

CONFIDENTIALITY OF HIV-RELATED INFORMATION NOTICE

Effective Date: April 15, 2003

The privacy and confidentiality of HIV-related information maintained by this agency is protected by Federal and State law and regulations. These protections go above and beyond the protections described in our agency's general Notice of Privacy Practices.

We recommend that you take time to review the agency's general Notice of Privacy Practices for information about how your health information may generally be used and disclosed by the agency. The agency's general Notice of Privacy Practices also provides information about how you may obtain access to your health information, including confidential HIV-related information. If there is any conflict between the general Notice of Privacy Practices and this notice, the protections described in this notice will apply instead of the protections described in the general Notice of Privacy Practices.

Confidential HIV-related information is any information indicating that you had an HIV-related test, have HIV-related illness or AIDS, or have an HIV-related infection, as well as any information which could reasonably identify you as a person who has had a test or has HIV infection.

Under New York State law, confidential HIV-related information can only be given to persons allowed to have it by law, or to persons you allow to have it by signing a written authorization form. You can ask to see a list of people who can be given confidential HIV-related information by law without a written authorization form.

Confidential HIV-related information about you may be used by personnel within the agency who need the information to provide you with direct care or treatment, to process billing or reimbursement records, or to monitor or evaluate the quality of care provided at the agency. Generally this agency may not reveal to a person outside of the agency any confidential HIV-related information that the agency obtains in the course of treating you, *unless*:

- The agency obtains your written authorization;
- The disclosure is to a person who is authorized under applicable law to make health care decisions on your behalf and the information disclosed is relevant to that person fulfilling such health care decision making role;
- The disclosure is to another health care provider or payor for treatment or payment purposes;
- The disclosure is to an external agent of the agency who needs the information to provide you with direct care or treatment, to process billing or reimbursement records, or to monitor or evaluate the quality of care provided at the agency. In such cases, the agency will obtain your general written consent and have an agreement with the agent to ensure that your confidential HIV-related information is protected as required under federal and New York State confidentiality laws and regulations;

- The disclosure is required by law or court order;
- The disclosure is to an organization that procures body parts for transplantation;
- You receive services under a program monitored or supervised by a federal, New York State, or local government agency and the disclosure is made to such government agency or other employee or agent of the agency when reasonably necessary for the supervision, monitoring, administration or provision of the program's services;
- The agency is required under federal or New York State law to make the disclosure to a health officer;
- The disclosure is required for public health purposes;
- If you are an inmate at a correctional facility and disclosure of confidential HIV-related information to the medical director of such facility is necessary for the director to carry out his or her functions;
- You are deceased, in which case disclosure may be made to a funeral director who has taken charge of your remains and who has access in the ordinary course of business to confidential HIV-related information on your death certificate;
- The disclosure is made pursuant to a subpoena or court order provided it is in compliance with PHL §2785; or
- The disclosure is made to report child abuse or neglect to appropriate New York State or local authorities.

Violation of these privacy regulations may subject the agency to civil or criminal penalties. Suspected violations may be reported to appropriate authorities in accordance with Federal and State law.

If you have questions about this notice or would like further information, please contact the Director of the Division through which you receive services at 425-1004.

HOW TO OBTAIN COPIES OF THIS NOTICE

You have a right to a paper copy of this notice. You may request a paper copy at any time, even if you have previously agreed to receive this notice electronically. To do so, just ask the staff of the program through which you receive services. We may change our privacy practices from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices. The revised notice will apply to all of your clinical information, and we will be required by law to abide by its terms. We will post any revised notice in our agency reception area. You will also be able to obtain your own copy of the revised notice by accessing our website at www.liberty-resources.org, calling our office at 425-1004 or asking for one from the staff of the program through which you receive services. The effective date of the notice will always be noted in the top right corner of the first page.

HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact the Deputy Executive Director at 425-1004. *No one will retaliate or take action against you for filing a complaint.*

If you experience discrimination because of the release of confidential HIV-related information, you may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting your rights.