

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

The mission of Greater Mental Health of New York is to promote mental health and substance use recovery in Westchester and Rockland County through advocacy, community education, and direct services. In order to fulfill this mission, we must maintain a commitment to ensure that all individuals who are involved in our services are treated with respect and that all information is treated with the utmost confidentiality and privacy. As such this notice is designed to inform you about Greater Mental Health's Privacy Practices. These privacy practices are followed by our employees, staff and all office personnel.

This notice will describe how we may use and disclose information that is called "protected health information". Protected health information is any information oral, recorded, or demographic data that may identify you (i.e., name, address, diagnosis) or that may relate to your past, present or future physical or mental health.

We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties and privacy practices. We are required to abide by the terms of this Notice. We may change the terms of our notice, at any time. We reserve the right to change privacy practices and make the new practices effective for all the information we maintain. Revised notices will be posted in our facilities, and we will offer you a copy when you receive services. Notifications of changes will also be posted on our website at www.greatermentalhealth.org

Use and Disclosure of Protected Health Information

Your protected health information may be used and disclosed by your health care providers, office staff, and others outside of Greater Mental Health that are involved in your care and treatment for the purpose of providing health care services to you to pay your health care bills, to support the operation of the Agency, and any other use required by law.

Treatment/Services

Greater Mental Health will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment

Your protected health information will be used, as needed, to obtain payment for your health care services. For example, we may need to 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.

For Health Care Operations

We may use and disclose, as needed, your protected health information in order to support the business activities of Greater Mental Health. These activities include, but are not limited to, quality assessment activities, employee review activities licensing, and conducting or arranging for other business activities. For example, we may call your by name in the waiting room when your Clinician/Prescriber is reading to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required by Law, Public Health issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

[Other Permitted and Required Uses and Disclosures](#) will be made only with your consent, authorization or opportunity to object unless required by law.

[You may revoke this authorization](#) at any time, in writing, except to the extent that Greater Mental Health has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights

Following is a statement of your rights with respect to your protected health information.

[You have the right to inspect and copy your protected health information.](#)

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information

[You have the right to request a restriction of your protected health information.](#)

This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Greater Mental Health is not required to agree to a restriction that you may request. If Greater Mental Health believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

[You have the right to request to receive confidential communication for us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us,](#) upon request, even if you have agreed to accept this notice alternatively (i.e., electronically).

[You may have the right to have your physician amend your protected health information.](#)

If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

This is a list of the disclosures we made of PHI for certain purposes, which do not include treatment, payment and health care operations. To obtain this list, you must submit your request in writing to Greater Mental Health's Privacy Officer. Please include time frames that may not be longer than six years and may not include dates before April 14, 2003. Greater Mental Health will review all requests individually and will comply with your request within 60 days, unless circumstances require additional time.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints

You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. Please contact Greater Mental Health's Privacy Officer at mhaprivacy@greatermentalhealth.org. We will not retaliate against you for filing a complaint.

Emergencies

Greater Mental Health will use or disclose your protected health information in an emergency treatment situation. If an emergency occurs and treatment is given, Greater Mental Health will notify you and attempt to get your authorization as soon as possible. In case of a disaster, we will be required to notify the appropriate disaster relief organizations or authorities or family/friends/care givers to keep them aware of your health status, condition or location.

If you feel that your complaint has not sufficiently been resolved you may contact the Office for Civil Rights, U.S. Department of Health and Human Services via the complaint portal at ocr.portal.hhs.gov or via e-mail at OCRcomplaint@hhs.gov.

We are required by law to maintain the privacy of, and provide individuals with, this notice of legal duties and our privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our Privacy Officer by phone at our Main Phone Number: 914-345-5900 or by mail or email:

Privacy Officer

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