



## NOTICE OF PRIVACY PRACTICES

**YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.**

### **PLEASE REVIEW IT CAREFULLY.**

Thank you for choosing Hometown Health Centers for your healthcare needs. We are privileged to have your confidence and are committed to safeguarding the personal information that you give/have given us.

This notice explains Hometown's policy of collecting, handling, using, and securing your health information as required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

#### **I. PERMITTED USES AND DISCLOSURES OF HEALTH INFORMATION**

##### TREATMENT, PAYMENT, HEALTHCARE OPERATIONS

Hometown is likely to use and disclose your health information about treatment, payment, and healthcare operations. Examples include:

Treatment: Your confidential healthcare information may be released to other healthcare professionals to provide you with quality healthcare. It could be, as one example, referral to a specialist.

Payment: Information may be released to your insurance provider so Hometown may receive payment for providing needed healthcare services.

Healthcare Operations: Your confidential healthcare information may be disclosed in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, our review of the ability or qualifications of our healthcare professionals, evaluating practitioner and provider performance and other Hometown business operations.

##### AUTHORIZATIONS

You may specifically authorize us to use your health information for any purpose or to disclose your health information to anyone. We will do so upon our receipt of a written authorization from you stating that we may use or disclose your health information in agreement with that authorization. You may cancel any such authorization at any time by notifying us in writing. This cancellation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those permitted by this notice or as otherwise permitted by law.

##### DISCLOSURES TO FAMILY AND PERSONAL REPRESENTATIVES

We must disclose our health information to you as described below in the Patient Rights section of this Notice. Note that such disclosures will be made to any of your personal representatives (parent, child, husband or wife, etc.) appropriately authorized by you to provide them access and/or control of your health information. Under certain circumstances, including emergency treatment, we may disclose your location and general condition to a family member, other relative, close personal friend or any other person who you identify. We also may disclose health information related to such an individual's involvement in your care or with payment related to your care.

##### MARKETING

We will not use your health information for marketing communications without your written authorization. We will not sell your health information to anyone.

##### USES OR DISCLOSURES REQUIRED BY LAW

We may use or disclose your health information when we are required to do so by law, including for public health reasons (e.g. disease reporting). In some instances, and in agreement with applicable law, we may be required to disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

### PATIENT AND THIRD PARTY PROTECTION

Only as permitted by law, we may disclose your health information to avoid a serious threat to your health or safety or to the health or safety of others.

### LAW ENFORCEMENT/NATIONAL SECURITY

Health information may be required to be disclosed because of subpoenas, judicial proceedings and law enforcement inquires as permitted by law. Under certain circumstances we may disclose health information relating to members of the Armed Forces, to military authorities and to authorized federal officials if such information is required for lawful intelligence, counterintelligence, and other national security activities. Under certain circumstances we also may disclose health information relation to inmates or patients to correctional institutions or to law enforcement personnel having lawful custody of those individuals.

### APPOINTMENT REMINDERS

We may use or disclose your limited information to provide you with appointment reminders (such as texts, voicemail messages, postcards, or letters).

### FOOD AND DRUG ADMINISTRATION ("FDA")

We may disclose to the FDA health information relative to unfavorable events with respect to food, supplements, products and product defects or post marketing study information to enable product recalls, repairs, or replacement.

### WORKER'S COMPENSATION

We may disclose health information to the extent authorized by laws relation to workers' compensation or to other similar programs established by law.

### FUNDRAISING

You may be contacted by the health center for the purposes of raising funds to support the health center's operation. You will be given the opportunity to opt out of any future fundraising contacts.

### BUSINESS ASSOCIATES

Hometown sometimes uses outside services to help with your care. Examples include contracted physician services in certain specialty departments and laboratory tests. When these services are contracted, we may disclose your health information so that they can perform the job we have asked them to do and bill you or your insurance company for services rendered.

## **II. PATIENT RIGHTS**

### ACCESS TO RECORDS

Upon submission of a written request to us, you have the right to review or receive copies of your health information, with limited exceptions. You may obtain a form to request access by using the contact information listed at the end of this Notice. If you request copies, we will charge you a reasonable copying fee. If you request that the records, be mailed, we may charge you for postage. If you prefer, we will prepare a summary of an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice if you are interested in receiving a summary of your information instead of copies.

You may request that we provide copies in a non-photocopy format, and we will supply records in that format if it is readily available. If you request records in an alternative format, we will charge a reasonable fee for providing your health information in that format.

### REPRODUCTIVE CARE

If your privacy involves reproductive health care, defined as care that "affects the health of an individual in all matters relating to the reproductive system and to its functions and processes," Hometown has further protections in place.

Hometown will not use or disclose your protected health information (PHI) for the purpose of identifying, investigating, or imposing liability on your for the mere act of seeking, obtaining, providing, or facilitating reproductive care. If Hometown receives a request for information that could be related to reproductive health care, it will require the requesting party to attest that the PHI will not be used or disclosed in a prohibited manner. A signed attestation is required for the following reasons: health oversight activities; judicial and administrative proceedings; law enforcement purposes; and disclosures to coroners and medical examiners.

Reproductive information may only be disclosed if it is legal to do so in New York; is authorized by Federal law; and the care provided was lawful when it occurred.

### ACCOUNTING OF CERTAIN DISCLOSURES

Upon written request, you have the right to receive a list of instances in which we or our business associate disclosed your health information for purpose other than treatment, payment, healthcare operations and other activities authorized by you for the last six (6) years, but not before April 14, 2003. If you request this accounting more than once in a twelve (12)-month period, we may charge you a reasonable fee for responding to these additional requests.

**RESTRICTIONS AND ALTERNATIVE COMMUNICATIONS:** You have the right to request that we place additional restrictions on our use or disclosure of your health information for treatment, payment, and health-care operation purposes. Depending on the circumstance of your request we may, or may not, agree to those restrictions. If we do agree to your requested restrictions, we must honor them except in emergency treatment situations. You have the right to request that we communicate with you about your health information by other means or to another location (e.g. at your place of business rather than at your home). Such requests must be made in writing, must specify the other means or location, and must provide satisfactory explanation how payments will be handled under the other means or location you request.

### AMENDMENTS TO RECORDS

We make every effort to maintain complete, accurate and up to date information about you and about your health status. If you believe that our information is incomplete or incorrect, you have the right to request that we make changes to your health information. Such requests must be made in writing and must explain why the information should be changed. We may deny your request under certain circumstances. If you wish to make a change, please contact our Health Information Manager at (518) 370-1441.

### **III. PROTECTION OF YOUR INFORMATION**

We maintain security over your personal information through a combination of physical, electronic, and procedural means as well as contractual agreements. Through procedures and security levels, we limit access to patient information to only those employees and others who must use it in order to properly serve your healthcare needs.

### **IV. HOW ELSE IS HEALTH INFORMATION USED**

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. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **V. EFFECTIVE DATE AND CHANGES TO NOTICE**

We are required to provide you with this notice and to follow the privacy practices described above while this Notice is in effect. This Notice is effective as of April 14, 2003, and will remain in effect until we replace it. We reserve the right to change this Notice and the privacy practice described at any time in accordance with applicable law. Before making significant changes to our privacy practices, we will alter this Notice to reflect the changes and make the revised Notice available to you upon your request. Any changes we make to our privacy practices and/or to this Notice may apply to health information created or received by us before the date of the changes.

### **VI. QUESTIONS AND COMPLAINTS**

If you have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights or if you disagree with a decision we made regarding the use, disclosure, or access to your health information, you may contact Hometown's Privacy Officer. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file such a complaint upon request.

It is illegal to retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Please direct questions or complaints to:

Privacy Officer  
1044 State Street  
Schenectady NY, 12307  
Telephone: (518) 370-1441  
Fax: (518) 395-9431

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