authorization before using your PHI or disclosing it to others for research purposes. However, we may use or disclose your PHI without your written authorization for research provided that the research has been reviewed and approved by a special Privacy Board or Institutional Review Board.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose your PHI when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health or safety of the public or another person. However, any disclosure would be made only to someone able to help prevent the threat.
- **National Security and Intelligence Activities; Protective Services:** We may disclose health information to authorized federal officials for intelligence and other national security activities authorized by law or to provide protective services to the President and other officials.
- **Correctional Institutions or Law Enforcement Officials:** We may disclose health information to correctional institutions or law enforcement officials if you are an inmate and the information is 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 that Administer Public Benefits:** We may disclose health information to governmental agencies that administer public benefits if necessary to coordinate the covered functions of the programs.
- **De-Identified Information:** We may use your health information to create “de-identified” information or we may disclose your information to a business associate so that the business associate can create de-identified information on our behalf. When we “de-identify” health information, we remove information that identifies you as the source of the information. Health information is considered “de-identified” only if there is no reasonable basis to believe that the health information could be used to identify you.
- **Limited Data Set:** We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research, public health, and health care operations.



- **Military and Veterans:** If you are a member of the armed forces, we may use and disclose your Protected Health Information as required by military command authorities. We may also use and disclose Protected Health Information about foreign military personnel as required by the appropriate foreign military authority.
- **Workers' Compensation:** We may use or disclose your Protected Health Information to comply with laws relating to workers' compensation or similar programs.
- **Family and Friends Involved in Your Care:** Unless you object, we may disclose your PHI to a family member or close personal friend, including clergy, who is involved in your care or payment for that care so long as the information is relevant to their involvement, and to notify them of your condition and location.
- **Disaster Relief:** We may disclose your PHI to an organization assisting in a disaster relief effort.

Authorization Required For All Other Uses and Disclosures:

For all other types of uses and disclosures not described in this Notice, or required by law, SCO will use or disclose information only with a written authorization signed by you that states who may receive the information, what information is to be shared, the purpose of the use or disclosure and an expiration for the authorization. Written authorizations are always required for use and disclosure for marketing purposes, such as agency newsletters and press releases.

Note: If you cannot give permission due to an emergency, SCO may release information in your best interest. We must tell you as soon possible after releasing the information.

You may revoke your authorization at any time. To revoke your authorization, contact someone in the program where you are getting your services. If you revoke your authorization in writing we will no longer use or disclose your information for the reasons stated in your authorization. We cannot, however, take back disclosures we made before you revoked and we must retain information that indicates the services we have provided to you.

Confidential HIV Related Information: Under New York State law, confidential HIV-related information (information concerning whether or not you have had a



HIV-related test, or have HIV infection, HIV-related illness, or AIDS, or which could indicate that a person has been potentially exposed to HIV), cannot be disclosed, with very limited exceptions, except to those people you authorize in writing to have it.

Alcohol or Substance Use Treatment Information: If you have received alcohol or substance use treatment from an alcohol/substance use program that receives funds from the United States government, federal regulations may protect your treatment records from disclosure without your written authorization.

Fundraising: For fundraising purposes, we may disclose your demographic information to a charitable program that assists us in fundraising with your permission. We may also contact you or your personal representative to raise money for SCO. In certain circumstances, you must provide us with your written authorization for our use of your information for fundraising. You also have the right to refuse or opt out if you previously agreed to communications regarding fundraising. Your request to opt out of receiving future fundraising communication will revoke any prior authorizations and you will not receive any future communications.

Marketing: For marketing of health-related services, we will not use your health information for marketing communications without your permission. In most circumstances, SCO is required by law to receive your written authorization before we use or disclose your health information for marketing purposes.

Psychotherapy Notes: In most circumstances, SCO is required by law to obtain your written authorization before we use or disclose psychotherapy notes.

Changes to 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 information that SCO maintains, as well as for all PHI we receive in the future. We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. We will post a copy of the new Notice with the effective date on our website at www.sco.org and in our facilities. In addition, we will offer you a copy of the revised Notice at your next scheduled service planning meeting.

Complaints



If you believe your privacy rights have been violated, you may file a complaint in writing with us or with the Office of Civil Rights in the U.S. Department of Health and Human Services. To file a complaint with SCO, contact:

SCO's Privacy Officer
Address:
Corporate Compliance Department Office
1415 Kellum Place, Suite 140, Garden City, NY 11530
Phone: (516) 671- 1253 ext. 1958

You may contact the Director of Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, Secretary of the Department of Health and Human Services. You may call them at (877) 696-6775 or write to them at 200 Independence Ave. S.W., HHH Building Room 509H, Washington DC, 20201.

You may file a grievance with the Office of Civil Rights by calling or writing Region II – US Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312, New York, New York 10278, Voice Phone (800) 368-1019, FAX (212) 264-3039, TDD (800) 537-7697.

All complaints must be submitted in writing. **You will not be penalized or retaliated against for filing a complaint.**

For Further Information:

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact:

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