



**Title:** Notice of Privacy Practices Policy

**Date Created:** January 10, 2025

**Date Modified:** May 8, 2025

**Date Approved by CCN Board of Directors:** June 10, 2025

**Date Approved by CCC Board of Directors:** January 28, 2025

**Date Approved by IPA Board of Directors:**

**Policy #** PS25

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**Purpose:**

This policy serves to establish the requirements for Care Compass Collaborative (“CCC”), in its role as a Covered Entity, and Care Compass Network (“CCN”) and Care Compass Supporting IPA (“IPA”), when functioning as CCC’s Business Associates, to maintain compliance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requirements to publish, distribute, and maintain a Notice of Privacy Practices.

**Definitions:**

**Affected Individual(s):** All persons who are affected by Care Compass Entities’ risk areas including Care Compass Entities’ employees, officers, Directors, managers, contractors, agents, subcontractors, independent contractors, governing bodies, or third-parties, who or that, in acting on behalf of the Care Compass Entities: (i) delivers, furnishes, directs, orders, authorizes, or otherwise provides health or social care items and services under State, Federal, or Care Compass programs; and (ii) contributes to the Care Compass Entities’ entitlement to payment under Federal health or social care programs, or from other payor sources.

**Business Associate:** A person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a Covered Entity.

**Care Compass Entities:** Organizations that are directly, or indirectly through one or more intermediaries, owned or controlled by, or are under common ownership or control of, CCN, including CCC and the IPA.

**Covered Entity:** A health plan, healthcare provider, or healthcare clearinghouse that must comply with the HIPAA Privacy Rule.

**HIPAA:** The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended by the Health Insurance Technology for Economic Clinical Health Act (“HITECH”) and any regulations, rules, and guidance issued pursuant to HIPAA and the HITECH Act (collectively “HIPAA”).

**Individually Identifiable Health Information:** Information that is a subset of health information, including demographic information collected from an individual, and:

1. Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
2. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and
  - a. That identifies the individual; or
  - b. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

**Notice of Privacy Practices (“NPP”):** Defines health information and informs patients/clients of how CCC may use that information for treatment, payment, and healthcare operations. In addition, NPP describes patient’s/client’s rights regarding this information, as well as CCC’s duties to protect their health information.

**Protected Health Information (“PHI”):** Individually Identifiable Health Information, that is transmitted by or maintained in electronic media, or transmitted or maintained in any other form or medium (with exceptions, as described under 45 CFR §160.103), that relates to a person’s physical or mental health, and his/her treatment or payment including, but not limited to:

1. Name;
2. All geographical subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code;
3. All elements of dates (except year) for dates related to an individual, including birthdate, admission date, discharge date, date of death, and exact age if over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older);
4. Telephone numbers;
5. Facsimile numbers;
6. E-mail addresses;
7. Social Security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) addresses;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographs and any comparable images; and
18. Any other unique identifying number, characteristic or code.

**Staff:** Employees, contractors, agents, consultants, volunteers, and others who act on the Care Compass Entities’ behalf.

**Policy:**

It is the policy of CCC to maintain a Notice of Privacy Practices (“NPP”) to inform individuals served of their privacy rights with respect to their personal health information. CCC will develop and, together with its Business Associates, distribute a notice that provides a clear explanation of an individual’s rights to adequate notice of how a covered entity may use and disclose PHI about the individual, as well as the individual’s rights and CCC’s obligations with respect to that information.

**I. Notice of Privacy Practices Content**

- a. The Director of Compliance is responsible for developing, distributing, publishing, and maintaining the NPP, included as Appendix A to this Policy.
- b. The NPP will contain:
  - i. The following statement as a header or otherwise prominently displayed:
    - 1. “THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.”
  - ii. Describe the ways in which CCC may use and disclose PHI about an individual, including:
    - 1. A description, including at least one example, of the types of uses and disclosures that CCC is permitted to make for each of the following purposes: treatment, payment, and health care operations;
    - 2. A description of each of the other purposes for which CCC is permitted or required to use or disclose PHI without the individual's written authorization;
    - 3. If a use or disclosure for any purpose described in paragraphs (1) or (2) of this section is prohibited or materially limited by other applicable law, such as 42 CFR part 2, the description of such use or disclosure must reflect the more stringent law as defined in 45 CFR § 160.202;
    - 4. For each purpose described in paragraphs (1) or (2) of this section, the description must include sufficient detail to place the individual on notice of the uses and disclosures that are permitted or required;
    - 5. A description of the types of uses and disclosures that require an authorization, a statement that other uses and disclosures not described in the NPP will be made only with the individual's written authorization, and a statement that the individual may revoke an authorization;
    - 6. A description, including at least one example, of the types of uses and disclosures prohibited in sufficient detail for an individual to understand the prohibition;
    - 7. A description, including at least one example, of the types of uses and disclosures for which an attestation is required;

8. A statement adequate to put the individual on notice of the potential for information disclosed to be subject to redisclosure by the recipient and no longer protected;
- iii. State the individual's rights with respect to the information and how the individual may exercise these rights, including how the individual may make a complaint to CCC and/or the U.S. Department of Health and Human Services (HHS), including:
  1. The right to request restrictions on certain uses and disclosures of PHI, including a statement that CCC is not required to agree to a requested restriction, except in case of a disclosure restricted under law;
  2. The right to receive confidential communications of PHI;
  3. The right to inspect and copy PHI;
  4. The right to amend PHI;
  5. The right to receive an accounting of disclosures of protected health information;
  6. The right of an individual, including an individual who has agreed to receive the NPP electronically, to obtain a paper copy of the NPP from CCC, upon request;
- iv. State CCC's legal obligations with respect to the information, including:
  1. A statement that CCC is required by law to maintain the privacy of PHI, to provide individuals with notice of its legal duties and privacy practices, and to notify affected individuals following a breach of unsecured protected health information;
  2. A statement that CCC is required to abide by the terms of the NPP currently in effect; and
  3. For CCC to apply a change in a privacy practice that is described in the NPP to PHI that CCC created or received prior to issuing a revised notice, a statement that CCC reserves the right to change the terms of its NPP and to make the new NPP provisions effective for all PHI that it maintains. The statement must also describe how it will provide individuals with a revised NPP.
- v. Include a statement that individuals may complain to CCC and to the Secretary of HHS if they believe their privacy rights have been violated, a brief description of how the individual may file a complaint with the covered entity, and a statement that the individual will not be retaliated against for filing a complaint;
- vi. Contain the name, or title, and telephone number of a person or office to contact for further information;
- vii. Include an effective date on which the NPP is first in effect, which may not be earlier than the date on which the notice is printed or otherwise published; and
- viii. Promptly revise and redistribute the NPP whenever there is a material change to the uses or disclosures, the individual's rights, CCC's legal

obligations, or other privacy practices stated in the NPP. Except when required by law, a material change to any term of the NPP may not be implemented prior to the effective date of the notice in which such material change is reflected.

## **II. Implementation Specifications**

- a. CCC and its required Business Associates will:
  - i. Supply the NPP to anyone upon request;
  - ii. Publicize the NPP in the Care Compass Entities' common areas (to the extent such exist), shared file locations, and electronically on its website for access by Affected Individuals;
  - iii. Provide the notice to the individual no later than the date of first service delivery and, except in an emergency situation, make a good faith effort to obtain the individual's written acknowledgment of receipt of the notice. If an acknowledgment cannot be obtained, the provider must document his or her efforts to obtain the acknowledgment and the reason why it was not obtained.
  - iv. When first service delivery to an individual is provided over the Internet, through e-mail, or otherwise electronically, the provider must send an electronic notice automatically and contemporaneously in response to the individual's first request for service. The provider must make a good faith effort to obtain a return receipt or other transmission from the individual in response to receiving the notice.
  - v. In an emergency situation, provide the notice as soon as it is reasonably practicable to do so after the emergency situation has ended. In these situations, providers are not required to make a good faith effort to obtain a written acknowledgment from individuals.
  - vi. Whenever the notice is revised, make the notice available upon request on or after the effective date of the revision. Specific Requirements for Electronic Notice:
    1. CCC must promptly and prominently post the NPP on its web site and make the NPP available electronically through the web site that provides information about CCC's customer services or benefits;
    2. CCC and its Business Associates may provide the NPP to an individual by e-mail, if the individual agrees to electronic notice and such agreement has not been withdrawn. If CCC and its Business Associates know that the e-mail transmission has failed, a paper copy of the NPP must be provided to the individual;
    3. If the first service delivery to an individual is delivered electronically, CCC must provide electronic notice automatically and contemporaneously in response to the individual's first request for service.

- III. Business Associates.** CCC will ensure, through its contracts with its Business Associates, that the Business Associates' uses and disclosures of PHI and other actions are consistent with CCC's privacy policies, as stated in the NPP.

**IV. Documentation.** CCC will document compliance with the NPP requirements by retaining copies of the NPPs issued by CCC and its Business Associates and, if applicable, any written acknowledgments of receipt of the NPP or documentation of good faith efforts to obtain such written acknowledgment, in accordance with section II.a.iii. of this Policy.

**CCN Board Approval History:** 2/11/2025, 6/10/2025

**CCC Board Approval History:** 1/28/2025

**IPA Board Approval History:**

**Compliance Committee Review History:** 1/22/2025, 5/22/2025

**Revisions:**

<b>Date</b>	<b>Revision Log</b>	<b>Updated By</b>
1/10/2025	Original Creation	Cathy Petrak
5/5/2025	Added Affected Individuals definition and updated term throughout; Added Acknowledgment of Receipt of Notice of Privacy Practices to Appendix A	Cathy Petrak

**This Policy shall be reviewed periodically, but not less than once every 12 months, and updated consistent with the requirements established by the Board of Directors, Care Compass Network's Leadership Team, Federal and State law(s) and regulations, and applicable accrediting and review organizations.**

## Appendix A

### Care Compass Collaborative Notice of Privacy Practices

## **Your Information. Your Rights. Our Responsibilities.**

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**This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### **Your Rights**

**When it comes to your information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **Get an electronic or paper copy of your care record**

- You can ask to see or get copy of your care record and other information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct your care record**

- You can ask us to correct information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

#### **Ask us to limit what we use or share**

- You can ask us not to use or share certain information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 5.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### **In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

### **In these cases we *never* share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

### **In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.



**Care for you**

We can use your information and share it with other professionals who are caring for you.

*Example: A navigator sends us information about your transportation needs so we can arrange additional services.*

**Run our organization**

We can use and share your health information to run our organization, improve your care, and contact you when necessary.

*Example: We use information about you to develop better services for you.*

**Bill for your services**

We can use and share your information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

**How else can we use or share your information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We need to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health**

We can share information about you for certain situations such as:

- Routine reporting to the NYS Department of Health
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**Do research**

We can use or share your information for research.

**Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Address workers' compensation, law enforcement, and other government requests**

We can use or share information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

We can share information about you in response to a court or administrative order, or in response to a subpoena.

**Additional Information**

- We will never share any mental health or substance abuse treatment records without your written permission.

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

**Other Instructions for Notice**

- Effective Date of this Notice: January 22, 2025
- Privacy Contact:  
Andrea Rotella, Director of Compliance/Privacy Officer  
[arotella@carecompassnetwork.org](mailto:arotella@carecompassnetwork.org)  
607-240-2590

### **Acknowledgment of Receipt of Notice of Privacy Practices**

I acknowledge that I have received a copy of the Care Compass Collaborative Notice of Privacy Practices (NPP).

I understand that this organization has the right to change its NPP from time to time, and that I may contact this organization to obtain a current copy of the NPP.

I also understand that I have the right to access my care record and to make complaints to the organization or the U.S. Department of Health and Human Services (HHS) if I believe my privacy rights have been violated.

Patient Name: \_\_\_\_\_

Personal Representative Name (if different than Patient): \_\_\_\_\_

Personal Representative Relationship to Patient: \_\_\_\_\_

Patient or Personal Representative Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### ***For Office Use Only:***

We made a good faith effort to obtain an acknowledgment of receipt of our Notice of Privacy Practices. In spite of these efforts, our organization has been unable to obtain a signed acknowledgment of receipt for the following reason(s):

- ☐ Patient refused to sign (date of refusal)\_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ Communication barriers prevented obtaining acknowledgment.
- ☐ An emergency situation prevented us from obtaining acknowledgment.
- ☐ Other\_\_\_\_\_.

Attempt was made by:\_\_\_\_\_ Date\_\_\_\_/\_\_\_\_/\_\_\_\_