



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN ACCESS AND CONTROL THIS INFORMATION, AND HOW TO EXERCISE YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, please contact our Privacy Officer, at (716) 895-6700
Ext. 4307

Our Commitment to You

Mid-Erie Mental Health Services, Inc. d/b/a **Endeavor Health Services** (“Endeavor”) understands that your health information is personal, and we are committed to protecting your privacy. We are required by law to maintain the privacy of your health information, to provide you with notice of our legal duties and privacy practices with respect to health information, and to abide by the terms of this Notice of Privacy Practices (“Notice”). We are also required to notify you following a breach of unsecured health information and records. We may change the contents of this Notice at any time and the new Notice will be effective for all health information that we maintain. You may obtain any revised Notice of Privacy Practices by calling us and requesting that a revised copy be sent to you or asking for one when meeting with staff. We will promptly revise and make this Notice available whenever there is a material change to the uses or disclosures, your related rights, our legal duties, or other privacy practices stated below.

This Notice describes how we may use and disclose Protected Health Information under Endeavor’s mental health programs and Substance Use Disorder Treatment Records under Endeavor’s alcohol and substance use disorder programs, based on your written consent, as well as for other purposes that are permitted or required by law. “Protected Health Information” is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition, related health care services, and payment for those services. “Substance Use Disorder Treatment Records” is information about you, including demographic information, that relates to you and is created, received, or acquired by Endeavor and which would identify you as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person.

Except as described in this Notice, all uses and disclosures of your health information require your written consent. For example, a specific consent is required for the release of HIV/AIDS, mental health, psychotherapy notes and information, substance use disorder counseling notes, and to use or disclose substance use disorder records in a civil, criminal, administrative, or legislative investigation or proceeding, or to prevent multiple enrollments. You may revoke such consent, at any time, in writing, except to the extent that Endeavor has taken an action in reliance on the use or disclosure indicated in the consent.

There is potential that information disclosed under the terms of this Notice of Privacy Practices might be redisclosed by the recipient and this redisclosure may no longer be protected by federal or state law.

Uses and Disclosures of Your Health Information for Treatment, Payment, and Health Care Operations

So long as your written consent is received, Endeavor may use and disclose your Protected Health Information (“PHI”) and/or Substance Use Disorder Treatment Records (“SUD Records”) for **treatment, payment, and health care operations** purposes. With your consent, your PHI and/or SUD Records may be used and disclosed by Endeavor to those outside of Endeavor that are involved in your care and treatment for the purpose of providing services to you. Your PHI and/or SUD Records may also be used and disclosed to bill your insurance and to support the operation of Endeavor. You may provide a single consent for all future uses and disclosures of your PHI and/or SUD Records for treatment, payment, and health care operations purposes, or you may provide individual written consents for each use and disclosure.

The following are examples of the types of uses and disclosures of your PHI and/or SUD Records that Endeavor is permitted to make based upon your written consent. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by Endeavor.

Treatment: We will use and disclose your PHI and/or SUD Records to provide, coordinate, or manage your services. This includes the coordination or management of your services with a third party that has already obtained your permission to have access to your PHI and/or SUD Records, such as another service Endeavor. For example, we might disclose your PHI and/or SUD Records, as necessary, to a physician that provides care to you.

Payment: Your PHI and/or SUD Records will be used, as needed, to obtain payment for services that we provide to you, such as making a determination of eligibility or coverage for insurance benefits, and undertaking utilization review activities. For example, obtaining services may require that your relevant PHI and/or SUD Records be disclosed to the health plan to obtain approval for Endeavor’s services. In addition, bills may be sent to you or third-party payers, such as insurance companies or health plans. The information on the bill may contain information that identifies you, your diagnosis, and services provided.

Health Care Operations: We may use or disclose, as needed, your PHI and/or SUD Records in order to support the business activities of Endeavor. These activities include, but are not limited to, quality assessment activities, employee review activities, training of health professionals and students, licensing, and conducting or arranging for other business activities. For example, we may use your PHI and/or SUD Records to evaluate the performance of staff involved in your care, to assess the quality of care you receive, and to learn how to improve our services.

We will share your PHI and/or SUD Records with third party “Business Associates/Qualified Service Organizations” that perform various activities for Endeavor. Whenever an arrangement between Endeavor and a Business Associate/Qualified Service Organization involves the use or disclosure of your PHI and/or SUD Records, we will have a written contract that contains terms that will protect the privacy of your PHI and/or SUD Records.

Importantly, any SUD Records regarding you that are disclosed to another substance use disorder treatment program covered by the confidentiality requirements set out in 42 CFR Part 2, a covered entity under the Health Insurance Portability and Accountability Act (“HIPAA”), or a business associate pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by that Part 2 program, covered entity, or business associate without your written consent, to the extent that such disclosure is permitted by the HIPAA regulations.

1. Uses and Disclosures of Substance Use Disorder Treatment Records.

a. Use and Disclosure of Your SUD Records in Civil, Criminal, Administrative, and Legislative Proceedings

Your SUD Records and/or testimony relaying the content of your records, will not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you without your specific written consent or such use or disclosure is based on a court order. Your SUD Records will only be used or disclosed based on a court order after you (or the holder of the record) are provided notice and an opportunity to be heard, where required by 42 USC § 290dd-2 and 42 CFR Part 2. Additionally, a court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before your SUD Records will be used or disclosed.

b. Uses and Disclosures of Your SUD Records that May be Made Without Your Written Consent

We may use or disclose your SUD Records in the following situations without your consent or authorization;

Internal Communications: The restrictions on use and disclosure of your SUD Records set out in this Notice do not apply to communications of your SUD Records within Endeavor between and among Endeavor personnel, or between and amount Endeavor personnel and the personnel of an entity with direct administrative control over Endeavor, who have a need for your SUD Records in connection with their duties that arise out of their provision of diagnosis, treatment, or referral for treatment to patients with substance use disorders.

Criminal Activity: The restrictions on use and disclosure of your SUD Records set out in this Notice do not apply to communications of your SUD Records by Endeavor personnel to law enforcement agencies or officials which are directly relate to your committing, or threatening to commit, a crime on Endeavor’s premises or against Endeavor personnel. In these circumstances, the use and disclosure of your SUD Records is limited to the circumstances of the incident, including your status, name, address, and last known whereabouts.

Reports of Suspected Child Abuse and Neglect: The restrictions on use and disclosure of your SUD Records set out in this Notice do not apply to the reporting under state law of incidents of suspected child abuse and neglect to appropriate state and local authorities. Importantly, however, the restrictions on use and disclosure of your SUD Records set out in this Notice continue to apply to your original SUD Records maintained by Endeavor, including their use and disclosure for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect.

Vital Statistics: The restrictions on use and disclosure of your SUD Records set out in this Notice do not apply to the disclosure of information under laws requiring the collection of death or other vital statistics or permitting inquiry into a cause of death.

Medical Emergencies: Endeavor may disclose your SUD Records to medical personnel to the extent necessary to meet a bona fide medical emergency in which your prior written consent cannot be obtained or to meet a bona fide medical emergency in which Endeavor is closed and unable to provide services or obtain your prior written consent, during a temporary state of emergency declared by a state or federal authority as the result of a natural or major disaster, until such time that Endeavor resumes operations.

Disclosures to the Food and Drug Administration: Endeavor may disclose your SUD Records to medical personnel of the Food and Drug Administration (“FDA”) who assert a reason to believe that the health of any individual may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers.

Scientific Research: Endeavor may use or disclose your SUD Records for purposes of conducting scientific research so long as certain conditions have been met.

For example, your SUD Records may be disclosed to a researcher that has provided documentation demonstrating that the researcher is in compliance with the regulatory requirements pertaining to the protection of human subjects (45 CFR Part 46), including the requirements informed consent or waiver of consent (45 CFR §§ 46.111, 46.116).

Management Audits, Financial Audits, and Program Evaluation: Endeavor may use or disclose your SUD Records for purposes of an audit or evaluation, including, but not limited to, audits or evaluations of appropriateness of medical care, medical necessity, and utilization review services, and activities undertaken by a federal, state, or local government agency, or a third-party payer or health plan, in order to identify actions the agency or third-party payer or health plan can make to improve patient care and outcomes, ensure that resources are managed effectively to care for patients, or determine the need for adjustments to payment policies to enhance care or coverage for patients with substance use disorder.

Required Uses and Disclosures: Under the law, we must make disclosures of your SUD Records when required by the Secretary of the United States Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 *et. seq.* and 42 CFR Part 2.

2. Uses and Disclosures of Protected Health Information That May Be Made Without Your Consent, Authorization, or Opportunity to Object.

We may use or disclose your Protected Health Information in the following situations without your consent or authorization

Required by Law: We may use or disclose your Protected Health Information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your Protected Health Information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your Protected Health Information, if directed by the public health authority, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition, or to a foreign government agency that is collaborating with the public health authority.

We may disclose your Protected Health Information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your Protected Health Information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Health Oversight: We may disclose Protected Health Information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Food and Drug Administration: We may disclose your Protected Health Information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, tract products, to enable product recalls, to make repairs or replacements, or to conduct post-marketing surveillance, as required.

Legal Proceedings: We may disclose Protected Health Information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process. Special rules apply to the disclosure of HIV/AIDS information and mental health information.

Law Enforcement: We may disclose Protected Health Information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) legal processes and as otherwise required by law, (2) limited information requests for identification and location purposes, (3) disclosures pertaining to victims of a crime, (4) where there is suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of Endeavor, and (6) in the event that there is a medical emergency (not on Endeavor's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose Protected Health Information to a coroner or medical examiner for identification purposes, for determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose Protected Health Information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected Health Information may be used and disclosed for cadaveric organ, eye, or tissue donations purposes.

Threat to Health or Safety: Consistent with applicable federal and state laws, we may disclose your Protected Health Information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose Protected Health Information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose Protected Health Information of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities, (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to a foreign military authority if you are a member of that foreign military service. We may also disclose your Protected Health Information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or other legally authorized persons.

Workers' Compensation: Your Protected Health Information may be disclosed by us to comply with workers' compensation laws and other similar legally-established programs.

Correctional Institutions: We may use or disclose your Protected Health Information if you are an inmate of a correctional facility and your physician created or received your Protected Health Information in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures of your Protected Health Information when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 *et. seq.*

3. Your Rights.

The following is a statement of your rights with respect to your health information and brief description of how you may exercise these rights.

You have the right to inspect and copy your health information. This means you may inspect and obtain a copy of health information about you for as long as we maintain the health information. We may charge a reasonable, cost-based fee for the costs of copying, mailing, or other supplies associated with your request, not to exceed \$0.75 per page for copied records. We may deny your request to inspect and copy your health information in certain limited circumstances.

If you are denied access, you may request that the denial be reviewed by Endeavor and/or the New York State Department of Health. Please contact our Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your health information. This means you may ask us not to use or disclose any Protected Health Information and/or Substance Use Disorder Treatment Records for the purposes of treatment, payment, or health care operations. As it relates to your Protected Health Information, you may also request that any part of such 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 (notably 42 CFR Part 2 does not provide for this right to restrict SUD Records). Your request must state the specific restriction requested and to whom you want the restriction to apply.

Endeavor is not required to agree to a restriction that you may request, except we must agree to your request to restrict the information we provide to your health plan if the disclosure is not required by law and the information relates to health care being paid in full by someone other than the health plan. If Endeavor believes it is in your best interest to permit use and disclosure of your health information, your health information will not be restricted. If Endeavor does agree to the requested restriction, we may not use or disclose your health information in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by contacting our Privacy Officer in writing.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

You may have the right to have Endeavor amend your health information. This means you may request an amendment of health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. 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. Please contact our Privacy Officer to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your Health Information. Unless you choose a shorter time period, you have a right to receive an accounting of certain disclosures of your Protected Health Information made by Endeavor in the six years prior to the date the accounting is requested. For disclosures of electronic SUD Records for treatment, payment, and health care operations you have a right to receive an accounting of disclosures made by Endeavor in the three years prior to the date the accounting is requested. You also have a right to an accounting of disclosures of your SUD Records that meets the requirements of 45 CFR § 164.528(a)(2) and (b) through (d) for all other disclosures made with consent. Finally, you also have a right to receive a list of the persons to which your records have been disclosed by an intermediary pursuant to your consent to the disclosure of your health information using a general designation.

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 electronically.

You have the right to revoke your consent: Most releases of your health information may only be made with your written consent. If you provide us with consent to use or disclose health information about you, you may revoke that consent, in writing, at any time. If you revoke your consent, we will no longer use or disclose health information about you for the reasons covered by your written consent.

You have the right to elect not to receive fundraising communications from Endeavor.

You have the right to discuss this Notice with our Privacy Officer. You may contact our Privacy Officer at (716) 895-6700 Ext. 4307 to discuss the contents of this Notice.

4. Complaints.

You may complain to us or to the U.S. Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

Office for Civil Rights Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W., Room 509F HHH Bldg.
Washington, D.C. 20201
Toll-free: (800) 368-1019
TDD toll-free: (800) 537-7697
Email: OCRMail@hhs.gov

You may contact our Privacy Officer at (716) 895-6700 Ext. 4307 for further information about the complaint process.

5. Contact.

You may contact our Privacy Officer at (716) 895-6700 Ext. 4307 for further information about this Notice.