

## NOTICE OF PRIVACY PRACTICES

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

North Country Healthy Heart Network, inc. is required by law to protect the privacy of your PHI, provide you with notice of our legal duties and privacy practices with respect to your PHI, and to notify you following a breach of unsecured PHI related to you.

The notice describes our legal duties and our practices relating to our privacy of any health or other personal information about you in our records. We must follow and abide by the terms of this Notice of Privacy Practices if it remains in effect. We must change this Notice of Privacy Practices when there are changes to your rights, our duties, or other practices contained herein.

We reserve the right to change our privacy policy and practices and the terms of this Notice of Privacy Practices, consistent with applicable law and our current business process. If we make significant changes to our privacy practices, we will revise our Notice of Privacy Practices to reflect the changes. We will always have a copy of our current Notice of Privacy Practices in our offices and on our website. In addition, you may get a paper copy of our current Notice of Privacy Practices at any time by contacting our Privacy Officer as follows:

### **Privacy Officer**

North Country Healthy Heart Network

132 Bloomingdale Ave Suite #2

Saranac Lake, New York 12983

Tel: 518 891-5855

Email: [privacyofficer@heartnetwork.org](mailto:privacyofficer@heartnetwork.org)

Our Privacy Officer can also answer any questions you may have about this Notice.

In addition to the above, we have a duty to respond to your requests (e.g., those corresponding to your rights) in a timely and appropriate manner. We support and

value your right to privacy and are committed to maintaining reasonable and appropriate safeguards for your PHI.

North Country Healthy Heart Network, inc. collects health information from you and stores it securely in the cloud. We may collect your full name, address, telephone number(s), and date of birth, information about your health and medical history, and health insurance and other information.

### **Your Health Information Rights:**

The following are the rights that you have regarding PHI that we maintain about you. Information regarding how to exercise those rights is also provided. Protecting your PHI is an important part of the services we provide you. We want to ensure that you have access to your PHI when you need it and that you clearly understand your rights as described below.

You have the right to inspect and obtain a copy of health information that may be used to make decisions about your care. Usually, this includes medical and billing records. You have the right to receive your health information through a reasonable alternative means.

For example, you may request that messages not be left on voice mail or sent to a particular address. Requests for confidential communication must be in writing and addressed to the

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We will honor reasonable requests and let you know if a request is denied.

We may deny your request to inspect and obtain a copy in extremely limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed. The Privacy Officer conducting the review

will not include the person who denied your request. We will comply with the outcome of the review. You have the right to amend your information, if you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend that information. We may deny your request if you ask to amend information if:

- o We did not create it.
- o It is not part of the health information kept by us.
- o It is not part of the information you would be permitted to inspect or copy.
- o It is determined to be accurate and complete. You have the right to request an amendment for as long as the information is kept by or for us.

Requests to amend your information must be in writing and addressed to the:

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You must include a reason for the amendment that supports your request. We will honor reasonable requests and let you know if a request is denied.

You have the right to be notified if we (or one of our Business Associates) discover a breach involving unsecured PHI, with a few limited exceptions. A breach is defined as unauthorized acquisition, access, use or disclosure of protected health information in a manner not permitted, unless there is a low probability that the privacy or security of your protected health information has been compromised.

We are required to create and maintain an accounting (list) of certain disclosures we make of your PHI. You have the right to request a copy of such an accounting during the time specified by applicable law prior to the date on which the accounting is requested (up to six years). You must make any request for an accounting in writing. We are not required by law to record certain types of disclosures (such as disclosures made pursuant to an authorization signed by you), and a listing of these disclosures will not be provided. If you request this accounting more than once in a 12-month period, we may charge you a fee for

each additional listing. Our fee is currently set at **(need to agree in a price, i.e., 1\$ / page)**.

You can access this Notice of Privacy Practices on the North Country Healthy Heart Network, inc. website (<https://heartnetwork.org/>) or you may request a paper copy of this Notice by contacting our Privacy Officer.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact:

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**Uses and Disclosures**

North Country Healthy Heart Network, inc. uses and discloses recipient health information for many purposes. We regularly attempt to limit all uses and disclosures of your health information to the minimum necessary to accomplish the task required. The following categories describe several ways that we use and disclose PHI.

***Health Education and Support and North Country Healthy Heart Network Personnel.*** Your health information, which includes any information that relates to your past, present, or future health condition may be used and released by North Country Health Heart Network, Inc., for the purposes of providing Health Education and Support to you, obtaining payment for services, for administrative and operational purposes, and to evaluate the quality of the services you receive. We may use or disclose information between or among personnel having a need for the information in connection with their duties.

**Payment.** North Country Healthy Heart Network, inc. may release information about you to your health plan or health insurance carrier as necessary to bill and obtain payment for our services. We may have to disclose your health information to your health plan or health insurance carrier so they can determine your benefit eligibility that you received and determine how much they should pay for the services we provided. We may need to disclose a limited amount of information about you to explore your financial situation for sources of payment for your care, but we will only do so as permitted under law.

**Secretary of Health and Human Services.** We are required to disclose PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rules.

**Business Associates.** We may disclose your PHI to Business Associates contracted by us to perform services on our behalf which may involve receipt, use or disclosing your PHI. All of our Business Associates must agree to: (1) Protect the privacy of your PHI; (2) Use and disclose the information only for the purposes for which the Business Associate was engaged; (3) Be bound by 42 CFR Part 2; and (4) if necessary, resist in judicial proceedings any efforts to obtain access to patient records except as permitted by law.

**Other Uses and Disclosures.** North Country Healthy Heart Network, Inc. may make certain other uses and disclosures of your health information without your authorization for any of the following public policy purposes:

**As Required by Law.** We will disclose health information about you when required to do so by federal, state, or local law.

**Court Order.** We may disclose information required by a court order, provided certain regulatory requirements are met.

**Emergency Situations.** We may disclose information to medical personnel to treat you in an emergency.

***Prevention of Serious Threats to Health or Safety.*** We may disclose your health information to prevent a serious threat to your health and safety or to the health and safety of others.

***Reporting of Death.*** We may disclose your information related to cause of death to a public health authority that is authorized to receive such information.

## **Requests for Information and Complaints**

For questions, requests for Information, Complaints about this Notice of Privacy Practices or how North Country Healthy Heart Network, inc. handles your health information should be directed to:

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If you are not satisfied with the way this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Building  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201  
<http://www.hhs.gov/ocr/privacy/hipaa/complaints>

You may also address your complaint to the regional Office for Civil Rights:  
Region II, Office for Civil Rights  
U. S. Department of Health and Human Services  
Jacob Javits Federal Building  
26 Federal Plaza, Suite 3312

New York, NY 10278  
Telephone: 212.264.3313  
Fax: 212.264.3039