

## SUMMARY OF PRIVACY PRACTICES

THIS SUMMARY DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Options for Community Living, Inc. (Options) is required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice which describes the health information privacy practices of our staff.

By signing this consent, you are authorizing Options to use and disclose your protected health information to carry out:

- treatment, including direct or indirect treatment by other healthcare providers involved in your treatment;
- obtaining payment from third party payers; and
- day to day healthcare operations of Options.

You have the right to request restrictions on how your protected health information is used and disclosed to carry out treatment, payment and health care operations. However, Options is not required to agree to these requested restrictions. If Options does agree, then we will be bound to comply with these restrictions.

You also have the right to review and secure a complete copy of Options' Notice(s) of Privacy Practices, which contains a more complete description of the uses and disclosures of your protected health information, and your rights under HIPAA. A copy of Options' current privacy notice(s) is always posted in our administrative offices and supervised community residence sites. You or your personal representative may also obtain a copy of any of the current privacy notices by requesting it from staff. Options reserves the right to change the terms of the privacy notices(s) from time to time and you may contact Options at any time to obtain the most current copy of these notice(s).

You have the right to be notified of any breach of your unsecured protected health information.

If you have any questions about this summary notice or would like further information, please contact the Privacy Officer Susan Steinhardt at 631-361-9020 extension 1207 or at [ssteinhardt@optionscl.org](mailto:ssteinhardt@optionscl.org). You may contact the Privacy Officer or any other staff member if you would like a summary of all Options' Privacy Policies.

## ACKNOWLEDGMENT AND CONSENT

By signing below, I acknowledge that I have been provided a copy of the Summary of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by the Options and the facilities listed at the beginning of this notice, and how I may obtain access to and control this information. I also have been given information about how I might view or obtain a complete copy of Options Notice of Privacy Practices. I also acknowledge and understand that I may request copies of separate notices explaining special privacy protections that apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information.

\_\_\_\_\_  
Signature of Program Participant or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Program Participant or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority

By signing below, I consent to the use and disclosure of my health information to seek and receive payment for services given to me, and for the business operations of Options, its staff, and the facilities listed at the beginning of this notice.

\_\_\_\_\_  
Signature of Program Participant or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Program Participant or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority