

NOTICE OF PRIVACY PRACTICES

Brooklyn Health Home

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

The Brooklyn Health Home is a New York State-designated Health Home that provides care management services. We coordinate your care across multiple providers, including medical, behavioral health, and social service organizations.

We work with a network of providers (Health Home Partners) who may participate in your care.

HEALTH HOME CONSENT AND INFORMATION SHARING

Participation in the Health Home program is voluntary. You must sign a Health Home Patient Information Sharing Consent Form (DOH-5055) to enroll.

This consent allows sharing of your health information among Health Home partners for care coordination and development of your plan of care.

You may limit what is shared, withdraw consent using DOH-5058, or opt out using DOH-5059. Withdrawal ends participation in the Health Home program.

HOW WE MAY USE AND SHARE YOUR HEALTH INFORMATION

We may use and share your information for treatment, payment, health care operations, and Health Home program functions.

HEALTH INFORMATION EXCHANGE

We participate in Healthix, a Regional Health Information Organization. With your consent, providers involved in your care may access your electronic health records to improve care coordination.

You may give or deny consent. Your decision will not affect your ability to receive care and may be changed at any time.

SPECIAL PROTECTIONS

Certain substance use disorder information is protected by Federal law (42 CFR Part 2). We will not disclose this information without your written consent except as permitted by law.

Any information disclosed with your consent may not be redisclosed unless permitted by law and must include a prohibition on redisclosure statement.

YOUR RIGHTS

You have the following rights regarding your protected health information (PHI):

1. Right to Access and Obtain Copies

You have the right to:

- Inspect and obtain a copy of your health records and other information we maintain about you
- Request your records in paper or electronic format

We will:

- Provide access within required timeframes under federal and state law
- Provide records in the format you request, if readily producible

We may:

- Charge a reasonable, cost-based fee for copies
- We may deny access in limited situations. If we deny your request, you may have the right to have that decision reviewed.

2. Right to Request Amendments

If you believe your information is incorrect or incomplete, you may request that we amend your record.

We will:

- Review your request
- Respond within required timeframes

We may deny your request if:

- The information is accurate and complete
- The record was not created by us
- The request is not submitted in writing

If denied, you may submit a statement of disagreement, which will be included in your record.

3. Right to Request Restrictions

You have the right to request restrictions on how we use or disclose your information for Treatment, Payment, or Health care operations. We are not always required to agree to your request, except where required by law (e.g., certain self-pay situations).

For Health Home participants: You may limit which providers or organizations can access your information under your DOH-5055 consent.

4. Right to Confidential Communications

You may request that we contact you at a specific location or in a specific way (e.g., mail only, alternative phone number). We will accommodate reasonable requests.

5. Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures of your health information made by us. This includes disclosures other than for treatment, payment, or health care operations, and/or made within a specified time period.

6. Right to Receive a Copy of This Notice

You have the right to receive a paper copy of this Notice at any time and/or request a copy even if you agreed to receive it electronically.

7. Right to Choose Someone to Act for You

If you have given someone medical power of attorney or if someone is your legal guardian, that person may:

- Exercise your rights
- Make choices about your health information

We will verify the person's authority before taking action.

8. Right to Be Notified of a Breach

You have the right to be notified if your unsecured protected health information has been breached. We will notify you as required by federal and state law.

9. Right to File a Complaint

If you believe your privacy rights have been violated, you may:

- File a complaint with us
- File a complaint with the U.S. Department of Health and Human Services

Online:

Through the OCR Complaint Portal: <https://ocrportal.hhs.gov>

By Mail or Email:

U.S. Department of Health and Human Services

Office for Civil Rights

Centralized Case Management Operations

200 Independence Avenue, S.W.

Room 509F, HHH Building

Washington, D.C. 20201

Email: OCRComplaint@hhs.gov [hhs.gov]

Phone:

Toll-Free: 1-800-368-1019

TTY: 1-800-537-7697

You will not be retaliated against for filing a complaint.

OUR RESPONSIBILITIES

We are required to maintain privacy and notify you of breaches.

QUESTIONS, COMPLAINTS

The Brooklyn Health Home welcomes questions, comments, and concerns regarding our privacy practices. For privacy-related inquiries, requests, feedback, or complaints, please contact:

- Privacy Officer: Sandra Maliszewski, VP Corporate Compliance
- Compliance Helpline: 844-787-9171
- Visit <http://Maimo.ethicspoint.com/>

Effective Date: [insert date]