



**INTEGRATED COMMUNITY  
ALTERNATIVES NETWORK IPA, LLC  
"ICAN IPA"**

310 Main Street, Utica, NY 13501  
Phone: (315) 792-9039 – Fax: (315) 792-9578

## **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 REVIEW IT CAREFULLY.**

Participation in ICAN/ICAN IPA programming is free and voluntary, unless otherwise specified. ICAN and ICAN IPA (referred to collectively as the "Network" in this Notice) are required by law to maintain the privacy of your health information and to notify you of a breach affecting your health information. We are required by law to provide you with notice of our legal duties and your rights with respect to your health information we create or maintain. We will abide by the terms of the Notice currently in effect.

This Notice describes the privacy practices of the Network and applies to:

- Integrated Community Alternative Network, Inc.;
- Integrated Community Alternative Network IPA, LLC ("ICAN IPA"), which is an organization of independent health care professionals who jointly contract with health plans to provide medical care through the ICAN Network;
- The health care providers, employees and contractors of ICAN and ICAN IPA who provide services to you through the Network.

These entities will share health information with each other as necessary to carry out treatment, payment or health care operations of the Network. The privacy practices described in this notice will apply to care received at the following Network delivery sites:

- ICAN, 310 Main Street, Utica, NY 13501;
- Madison-Oneida BOCES, 4937 Spring Road, Verona, NY 13478;
- Brodock Building – 502 Court St., Utica, NY 13502;
- Herkimer BOCES – Pathways Academy at Remington, Ilion, NY 13557;
- Herkimer Office Building – 301 N. Washington St., Herkimer NY, 13350;
- Doyle Building, 330 Main St., Utica, NY 13501
- Evelyn's House – 10 Barton Ave, Utica, NY 13502; and
- Care you receive in the community (e.g. at your home or school) by members of the Network.

If you have questions about any part of this Notice or if you want more information about the Network's privacy practices, please contact:

**Director of Quality Improvement  
ICAN/ICAN IPA  
310 Main Street  
Utica, NY 13501**

(315) 792-9039

**Effective Date of this Notice: July 01, 2019**

**I. How will the Network use or disclose your health information?**

The Network collects health information about you and your family members receiving services and stores it in a medical record. The following list is intended to provide examples of uses and disclosures of your health information that we are permitted by law to make, but this is not meant to be a complete list.

1. **Treatment**: The Network coordinates an individual's Plan of Care (POC) that typically includes services from a number of service providers under contract with the Network that provide traditional and non-traditional mental health services to you and your family members. Information obtained by one provider may be shared with other members of the team to determine what services work best for you.

2. **Payment**: The Network receives money to support our programs from New York State Medicaid, and from other agencies, including the Oneida County Department of Social Services. We may use and disclose your health information in order to obtain payment from these organizations for the services we provide. Your information may also be used to ensure you are eligible for the services we provide.

3. **Health Care Operations**: The Network may use your health information for our regular business activities, including to review the performance of Network providers and to make sure that we are providing high quality services. For example, we may review your medical record to make sure that you are receiving all the required services in your Plan of Care. We may also use your information to decide what services to offer.

4. **Notification and Communication with Family**: Using their best judgment, Network professionals may disclose your information to a family member or friend who is involved in your care or payment related to your care. We may also use your information in order to notify a family member, personal representative or another person responsible for your care. In addition, we may disclose health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

5. **Required By Law**: As required by law, we may disclose your health information (e.g. in the case of an allegation of child abuse or neglect).

6. **Public Health**: As required by law, we may disclose your health information to protect the public health (e.g. reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure).

7. **Health Oversight Activities:** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure reviews, and other proceedings.
8. **Judicial and Administrative Proceedings:** We may disclose your health information in the course of any administrative or judicial proceedings including Family Court or any other inquiries made on behalf of Family Court (e.g. in case of a probation investigation or a neglect proceeding).
9. **Law Enforcement:** We may disclose your health information to law enforcement officials for purposes such as identifying and locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
10. **Public Safety:** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public
11. **For Research Purposes:** The Network is a widely studied operation and occasionally a review of data and outcomes of the program occurs. We may disclose information to researchers when their research has been approved. Protocols will be established within that research process to ensure the privacy of your health information.
12. **Education Contacts:** As part of our interdisciplinary plan, our staff and providers work diligently at involving a child's school district into the Plan of Care. The Network and our staff and providers will share and receive general information such as behavioral and attendance information with school officials, teachers and guidance staff. An authorization will be obtained when required (e.g. when requesting specific reports such as an IEP or Psychological Report).
13. **Clinical Supervision:** Occasionally the Network's clinical employees / providers may require supervision in connection with NYS licensure requirements. This may require that a clinical supervisor review you records or contact you regarding your treatment. This contact or review is strictly for the purpose of supporting the clinician's licensing requirements and for no other purpose. The clinical supervisor is required to follow the obligations set forth in this Notice.
14. **Business Associates:** Certain services are provided to the Network by outside service vendors called "Business Associates". For example, certain IT and legal services are provided by Business Associates who may need access to your health information. We require Business Associates to appropriately safeguard your information with the diligence that we would.
15. **Appointment Reminders; Treatment Alternatives:** We may use and disclose health information to contact you as a reminder that you have an appointment or to contact you about possible treatment options or alternatives or health-related benefits and services of interest to you.

16. **Fundraising:** We may use certain information to contact you as part of a fundraising effort. If you do not wish to be contacted for fundraising purposes, you will be given the opportunity to opt out of receiving such communications.

## II. **When ICAN May Not Use or Disclose Your Health Information.**

Except as described in this Notice of Privacy Practices, the Network will not use or disclose your health information without your written authorization. The following uses and disclosures of your medical information will only be made with your written permission: 1) Most uses and disclosures of psychotherapy notes; 2) Uses and disclosures of medical information for marketing purposes; and 3) Disclosures that would be considered a sale of medical information.

In addition, State and federal law may provide additional restrictions on the use and disclosure of certain information such as HIV/AIDS-related information, substance abuse treatment information and mental health information. We will follow such requirements.

Other uses and disclosures of health information not covered by this Notice, or the laws that apply to us, will be made only with your written permission. If you do authorize the Network to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time by writing to the Director of Quality Assurance at the address or phone number provided above.

## III. **Your Health Information Privacy Rights**

Although your medical record is the property of the Network, the information in the medical record belongs to you. You have certain rights with regard to your health information, including the right to:

1. **Request a Restriction.** You can ask us not to use or share certain health 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. However, if you pay for a service or health 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 and we will agree, unless a law requires us to share that information.
2. **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 agree to all reasonable requests.
3. **Get an Electronic or Paper Copy of Your Medical Record.** In most cases, you can ask to see or get a copy of your medical record and information we maintain about you.

4. Ask us to Correct Your Medical Record. You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

5. 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 health 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.

6. Get a Copy of this Notice of Privacy Practices upon request.

If you would like to exercise one or more of these rights, please write to our Director of Quality Improvement at the address listed at the top of this Notice.

#### IV. **Changes to this Notice of Privacy Practices**

The Network reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. We will post the revised Notice at our locations and on our website. We will also provide you with a copy of the current Notice at your next visit.

#### V. **For more information or to Report a Concern**

If you have a complaint about the services we provide, please ask for a copy of our Grievance Policy or refer to the ICAN Website. If you would like a more detailed explanation of your rights or our obligations under this Notice, please contact the Director of Quality Improvement at the address or phone number provided above.

If you believe your privacy rights have been violated, you may file a complaint by contacting our Director of Quality Improvement at the address or phone number provided above. You may also submit a complaint to the Department of Health and Human Services at the following address:

**Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201**

You will not be retaliated against in any way for filing a complaint.

## **Discrimination is Against the Law**

ICAN complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters; written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as: qualified interpreters; information written in other languages

If you need these services, contact the Director of Quality Improvement  
If you believe that ICAN has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Director of Quality Improvement, 310 Main Street, Utica, NY 13501, (p) 315.792.9039, (f) 315.792.9578, qlareaux@ican.family. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, please contact our Director of Quality Improvement.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 315.792.9039.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

**315.792.9039**

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 315.792.9039.

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 315.792.9039.

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 315.792.9039 번으로 전화해 주십시오.

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 315.792.9039.

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. 315.792.9039. טופר

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন

315.792.9039

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UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.  
Zadzwoń pod numer 315.792.9039

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم: 315.792.9039)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 315.792.9039.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 315.792.9039

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 315.792.9039

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 315.792.9039.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 315.792.9039.



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**Privacy Practice Receipt Acknowledgment and  
Consent to ICAN/ICAN IPA Health Information Privacy Practices**

I, the undersigned, hereby acknowledge that I have received a copy of the ICAN/ICAN IPA Notice of Privacy Practices.

I acknowledge that this Notice of Privacy Practices provides information about how the ICAN/ICAN IPA Network may use and disclose protected health information about individuals receiving services.

I acknowledge that, as provided in this Notice of Privacy Practices, the terms of this Notice may change. If the Network changes its Notices of Privacy Practices, I will be provided an updated notice.

I acknowledge that to exercise Health Information Privacy Rights, I have to contact, in writing:

ICAN /ICAN IPA  
Director of Quality Improvement  
310 Main Street  
Utica, NY 13501  
Phone (315) 792-9039

I have reviewed the ICAN /ICAN IPA Notice of Privacy Practices and hereby consent to the use and disclosure of health information as contained in the Notice of Privacy Practices.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Network Staff Member

\_\_\_\_\_  
Date