

## **PRIVACY OF ALCOHOL AND SUBSTANCE ABUSE INFORMATION AND HIV-RELATED INFORMATION**

The confidentiality of alcohol and substance abuse records, and any confidential HIV-related information, maintained by this program is protected by Federal and State law and regulations. These protections go above and beyond the protections described in Options General Notice of Privacy Practices. If you have questions about this notice or would like further information, please contact Options' Privacy Officer Susan Steinhardt at 631-361-9020 extension 1207 or at [ssteinhardt@optionscl.org](mailto:ssteinhardt@optionscl.org).

We recommend that you take time to review Options General Notice of Privacy Practices for information about how your health information may generally be used and disclosed by Options and this program. Options General Notice of Privacy Practices provides information about how you may obtain access to your health information, including alcohol and substance abuse treatment records. 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.

### **CONFIDENTIALITY OF ALCOHOL AND SUBSTANCE ABUSE INFORMATION**

With your general written consent, information about you may be used by personnel within Options in connection with their duties to provide you with diagnosis, treatment or referral for treatment for alcohol or substance abuse. Generally, this program may not reveal to a person outside of Options or disclose any information that would identify you as an alcohol or substance abuser, *unless*:

Options obtains your written authorization;

- The disclosure is allowed by a court order and permitted under Federal and State confidentiality laws and regulations;
- The disclosure is made to medical personnel in a medical emergency;
- The disclosure is made to qualified researchers without your written authorization when such research poses minimal risk to your privacy. When required by law, we will obtain an agreement from the researcher to protect the privacy and confidentiality of your information.
- The disclosure is made to a qualified service organization that performs certain treatment services (such as lab analyses) and business operations (such as bill collection) for the program. The program will obtain an agreement in writing from the qualified service organization to protect the privacy and confidentiality of your information in accordance with Federal and State law.
- The disclosure is made to a government agency or other qualified non-Government personnel to perform an audit or evaluation of Options. Options will obtain an agreement in writing from any non-government personnel to protect the privacy and confidentiality of your information in accordance with Federal and State law;
- The disclosure is made to report a crime committed by program participant or against any person who works for Options or about any threat to commit such a crime; or
- The disclosure is made to report child abuse or neglect to appropriate State or local authorities.

Violation of these privacy regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal and State law.

### **CONFIDENTIALITY OF HIV-RELATED INFORMATION**

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

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

### **HOW TO OBTAIN COPIES OF THIS NOTICE**

**How to Obtain a Copy of This Notice.** You have the right to a paper copy of this notice. You or your personal representative may request a paper copy at any time by requesting a copy from our program staff or by contacting the Privacy Officer, Susan Steinhardt at 631-361-9020 extension 1207 or at [ssteinhardt@optionscl.org](mailto:ssteinhardt@optionscl.org)

**How to Obtain a Copy of Revised Notice.** 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 health information. We will post any revised notice in our administrative office areas. You or your personal representative may request a copy of a revised notice from our program staff or by contacting Options' Privacy Officer Susan Steinhardt at 631-361-9020 extension 1207 or at [ssteinhardt@optionscl.org](mailto:ssteinhardt@optionscl.org). We are required to abide by the terms of the notice that is currently in effect.

### **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, please contact:

Options for Community Living, Inc.  
25 Howard Place  
Ronkonkoma, NY 11779  
Attention: HIPAA Privacy and Security Officer  
631-361-9020

*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 1-888-392-3644. This agency is responsible for protecting your rights.