

## **NOTICE OF PRIVACY PRACTICES**

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

**The Guild 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 agency, its staff, and its affiliated health care providers that jointly provide health care services with The Guild. You will also be able to obtain your own copy by calling our office at 1-212-769-6200 or asking for one at the time of your next visit.**

**If you have any questions about this notice, or would like further information, please contact the Privacy Officer at 1-212-769-6200.**

## NOTICE OF PRIVACY PRACTICES\*

**The Jewish Guild for the Blind and its subsidiaries** (The Guild) have always taken great care to protect our clients' confidentiality and we will continue to do so. The Federal Government has recently passed a law, the Health Insurance Portability and Accountability Act of 1996, known as HIPAA, to make certain that everyone's protected health information is kept private. Under HIPAA, all health institutions need to describe how your protected health information may be used and/or disclosed.

*Protected health information* is considered anything that includes your name, social security number, date of birth, your medical diagnosis, and information that can reasonably be used to identify you and that relates to your health status, the provision of health care to you, or the payment for that care. There are times

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\* This Notice of Privacy Practices also applies to enrollees in any of the following Jewish Guild for the Blind subsidiaries:  
JGB Health Facilities Corporation  
JGB Education Service  
JGB Rehabilitation Corporation  
InTouch Networks, Inc.  
GuildNet, Inc.

when The Guild will need to disclose your protected health information. One example of when we need to disclose this information is for billing purposes.

This notice is required by federal and state laws. It is designed to inform you about the ways in which The Guild may collect, use, and disclose your protected health information and your rights, including how you can access this information. Some of the uses and disclosures described in this Notice may be limited by applicable state laws that are often more stringent than federal standards.

## **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

There are a number of ways in which we may use and disclose your protected health information. The examples below are provided to illustrate the types of uses and disclosures that we may

make, without your authorization, for health care operations, treatment and for payment.

- **Payment.** Your protected health information is disclosed in order to pay for your covered health expenses. For example, we may use your protected health information to process claims or be reimbursed by another insurer, such as Medicare, Medicaid, or other insurance, that may be responsible for payment.
- **Health Care Operations.** Your protected health information is disclosed in order to perform certain activities, such as quality assessment or administrative activities, including data management. In some cases, we may use or disclose the information for underwriting or determining premiums, or setting rates of reimbursement.
- **Treatment.** Your protected health information is disclosed to assist your health care providers (doctors, dentists, pharmacies, hospitals, and others) in your diagnosis and treatment. For example, we may disclose your protected health information to

providers so that they can provide information about alternative treatments.

## **OTHER PERMITTED OR REQUIRED DISCLOSURES**

- **As Required by Law.** We must disclose protected health information about you when required to do so by law.
- **Public Health Activities.** We must disclose protected health information to public health agencies for such reasons as preventing or controlling disease, injury, or disability.
- **Victims of Abuse, Neglect, or Domestic Violence.** We must disclose protected health information to local, state and county government agencies when there is evidence of abuse, neglect, or domestic violence.
- **Health Oversight Activities.** We must disclose protected health information to government oversight agencies (e.g., state insurance departments) for activities authorized by law.

- **Judicial and Administrative Proceedings.** We must disclose protected health information in response to a court or administrative order. We may also disclose protected health information about you in certain cases in response to a subpoena, discovery request, or other legal process.
- **Law Enforcement.** We must disclose protected health information under limited circumstances to law enforcement officials in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victim of a crime.
- **To Avert a Serious Threat to Health or Safety.** We must disclose protected health information about you, with some limitations, when necessary to prevent a serious threat to your health and safety or that of another person or the health and safety of the public.
- **Special Government Functions.** We must disclose information as required by U.S. military authorities or to

authorized federal officials who are involved in national security and intelligence activities.

- **Workers' Compensation.** We must disclose protected health information to the extent necessary to comply with state law for workers' compensation programs.
- **Research.** Under certain circumstances, we may disclose protected health information about you for research purposes, provided certain measures have been taken to protect your privacy.

## **OTHER USES OR DISCLOSURES WITH AN AUTHORIZATION**

Other uses or disclosures of your protected health information will be made *only* with your written authorization, unless otherwise permitted or required by law. You may revoke an authorization at any time in writing, except when we have already

taken action on the information disclosed or if we are permitted by law to use the information to contest a claim or coverage.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have certain rights regarding protected health information that The Jewish Guild for the Blind maintains about you.

- **Right to Access Your Protected Health Information.** You have the right to review or obtain copies of your protected health information records, with some limited exceptions. Usually the records include enrollment, billing, claims payment, and case or medical management records. Your request to review and/or obtain a copy of your protected health information records must be made in writing. The Guild may



charge a fee for the costs of producing, copying, and mailing your requested information, but we will tell you the cost in advance.

- **Right to Amend Your Protected Health Information.** If you feel that protected health information maintained by The Guild is incorrect or incomplete, you may request that we amend the information. Your request must be made in writing and must include the reason you are seeking a change. The Guild may deny your request if, for example, you ask us to amend information that was not created by The Guild, as is often the case with health information in our records, or you ask to amend a record that we believe is accurate and complete. If we deny your request to amend, we will notify you in writing. You then have the right to submit to us a written statement of disagreement with our decision and we have the right to rebut that statement.
- **Right to an Accounting of Disclosures by the Plan.** You have the right to request an accounting of all disclosures we have

made of your protected health information. The list will not include our disclosures related to your treatment, our payment or health care operations, or disclosures made to you or with your authorization. The list may also exclude certain other disclosures, such as for national security purposes. Your request for an accounting of disclosures must be made in writing and must state the time-period for which you want such an accounting. This time period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first accounting that you request within a 12-month period will be free. For additional lists within the same time period, we may charge for providing the accounting, but we will tell you the cost in advance.

- **Right to Request Restrictions on the Use and Disclosure of Your Protected Health Information.** You have the right to request that we restrict or limit how we use or disclose your

protected health information for treatment, payment, or health care operations. *We may not agree to your request.* If we do agree, we will comply with your request unless the information is needed for an emergency. Your request for a restriction must be made in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit how we use or disclose your information, or both; (3) to whom you want the restrictions to apply.

- **Right to Receive Confidential Communications.** You have the right to request that we use a certain method to communicate with you or that we send information to a certain location if the communication could endanger you. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have a right at any time to request a paper copy of this Notice.
- **Contact Information for Exercising Your Rights.** You may exercise any of the rights described above by contacting our

Privacy Office. See the end of this Notice for the contact information.

## **HEALTH INFORMATION SECURITY**

The Guild requires its employees to follow security policies and procedures that limit access to health information about members. The information is limited to those employees who need it to perform their job responsibilities. In addition, The Guild maintains physical, administrative, and technical security measures to safeguard your protected health information.

## **CHANGES TO THIS NOTICE**

We reserve the right to change the terms of this Notice at any time, effective for protected health information that we already have about you as well as any information that we receive in the future. We will provide you with a copy of the new Notice

whenever we make a material change to the privacy practices described in this Notice. We also post a copy of our current Notice on The Guild's web site at [www.jgb.org](http://www.jgb.org). Any time that we make a material change to this Notice, we will promptly revise and issue a new Notice with a new effective date.

## COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with The Guild and/or with the Secretary of the Department of Health and Human Services. All complaints to The Guild must be made in writing and sent to the Privacy Office listed at the end of this Notice.

We support your right to protect the privacy of your protected health information. ***The Guild will not retaliate against you nor penalize you for filing a complaint.***

## **CONTACT THE GUILD**

If you have any complaints or questions about this Notice or if you want to submit a written request to The Guild as required in any of the previous sections of this Notice, please call The Guild at 212-769-6200 or write to The Guild at the address below:

**Attention:** Dr. Elaine Yatzkan, Privacy Officer

**Address:** The Jewish Guild for the Blind  
15 West 65<sup>th</sup> Street  
New York, NY 10023

**E-Mail:** [yatzkane@jgb.org](mailto:yatzkane@jgb.org)

**THIS INFORMATION IS AVAILABLE ON AUDIO  
CASSETTE TAPE AND IN BRAILLE.  
CALL 212-769-6200.**