

## **HERITAGE CHRISTIAN SERVICES, INC. NOTICE OF PRIVACY PRACTICES**

**This notice describes the privacy practices of Heritage Christian Services (HCS) and the privacy rights of the individuals to whom we provide care or services. It will describe how information about you may be used and disclosed and how you can get access to this information.**

**The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule DOES NOT CHANGE the way you get services from HCS, nor the privacy rights you have always had under federal and state laws including the New York State Mental Hygiene Law. The Privacy Rule adds some details about how you can exercise your rights.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

This notice was first effective on September 23, 2013, and was most recently revised on June 23, 2026.

### **Our Privacy Commitment to You**

HCS may provide many different services to you. We understand that information about you and your family is personal. We are committed to protecting your privacy and sharing information only with those who need to know and are allowed to see the information to assure quality services for you. HCS is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. This notice tells you how HCS uses and discloses information about you. It describes your rights and what HCS responsibilities are concerning information about you. When we use the word “you” in this Notice, we also mean your personal representative. Depending on your circumstances and in accordance with state law, this may mean your guardian, your health care proxy, or your involved parent, spouse, or adult child.

If you have questions about any part of this notice or if you want more information about the privacy practices at HCS please contact the Compliance & Privacy Officer:

- Direct Mail: 275 Kenneth Drive, Suite 100, Rochester, NY 14623
- Email: [compliance@heritagechristianservices.org](mailto:compliance@heritagechristianservices.org)
- Phone: (585) 340-2000

### **Who will follow this Notice:**

All people who work for HCS will follow this notice. This includes employees, persons with whom HCS contracts who are authorized to enter information in your record or need to review your record to provide services to you, and volunteers who HCS allows to assist you.

### **What information is protected:**

All information we create or keep that relates to your health or care and treatment, including but not limited to your name, address, birth date, social security number, medical information, service or treatment plan(s), and other information (including photographs or other images) is considered protected information. In this Notice, we refer to protected information as “protected health information” or “PHI”. We create and collect information about you and we keep a record of the care and services that you receive through HCS. This information about you is kept in a record; it may be in the form of paper

documents in a chart or on a computer. We refer to the information that we create, collect, and keep as a “record” in this Notice.

### **Your Health Information Rights:**

Unless otherwise required by law, your record is the physical property of HCS but the information in it belongs to you and you have the right to have your information kept confidential. You have the following rights concerning your PHI.

- You have a right to see or inspect your PHI and obtain a copy of the information. Some exceptions apply, such as records regarding incident reports and investigations, and information compiled for use in court or administration proceedings. NOTE: HCS requires you to make your request for records in writing to the Privacy Officer. You may request copies in paper format or in an electronic form. In some instances, we may charge you for copies.
- If we deny your request to see your information, you have the right to request a review of that denial. The Compliance & Privacy Officer will review the record and decide if you may have access to the record.
- You have the right to ask HCS to change or amend clinical information that you believe is incorrect or incomplete. We may deny your request in some cases, for example, if the record was not created by HCS or after reviewing your request, we believe the record is accurate and complete.
- You have the right to request a list of the disclosures that HCS has made of your PHI. The list, however, does not include certain disclosures, such as those made for treatment, payment, and healthcare operations, or disclosures made to you or made to others with your permission.
- You have the right to request a restriction on uses or disclosures of your health information related to treatment, payment, healthcare operations and disclosures to involved family. HCS however, is not required to agree to your request.
- You have the right to request that HCS communicate with you in a way that will help keep your information confidential. You may request alternate ways of communications with you or request communications be forwarded to alternative locations. of your health information by alternative methods or at alternative locations.
- You have the right to limit disclosures to insurers if you have paid for the service completely out of pocket.
- You will be notified if there is a breach of unsecured PHI containing your information; we are required by federal law to provide notification to you.
- You have the right to receive a paper copy of this notice. You may ask HCS staff to give you a copy.

To request access to your clinical information or to request any of the rights listed here, you may contact the Compliance & Privacy Officer:

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- Email: [compliance@heritagechristianservices.org](mailto:compliance@heritagechristianservices.org)
- Phone: (585) 340-2000

We will require you to submit your requests in writing to the Compliance & Privacy Officer.

***NOTE: Other regulations may restrict access to HIV/AIDS information, federally protected education records, and federally protected drug and alcohol information. See any special authorizations or consent forms which will specify what information may be released and when, or contact the Compliance & Privacy Officer as noted above.***

### **Our Responsibilities to You:**

We are required to:

- Maintain the privacy of your information in accordance with federal and state laws.
- Give you this Notice that tells you how we will keep your information private.
- Tell you if we are unable to agree to a limit on the use or disclosure that you request.
- Carry out reasonable requests to communicate information to you by special means or at other locations.
- Get your written permission to use or disclose your information except for the reasons explained in this notice.
- Notify you of a breach in any unsecured PHI containing your information.
- We have the right to change our practices regarding the information we keep. If practices are changed, we will tell you by giving you a new notice. Notices will be posted on our website: [www.heritagechristianservices.org](http://www.heritagechristianservices.org).

### **How Heritage Christian Services, Inc. Uses and Discloses Your Health Information:**

HCS may use and disclose clinical information without your permission for the purposes described below. For each of the categories of uses and disclosures, we explain what we mean and offer an example. Not every use or disclosure is described, but all of the ways we will use or disclose information will fall within these categories.

- **Treatment:** HCS will use your information to provide you with treatment and services. We may disclose clinical information to doctors, nurses, psychologists, social workers, and other HCS personnel, volunteers or interns who are involved in providing you care. For example, involved staff may discuss your information to develop and carry out your treatment or service plan and other HCS staff may share your information to coordinate different services you need, such as medical tests/appointments, respite care, transportation, etc. We may also need to disclose your information to your care coordinator and other providers outside of HCS who are responsible for providing you with services or to obtain new services for you.
- **Payment:** HCS will use your information so that we can bill and collect payment from you, a third party, an insurance company, Medicare or Medicaid or other government agencies. For example, we may need to provide the NYS Department of Health or Medicaid with information about the services you received from us so they will pay us for the services. In addition, we may disclose your information to receive prior approval for payment for services you may need. Also, we may disclose your clinical information to the US Social Security Administration, or the Department of Health to determine your eligibility for coverage or your ability to pay for services.
- **Health Care Operations:** HCS will use clinical information for administrative operations. These uses and disclosures are necessary to operate HCS and to make sure all individuals receive appropriate, quality care. For example, we may use information for quality improvement to review our treatment and services and to evaluate the performance of our staff in supporting you.

We may also disclose information to clinicians and other personnel for on-the-job training. We will share your health information with other HCS staff for the purposes of obtaining legal services from our attorneys, conducting fiscal audits, and for fraud and abuse detection and compliance

through our Compliance Program or Quality Advancement Department. We will also share your clinical information with NYS Office for People with Developmental Disabilities staff to resolve complaints or objections to your services. We will also share your clinical information with our funding and regulatory oversight agencies including, but not limited to, OPWDD, New York State Justice Center, Child Protective Services, Adult Protective Services, Mental Hygiene Legal Services (MHLS), State Education Department and Department of Health to report serious incidents, fraud and abuse detection, fiscal audits, and program certification and compliance.

- **For Business Associates:** HCS will disclose information to consultants, agents and other business associates for them to assist us to carry out our business operations or to obtain payment. Business associates may be required to sign a contract stating that they will also protect the privacy of your information.

#### **Other Uses and Disclosures that Do Not Require your Permission:**

In addition to treatment, payment and healthcare operations, HCS will use your information without your permission for the following reasons:

- When we are **required to do so by federal or state law**.
- For **public health reasons**, including prevention and control of disease, injury or disability, reporting births and deaths, reporting child abuse or neglect, reporting reactions to medication or problems with products, and to notify people who may have been exposed to a disease or are at risk of spreading the disease.
- To report **domestic violence and adult abuse or neglect** to government authorities if you agree or if necessary to prevent serious harm.
- For **health oversight activities**, including audits, investigations, surveys and inspections, and licensure. These activities are necessary for government to monitor the healthcare system, government programs, and compliance with civil rights laws. Health oversight activities do not include investigations that are not related to the receipt of healthcare or receipt of government benefits in which you are the subject.
- For **judicial and administrative proceedings**, including hearings and disputes. If you are involved in a court or administrative proceeding, we will disclose clinical information if the judge or presiding officer orders us to share the information.
- For **law enforcement purposes**, in response to a court order or subpoena, to report a possible crime, to identify a suspect or witness or missing person, to provide identifying data in connection with a criminal investigation, and to the district attorney in furtherance of a criminal investigation of client abuse.
- Upon your death, to **coroners or medical examiners** for identification purposes or to determine cause of death, and to **funeral directors** to allow them to carry out their duties.
- To organ procurement organizations to accomplish cadaver, eye, tissue, or **organ donations** in compliance with state law.
- For **research** purposes when you have agreed to participate in the research and the Privacy Oversight Committee has approved the use of the clinical information for the research purposes.
- To **prevent or lessen a serious and imminent threat** to your health and safety or someone else's.
- To authorized federal officials for intelligence and other **national security** activities authorized by law or to provide **protective services to the President** and other officials.

- To **correctional institutions** or **law enforcement officials** if you are an inmate and the information is necessary to provide you with healthcare, protect your health and safety or that of others, or for the safety of the correctional institution.
- To **governmental agencies that administer public benefits** if necessary to coordinate the covered functions of the programs.

**Uses and Disclosures that Require Your Agreement:**

HCS may disclose information to the following persons if we tell you we are going to use or disclose it and you agree or do not object:

- **For Marketing:** We may use information about where you live to contact you to notify you of new services HCS provides. We may disclose this information to a charitable program that assists us in fundraising, only with your permission.
- **For Fundraising Activities:** We may use demographic information about you to contact you in an effort to raise money for HCS and its operations. We may disclose demographic information to Heritage Christian Services Foundation so that the foundation may contact you in raising money for HCS We would only release contact information, such as your name, address, and phone number. You must notify the Compliance & Privacy Officer if you chose to opt out in the disclosure of information to the Foundation.
- To **family members and personal representatives** who are involved in your care if the information is relevant to their involvement and to notify them of your condition and location.
- To **disaster relief organizations** that need to notify your family about your condition and location should a disaster occur.
- To disclose **psychotherapy** notes.

**Authorization Required for All Other Uses and Disclosures:**

For all other types of uses and disclosures not described in this Notice, HCS will use or disclose information only with a written authorization signed by you that states who may receive the information, what information is to be shared, the purpose of the use or disclosure and an expiration for the authorization. Written authorizations are always required for the sale of PHI and use and disclosure for marketing purposes.

**Note:** If you cannot give permission due to an emergency, HCS may release information in your best interest. We must tell you as soon as possible after releasing the information.

You may revoke your authorization at any time. If you revoke your authorization in writing, we will no longer use or disclose your information for the reasons stated in your authorization. We cannot, however, take back disclosures we made before you revoked, and we must retain information that indicates the services we have provided to you.

**Changes to this Notice:**

**We reserve the right to change this notice.** We reserve the right to make changes to terms described in this Notice and to make the new Notice terms effective to all information that HCS maintains. We will post the new Notice with the effective date on our website at [www.heritagechristianservices.org](http://www.heritagechristianservices.org) and in our facilities. In addition, if you would like to request a hard copy of this notice you may request this by contacting the Compliance & Privacy Officer.

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with the HCS Compliance & Privacy Officer:

- Direct Mail: 275 Kenneth Drive, Suite 100, Rochester, NY 14623
- Email: [compliance@heritagechristianservices.org](mailto:compliance@heritagechristianservices.org)
- Phone: (585) 340-2000

You may also file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights (OCR):

- Direct Mail: 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
- Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)
- OCR Complaint Portal: <https://ocrportal.hhs.gov/>
- Phone toll-free: 1-800-368-1019 or TDD 1-800-537-7697

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**