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***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.*** If you have any questions about this notice, you may contact our Privacy Officer at 1-866-237-3210

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**A. WHO WILL FOLLOW THIS NOTICE:**

**This notice describes how our plan uses and discloses our health information. It also describes your rights and certain obligations we have regarding the use and disclosure of health information. Any health plan staff member authorized to enter information into your file or record and all employees, staff and other personnel of AgeWell New York will follow the terms of this notice. In addition, all AgeWell New York programs and locations may share your health information with each other for treatment, payment or for operations purposes described in this notice.**

**B. OUR PLEDGE REGARDING HEALTH INFORMATION:**

**We understand that health information about you and your health is personal. We are committed to protecting your health information. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care maintained by the plan.**

**We are required by law to:**

- **Make sure that health information that identifies you is kept private and maintain the privacy and security of your information;**
- **Give you this notice that describes our legal duties and privacy practices with respect to health information about you;**
- **Notify you following a breach of certain of your health information in accordance with federal law; and**
- **Follow the terms of the notice currently in effect.**

**C. CHANGES TO THIS NOTICE:**

**We will post a copy of the current notice in our facility and post it on our website. The notice will contain the effective date. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. If we make material revisions to our privacy practices, we will provide to you, in our next annual distribution, either a revised notice or information about the material change and how to obtain a revised notice. We will provide you with this information either by direct mail or electronically, in accordance with applicable law. We also will post the revised notice on our website.**

**D. COMPLAINTS:**

**If you believe your privacy rights have been violated, you may file a complaint with our plan or with the Secretary of the Department of Health and Human Services. To file a complaint with our plan, contact the Privacy Officer at 1-866-237-3210 or in writing c/o AgeWell New York, 1991 Marcus Ave, Suite M201 Lake Success, NY 11042. All complaints must be submitted in writing. If you require assistance with putting your complaint in writing, we will have a staff member assist you. You will not be retaliated against for filing a complaint.**

**E. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:**

**The following categories describe different ways that we may use and disclose health information. Each category of uses or disclosures will be explained but not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your information will fall within one of the categories.**

***For Treatment:*** We may use or disclose your health information to assist in your medical treatment or in the coordination of your care. We may disclose information about you to doctors, nurses, social workers, technicians, or other personnel who are involved in taking care of you.

***For Payment:*** We may use and disclose your health information so that the treatment and services you receive may be billed to and payment may be collected from you, another insurance company, or a third party. We also may use and disclose your health information to determine premium payments owed, determine your coverage, and process claims. For example, we may tell the nursing home what coverage you are eligible for.

***Healthcare Operations:*** We may use your health information or share it with others in order to conduct our business activities. These activities include, but are not limited to quality assessment activities and disease management or wellness programs.

***Health Related Programs or Products:*** We may use or disclose your health information to provide you with information about alternative treatments and programs or about health-related products and services where permitted by law.

***For Underwriting Purposes:*** We may use or disclose your health information for underwriting purposes. However, we will not use or disclose your genetic information for such purposes.

***For Plan Sponsors:*** If your coverage is through an employer sponsored group health plan, we may share summary health information and enrollment and disenrollment information with the plan sponsor. We also may share other health information with the plan sponsor for plan administration purposes if the plan sponsor agrees to special restrictions on its use and disclosure of the information in accordance with federal law.

***To You:*** We are required to disclose your health information to you or someone who has the legal right to act for you (your personal representative). We must also use and disclose your health information in order to administer your rights as described in this notice.

***To the Department of Health and Human Services:*** We are required to use or disclose your health information to the Secretary of the Department of Health and Human Services, if necessary, to ensure our compliance with HIPAA.

***Individuals Involved in Your Care or Payment for Your Care:*** We may release your health information to the persons you placed on your notification list or to others who are involved in your care. These individuals may include friends or family members who are involved in your medical care or who help pay for your care. When allowed, we may also tell your family or friends your condition. In addition, in certain circumstances we may disclose minimally necessary health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

***As Required By Law:*** We may disclose health information about you when required to do so by federal, state or local law.

***To Avert a Serious Threat to Health or Safety:*** We may use and disclose minimally necessary health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

***Organ and Tissue Donation:*** If you are an organ donor, we may release minimally necessary health information about you to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

***Military and Veterans:*** If you are a member of the armed forces, we may release minimally necessary information about you as required by military command authorities. We may also release medical information about you to a foreign military authority, if you are a member of a foreign military authority.

***Workers' Compensation:*** We may release minimally necessary health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. State and/or federal law control the release of such information.

***Public Health Risks:*** We may disclose minimally necessary medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report deaths;
- To report vulnerable adult abuse;
- To report reaction to medication or problems with products to the Food and Drug Administration (FDA) or persons under the jurisdiction of the FDA; or
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

***Health Oversight Activities:*** We may disclose minimally necessary health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

***Research:*** We may use and disclose our health information for research purposes, such as to evaluate certain treatments or the prevention of disease, if the research meets federal privacy law requirements.

***Lawsuits and Disputes:*** We may disclose health information about you in response to a subpoena, discovery request, or other lawful process if a court orders us to do so. If the request for your records is not court-ordered, we may release your records only after we determine if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

***Law Enforcement:*** We may release minimally necessary health information about you if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process, subject to certain requirements;
- To identify or locate a suspect, fugitive, material witness, or missing person, provided only limited information is disclosed;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct involving our practice;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime; and

- **If you are an inmate of a correctional institution or in law enforcement custody, we may disclose the minimum information necessary for the institution to provide you with health care, to protect the health and safety of you or others, and for the safety and security of the correctional institution.**

*Medical Examiners and Funeral Directors:* **We may also release minimally necessary health information about you to a medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release minimally necessary health information to funeral directors as necessary to carry out their duties.**

*National Security and Intelligence Activities:* **We may release minimally necessary health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.**

*Abuse, Neglect, or Domestic Violence:* **We may use or disclose your health information to certain government authorities authorized by law to receive such information in cases of abuse, neglect, or domestic violence, if you agree or when required or authorized by law.**

*Business Associates:* **We may disclose your health information to our vendors, known as "business associates," as part of a contracted agreement to perform services for AgeWell New York. Our business associates are required, under contract with us and by law, to protect the privacy of your health information and are not allowed to use or disclose any information other than as specified in our contract and as permitted by federal law.**

#### **F. ALL OTHER USES AND DISCLOSURES**

**Other than the purposes described above, we will only use or disclose your health information if you authorize us in writing. This includes, except as allowed by federal privacy law, (1) using and disclosing your psychotherapy notes, (2) marketing products and services to you by using or disclosing your health information, and (3) selling you health information.**

**If you give us your written permission to use or disclose your health information, you may revoke that permission (in writing) at any time. You may revoke your authorization by contacting AgeWell New York's Privacy Officer at 1-866-237-3210 and or in writing c/o Privacy Officer, AgeWell New York, 1991 Marcus Ave, Suite M201, Lake Success, NY 11042. If you revoke your authorization we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.**

#### **G. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:**

**You have the following rights regarding health information we maintain about you:**

*Inspect and Obtain a Copy:* **You have the right to inspect and to obtain a copy of health information that may be used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes. If we maintain a copy of your health information electronically, you also have the right to obtain an electronic copy of this information in the form and format requested, if available. To inspect and/or to obtain a copy of health information that may be used to make decisions about you, you must submit your written request to AgeWell New York. In addition, you may also request that we send a copy of your health information to a third party you identify. We may deny your request to inspect or copy your health information in limited circumstances. If you wish to obtain a copy of your health plan records or have a copy provided to a third party, AgeWell New York may charge a reasonable fee.**

***Amend Your Health Information:*** If you feel that any of the health information that we use to make decisions about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is maintained by our plan. To request an amendment, your request must be made in writing and submitted to the Member Services Department at AgeWell New York, 1991 Marcus Ave, Suite M201, Lake Success, NY 11042. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the health information kept by or for our plan;
- is not part of the information which you would be permitted to inspect or obtain a copy of; or
- is accurate and complete.

***Accounting of Disclosures:*** You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of your health information. We are not required to account for certain disclosures, including disclosures to you or disclosures you have authorized. To request this accounting of disclosures, you must submit your request in writing, to the Member Services Department c/o AgeWell New York, 1991 Marcus Ave, Suite M201, Lake Success, NY 11042. **Your request must state a time period, which may not be longer than six years prior to the date that you are requesting the accounting. The first accounting you request within a twelve-month period will be free of charge. For additional accountings, we may charge you for the reasonable costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.**

***Confidential Communications:*** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Member Services Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

***Request Restrictions:*** Even though it is AgeWell New York's policy to make only minimally necessary disclosures of your Health information, you have the right to request a restriction or limitation on information we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose to family members or friends who are involved in your care or for the payment of your bill. *AgeWell New York is not required to agree to your request. However, we will try to accommodate all reasonable requests. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.*

**You may obtain a "Request for Restriction" form by contacting AgeWell New York's Privacy Officer at 1-866-237-3210 or in writing to Privacy Officer, AgeWell New York, 1991 Marcus Ave, Suite M201, Lake Success, NY 11042.**

***Receive a Copy of This Notice:*** You have the right to a paper copy of this notice, even if you agreed to receive this notice electronically. You may ask us to give you a copy of this notice at any time. To request a copy of this notice, you may make your request in writing to AgeWell New York's Privacy Officer c/o AgeWell New York, 1991 Marcus Ave, Suite M201, Lake Success, NY 11042 or by visiting AgeWell New York's website at [www.agewellnewyork.com](http://www.agewellnewyork.com).

**H. OTHER APPLICABLE LAWS:**

**Other federal privacy laws may apply and limit our ability to use and disclose your health information beyond what we are allowed to do under HIPAA. New York state laws may also limit our rights to use and disclose your health information beyond what we are allowed to do under HIPAA. Below is a list of the categories of health information that are subject to these more restrictive laws and a summary of those laws. These laws have been taken into consideration in developing our policies of how we will use and disclose your health information.**

*Alcohol and Drug Abuse Information:* **We are allowed to use and disclose alcohol and drug abuse information that is protected by federal law only (1) in certain limited circumstances, and/or disclose only (2) to specific recipients.**

*HIV/AIDS:* **We are allowed to disclose HIV/AIDS-related information only (1) under certain limited circumstances and/or (2) to specific recipients.**

*Genetic Information:* **We are not allowed to disclose genetic information without your written consent.**

**Effective Date: 08/01/16 Rev: 7/16/21**