

# The Epilepsy Foundation of Metropolitan New York

## NOTICE OF PRIVACY PRACTICES

**IMPORTANT: THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT OUR CLIENTS MAY BE USED AND DISCLOSED AND HOW THEY CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

As an essential part of our commitment to you, The Epilepsy Foundation of Metropolitan NY maintains the privacy of certain confidential health care information about our clients, known as Protected Health Information (PHI). We are required by law to protect this health care information and to provide our clients with the attached Notice of Privacy Practices.

The Notice outlines our legal duties and privacy practices in respect to our clients' PHI. It not only describes our privacy practices and legal rights, but outlines, among other things, how The Epilepsy Foundation of Metropolitan NY is permitted to use and disclose the PHI, how one can access and copy that information, may request amendment of that information and may request restrictions on our use and disclosure of the PHI.

The Epilepsy Foundation of Metropolitan NY is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use this information as described in this Notice without permission, but there are some situations where we may use it only after we obtain our clients written authorization, if we are required by law to do so.

We respect our clients' privacy and treat all health care information about clients with care under strict policies of confidentiality that all of our staff are committed to following at all times.

PLEASE READ THE ATTACHED DETAILED NOTICE. IF YOU HAVE ANY QUESTIONS ABOUT IT, PLEASE CONTACT OUR PRIVACY OFFICER:

**Dr. Beth Pausic**  
**Epilepsy Foundation of Metropolitan New York**  
**65 Broadway Suite 505 New York, New York 10006**

**(212) 677-8550**  
**[bpausic@efmny.org](mailto:bpausic@efmny.org)**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT OUR CLIENTS MAY BE USED AND DISCLOSED AND HOW THEY CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Purpose of this Notice:** The Epilepsy Foundation of Metropolitan NY is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to clients' PHI. This Notice describes legal rights, advises of our privacy practices and outlines how The Epilepsy Foundation of Metropolitan NY is permitted to use and disclose PHI about our clients.

The Epilepsy Foundation of Metropolitan NY is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use this information as described in this Notice without permission, but there are some situations where we may use it only after we obtain our clients written authorization, if we are required by law to do so.

**Uses and Disclosures of PHI:** The Epilepsy Foundation of Metropolitan NY may use PHI for the purposes of payment and health care operations, in most cases without written permission. Examples of our use of PHI:

**For treatment: This includes the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a client; or the referral of a client for health care from one health care provider to another.**

**For payment:** This includes any activities we must undertake in order to get reimbursed for the services provided to our clients, including such things as organizing PHI and submitting bills to insurance companies (either directly or through a third party), management of billed claims for services rendered, medical necessity

determinations and reviews, utilization review and collection of outstanding accounts.

**The Epilepsy Foundation of Metropolitan NY will not use or disclose more information for payment purposes than is necessary. This is known as using only the minimum necessary amount to accomplish the purpose of use or disclosure. We are accountable to the Secretary of Health and Human Services to safeguard (keep secure) and protect (keep private) our clients' information.**

**For health care operations:** This includes quality assurance activities, licensing and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising and certain marketing activities.

**Notification in the Case of a Breach:** The Epilepsy Foundation of Metropolitan NY is required by law to notify our clients in case of a breach of their unsecured protected health information when it has been or is reasonably believed to have been accessed, acquired or disclosed as a result of a breach.

**Use and Disclosure of PHI Without Your Authorization:** The Epilepsy Foundation of Metropolitan NY is permitted to use PHI *without* written authorization, or opportunity to object in certain situations, including:

1. For The Epilepsy Foundation of Metropolitan NY's use in obtaining payment for services provided or in other health care operations;
2. To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company);
3. To another health care provider (such as a hospital) for the health care operations

activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with our clients and the PHI pertains to that relationship;

4. For health care fraud and abuse detection or for activities related to compliance with the law;
5. To a family member, other relative or close personal friend or other individual involved in our clients care if we obtain verbal agreement to do so or if we give our clients an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to family, relatives or friends if we infer from the circumstances that there is no objection. For example, we may assume our clients' clients agree to our disclosure of personal health information to their spouse when their spouse has called us for them. In situations where our clients are not capable of objecting (because the clients are not present or due to incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to our client's family member, relative or friend is in the best interest. In that situation, we will disclose only health information relevant to that person's involvement in our client care;
6. To a public health authority in certain situations (such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects or to notify a person about exposure to a possible communicable disease) as required by law;
7. For health oversight activities including audits or government investigations, inspections, disciplinary proceedings and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;

8. For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
9. For law enforcement activities in limited situations, such as when there is a warrant for the request or when the information is needed to locate a suspect or stop a crime;
10. For military, national defense and security and other special government functions;
11. To avert a serious threat to the health and safety of a person or the public at large;
12. For Workers' Compensation purposes and in compliance with workers' compensation laws;
13. To coroners, medical examiners and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law; and
14. If our client is an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ donation and transplantation.

Any other use or disclosure of PHI, other than those listed above, will only be made with written authorization (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). **Authorization may be revoked at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.**

**Client Rights:** Our clients have a number of rights with respect to the protection of their PHI.

**The Epilepsy Foundation of Metropolitan NY will permit individuals to exercise client rights.**

***The right to access, copy or inspect PHI.*** This means our clients may come to our offices and

inspect and copy most of the medical information about them that we maintain in both paper and electronic format. We will generally permit access, copying or inspection of PHI. Information held electronically must be provided in electronic form if requested by the client.

***The right to amend PHI.*** Our clients have the right to ask us to amend their written medical information. We will consider amend any clients' PHI.

***The right to request an accounting of our use and disclosure of an individual's PHI.*** Our clients may request an accounting from us of certain disclosures of their medical information that we have made in the last six years prior to the date of the request.

We are not required to give an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations.

We also are not required to give an accounting of our uses of PHI for which we already have a written authorization for such use. To request an accounting of the medical information that we have used or disclosed that is not exempted from the accounting requirement, contact the Privacy Officer listed at the end of this Notice.

***The right to request that we restrict the uses and disclosures of an individual's PHI.*** Our clients have the right to request that we restrict how we use and disclose their medical information that we have for treatment, payment or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in their health care. But if the information is needed to provide emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide them with emergency treatment.

Our clients have a right to a restriction to disclosure of PHI to a health plan for payment if the client has paid in full for the services and items provided in that visit. .

***Revisions to the Notice:*** The Epilepsy Foundation of Metropolitan NY reserves the right to change the terms of this Notice at any time, and

the changes will be effective immediately and will apply to PHI that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our website, if we maintain one. Our clients will be given a copy of the latest version of this Notice at their next visit or by contacting the Privacy Officer identified below.

***Your Legal Rights and Complaints:*** Our clients also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services, if they believe their privacy or security rights have been violated. Complainants will not be retaliated against in any way for filing a complaint with us or to the government. Should our clients have any questions, comments or complaints they may direct all inquiries to the Privacy Officer listed at the end of this Notice. Individuals will not be retaliated against for filing a complaint.

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

**Dr. Beth Pausic  
Epilepsy Foundation of Metropolitan NY  
65 Broadway Suite 505  
New York, New York 10006**

**(212) 677-8550  
bpausic@efmny.org**

To complain to the Secretary of Health and Human Services please use the following information and address:

Region II - New York (New Jersey, New York, Puerto Rico, Virgin Islands)  
Linda Colon, Regional Manager  
Office for Civil Rights  
U.S. Department of Health and Human Services  
Jacob Javits Federal Building  
26 Federal Plaza - Suite 3312  
New York, NY 10278  
Voice Phone (800) 368-1019  
FAX (212) 264-3039  
TDD (800) 537-7697

*Effective Date of the Notice:* June 28, 2013