

Catskill Center for
Independence
6104 State Highway 23
Oneonta, NY 13820
607.432.8000 (Phone/TTY)
607.432.6907 (Fax)
www.ccfi.us



Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

When it comes to your information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your care record

- You can ask to see or get a copy of your care record and other information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your care record

- You can ask us to correct information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communication

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurance. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we've shared your information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 5.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures**How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

Care for you

We can use your information and share it with other professionals who care for you.

Example: A navigator sends us information about your transportation needs so we can arrange additional services.

Running our organization

We can use and share your health information to run our organization, improve your care, and contact you when necessary.

Example: We use information about you to develop better services for you.

Bill for your services

We can use and share your information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your information?

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 need 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.

Help with public health

We can share information about you for certain situations such as:

- Routine reporting to the NYS Department of Health
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests

We can use or share information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share information about you in response to a court or administrative order, or in response to a subpoena.

Additional Information

- We will never share any mental health or substance abuse treatment records without your written permission.

Our Responsibilities

- **We are required by law to maintain the privacy and security of your protected health information.**
- **We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.**
- **We must follow the duties and privacy practices described in this notice and give you a copy of it.**
- **We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.**

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you.

The new notice will be available upon request, in our office, and on our web site.

Other Instructions for Notice

- Effective Date of this Notice: July 1, 2025
- Privacy Contact:
Meghan L. Staring
meghanstaring@ccfi.us
607.432.8000

Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of Catskill Center for Independence Notice of Privacy Practices (NPP).

I understand that this organization has the right to change its NPP from time to time, and that I may contact this organization to obtain a current copy of the NPP.

I also understand that I have the right to access my care record and to make complaints to the organization or the U.S. Department of Health and Human Services (HHS) if I believe my privacy rights have been violated.

Client Name: _____

Personal Representative Name (if different than Client): _____

Personal Representative Relationship to Client: _____

Client or Personal Representative Signature: _____

Date: ____ / ____ / ____

For Office Use Only:

We made a good faith effort to obtain an acknowledgment of receipt of our Notice of Privacy Practices. In spite of these efforts, our organization has been unable to obtain a signed acknowledgment of receipt for the following reason(s):

- ☐ Client refused to sign (date of refusal)____/____/____
- ☐ Communication barriers prevented obtaining acknowledgment.
- ☐ An emergency situation prevented us from obtaining acknowledgment.
- ☐ Other_____.

Attempt was made by:_____ Date____/____/____