

# **HIPAA Notice of Privacy Practices**

FEDERAL HIPAA NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

**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.**

## **OUR OBLIGATIONS REGARDING YOUR HEALTH INFORMATION**

As used in this Notice, Federal law means the Health Insurance Portability and Accountability Act and related privacy rules. This law requires Albany Pyramid Agency, Inc. to keep your health information private. We are not allowed to use or disclose it unless we receive your permission or unless permitted by law. Federal law requires us to give you this Notice of our legal duties and privacy practices. This Notice is to inform you of uses and disclosures of your health information that we may make. It also informs you of your rights and our duties with regard to your health information.

We must follow the terms of the Notice currently in effect, as must our employees, agents and our authorized vendors who need access to your Protected Health Information to provide services. We do reserve the right to change the terms of this Notice and make the new Notice provisions apply to all the health information we keep. This includes health information we had prior to any change in this Notice. We must promptly change this Notice when there is a material change to our uses or disclosures, your rights, our duties and other related circumstances. We will mail you any such revised Notice, unless you have agreed to receive Notices electronically. To receive such Notices by email, you should tell the contact listed at the end of this Notice. Additionally, we must inform you in the event of a breach of your unsecured protected health information. We are prohibited from using or disclosing genetic information for underwriting purposes. This prohibition does not apply to underwriting for long term care insurance.

## **USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

Federal law permits us to use and disclose your protected health information for purposes of treatment, payment and health care operations as those terms are defined under federal law. As an insurer, we do not provide treatment to you, but we may nonetheless use and disclose your protected health information for treatment purposes. For example, we may disclose your health information to health care providers, such as doctors, hospitals and other caregivers who request it in connection with providing you treatment. We may also use and disclose your health information for payment purposes, such as in connection with the payment of an insurance claim. We may also use and disclose protected health information for our health care operations such as when we decide to give you insurance or when we renew or replace your insurance. We will also comply with any state or federal law that is more restrictive as to our uses and disclosures of protected health information.

There are also times when federal law permits or requires us to use or disclose your information without your written permission.

Additionally, where appropriate, we may disclose protected health information to a group health plan or plan sponsor in accordance with federal law.

### **Permitted Disclosures**

We may make the following uses and disclosures of your information without your permission, in accordance with federal and state law:

- When we disclose your information to you.
- To our business associates who perform services for us that require access to your health information.
- Where disclosure is required by law.
- To a public health authority authorized by law to collect or receive your information to prevent or control disease, injury or disability or when reviewing reports of child abuse or for the conduct of other authorized public health activities and responsibilities.
- To a health oversight agency for such activities.
- For judicial and administrative proceedings.
- To a law enforcement official for a law enforcement purpose.
- To a medical examiner for the purpose of identifying a deceased person, determining the cause of death, or other duties authorized by law.
- To organ donor organizations in order to aid in such donations.
- For certain research purposes authorized by and subject to federal law.
- To avert a serious threat to health or safety.
- To government officials regarding military personnel and certain domestic and foreign government officials for certain functions authorized by federal law.
- To comply with workers' compensation and other similar programs.

### **Required Disclosures**

We must disclose your information when required by the Secretary of the Department of Health and Human Services to make sure we comply with federal law.

We are also required, with certain exceptions, to provide you with access to inspect and obtain a copy of your information that we keep. See "Federal Law Provides You with the Right to Inspect and Copy Protected Health Information" below.

## **USES AND DISCLOSURES THAT WILL ONLY BE MADE WITH YOUR AUTHORIZATION**

We will only make the following uses and disclosures with your written authorization:

- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute a sale of protected health information;
- Most uses and disclosures of psychotherapy notes; and
- Other uses and disclosures not otherwise described in this Notice.

You may withdraw your authorization in writing at any time. However, your withdrawal will not be effective 1) if we took action relying on your permission before it was withdrawn, or 2) if we obtained your permission as a condition of issuing you insurance, and the law allows us to contest a claim under the policy or the policy itself. To withdraw your authorization or if you wish additional information, please write to the contact listed at the end of this Notice.

## **INDIVIDUAL RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION**

**FEDERAL LAW PROVIDES YOU WITH THE RIGHT TO REQUEST RESTRICTIONS:** You have the right to request that restrictions be placed on certain uses and disclosures of your information. We are not required to agree. If we do agree, we may not use or disclose any of your information except where you need emergency treatment. We may end an agreement to restrict as allowed by federal law. If you wish additional information, you should write to the contact listed at the end of this Notice.

**FEDERAL LAW PROVIDES YOU WITH THE RIGHT TO ALTERNATIVE CONFIDENTIAL COMMUNICATION OF PROTECTED HEALTH INFORMATION:** If you choose to have your information sent to you by a means of your choice or to an address of your choice, we will do so if the request is reasonable. You must clearly state that disclosure of all or any part of your information could endanger you if not sent per your choice. Any such request should be sent in writing to the contact listed at the end of this Notice. If you wish additional information, you should write to the contact listed at the end of this Notice.

**FEDERAL LAW PROVIDES YOU WITH THE RIGHT TO INSPECT AND COPY PROTECTED HEALTH INFORMATION:** You have the right to inspect and copy your information, except for any psychotherapy notes, certain information relating to civil, criminal, or administrative proceedings, and certain information prohibited by law from disclosure. We are allowed by law to deny access in some cases, and subject to certain procedures. Any request should be sent in writing to the contact listed at the end of this Notice. If you wish additional information, you should write to the contact listed at the end of this Notice.

**FEDERAL LAW PROVIDES YOU WITH THE RIGHT TO AMEND PROTECTED HEALTH INFORMATION:** You have the right to request that we amend your information kept in our records. We are allowed to deny your request if we did not create the information in the record. We will review your request and respond to you in writing. All requests should be in writing and sent to the contact listed at the end of this Notice. All requests should provide needed details, including your name, address, insurance policy number, and the reason you think your information needs to be changed. If you wish additional information, you should write to the contact listed at the end of this Notice.

**FEDERAL LAW PROVIDES YOU WITH THE RIGHT TO AN ACCOUNTING:** You have the right to receive an accounting from us of disclosures of your information made for up to the six (6) years prior to your request. This right does not apply to certain disclosures, including the following: disclosures made to carry out treatment, payment, or health care operations; disclosures made with your permission; or disclosures made for police purposes. Any request should be sent to the contact listed at the end of this Notice. If you wish additional information, you should write to the contact listed at the end of this Notice.

**FEDERAL LAW PROVIDES YOU WITH THE RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right, even if you have agreed to receive notice by email, to get a paper copy of this Notice. All requests should be in writing and sent to the contact listed at the end of this Notice.

**FEDERAL LAW PROVIDES YOU WITH THE RIGHT TO FILE A COMPLAINT:** If you believe your privacy rights have been violated, you have the right to complain to us by writing to the contact listed at the end of this Notice or to the federal Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, Washington, DC 20201. Federal law prohibits retaliation against you for filing such a complaint. The contact listed at the end of this Notice is also available to provide you information regarding questions you have or other information concerning this Notice.

**WHEN YOU CONTACT US IN WRITING, YOU SHOULD INCLUDE YOUR NAME, ADDRESS, AND POLICY NUMBER**

**THE CONTACT TO WHOM YOU SHOULD ADDRESS YOUR COMPLAINT IS:**

Albany Pyramid Agency, Inc.  
Privacy Contact  
21 Everett Road Ext., Albany, NY 12205  
518-459-1671

The effective date of this notice is September 22, 2013.