



United Cerebral Palsy and  
Handicapped Children's  
Association of Syracuse, Inc.  
[www.enablecny.org](http://www.enablecny.org)

### **Notice of Privacy Practices**

**Effective April 14, 2003**

**Revised July 1, 2005**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION  
ABOUT YOU MAY BE USED AND DISCLOSED AND  
HOW YOU CAN GET ACCESS TO THIS INFORMATION.

- A. Enable is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain at Enable concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time of your care.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we use and disclose your PHI
- Your privacy rights regarding your PHI
- Our obligations concerning the use and disclosure of your PHI

**The Terms of this notice apply to all records containing your PHI that are created or retained by Enable. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our agency has created or maintained in the past, and for any of your records that we may create or maintain in the future. Enable will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.**

- B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER. The Privacy Officer is Susan Manro at (315) 455-7591 or smanro@enablecny.org.**

**C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS**

1. **Treatment.** Enable will use your PHI to provide you with treatment and services. We may disclose PHI to our doctors, nurses, clinicians, psychologists, social workers, therapists, paraprofessionals and other Enable personnel, volunteers, or students/interns who are involved in providing you care. Other Enable staff may have access to your PHI such as secretarial support staff. We may also need to disclose your PHI to your service coordinator and other providers outside of Enable who are responsible for providing you with the identified services or to obtain new services for you.

**Appointment Reminders:** We may use and disclose your PHI to contact you and confirm a scheduled appointment.

2. **Payment.** Enable may use and disclose your PHI to bill you, a third party, insurance company, Medicare, Medicaid or other government agencies in order to collect payment for the services and items you may receive from us. Enable uses a billing service called Medical Management Resources Inc. (MMRI). MMRI employees may have access to your PHI in the course of performing their duties.
3. **Health Care Operations.** Enable may use and disclose your PHI for agency operations. Enable may use your PHI to evaluate the quality of care you received from us, or to conduct management planning activities for our agency.
4. **Public Relations/Fund Raising/Grants.** Enable may use PHI in summary format to describe the scope of agency services for public relations, fund raising and/or grant applications. Any need to disclose individualized information for public communication, fund raising or grant purposes would not be disclosed unless specific authorization from you is obtained.
5. **Release of Information to Family/Personal Representatives.** Enable may release your PHI to those who are involved in your care if the information is relevant to their involvement and to notify them of your condition and location; or to disaster relief organizations that need to notify your family about your condition and location should a disaster occur.
6. **Disclosures Required By Law.** Enable will use and disclose your PHI when we are required to do so by federal, state or local authorities.

#### **D. USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION (PHI) IN CERTAIN SPECIAL CIRCUMSTANCES**

The following categories describe unique scenarios in which we may use or disclose your PHI:

1. **Public Health.** Enable may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
  - Maintenance of vital records, such as birth records and deaths
  - Mandatory reporting, such as child abuse or neglect
  - Preventing or controlling disease, injury or disability
  - Notification of a person regarding potential exposure to a communicable disease
  - Notification of a person regarding a potential risk for spreading or contracting a disease or condition
  - Notification of your employer under limited circumstances related primarily to workplace injury, illness, or medical surveillance.
  - When necessary to reduce or prevent a serious threat to public health and safety or the health and safety of another individual or the public. Under these circumstances, we will make disclosures to a person or organization able to help prevent the threat.
2. **Health Oversight Activities.** Enable may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions, civil, administrative, and criminal procedures or actions, or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. **Lawsuits and Similar Proceedings.** Enable may use or disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute.
4. **Law Enforcement.** Enable may release PHI if asked to do so by a law enforcement official in response to a warrant, summons, court order, subpoena or similar legal process. Enable may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
5. **Deceased Participants.** Enable may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death.
6. **Research.** Enable may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your specific authorization to use your PHI for research purposes.
7. **National Security.** Enable may disclose your PHI to federal officials for intelligence and national security activities authorized by law, or to the military if you are in the service.
8. **Workers' Compensation.** Enable may release or disclose your PHI for worker's compensation and similar programs.

#### **E. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)**

You have the following rights regarding the PHI that we maintain about you:

1. **Confidential Communications.** You have the right to request that Enable communicates with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to our Privacy Officer, at the address on this notice, specifying the requested method of contact, or the location where you wish to be contacted. Enable will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and personal representatives. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to our Privacy Officer, at the address on this notice. Your request must describe in a clear and concise fashion:
  - The information you wish restricted.
  - Whether you are requesting to limit Enable's use, disclosure or both; and
  - To whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including medical records and billing records. You must submit your request in writing to our Privacy Officer, at the address on this notice, in order to inspect and/or obtain a copy of your PHI. Enable may deny your

request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.

- 4. Amendment.** You may ask us to amend your PHI if you believe it is incorrect or incomplete, and you may request an amendment for as long as Enable maintains the information. To request an amendment, your request must be made in writing to our Privacy Officer, at the address on this notice. We may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the agency; or (c) not created by our agency, however, you may request a review of our denial.
- 5. Accounting of Disclosures.** All participants utilizing our services have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of non-routine disclosures Enable has made of your PHI for reasons other than treatment, payment or operations. Use of your PHI, as part of the routine care at Enable is not required to be documented for "accounting of disclosures". To obtain an accounting of disclosures, you must submit your request in writing to our Privacy Office, at the address on this notice. Request for an "accounting of disclosures" must state a time period no longer than six (6) years from the date of the request and may not include dates before April 14, 2003.
- 6. Right to a Paper Copy of this Notice.** You are entitled to receive a paper copy of our Notice of Privacy Practices. To obtain a paper copy of this notice, contact our Privacy Officer, at the address on this notice. Enable has the right to change this notice. The effective date on this notice shall be clearly indicated on it.
- 7. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with Enable or with the Secretary of the Department of Health and Human Services. To file a complaint with Enable, contact our Privacy Officer, at the address on this notice. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**
- 8. Right to Provide an Authorization for Other Uses and Disclosures.** Enable will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time **in writing.**

Again, if you have any questions regarding this notice or our health information privacy policies, please contact:

**Susan Manro, Privacy Officer**  
**Enable, 1603 Court Street, Syracuse, NY 13208**  
**(315) 455-7591 extension 224**