

**New View Alliance, Inc., New Directions Youth and Family Services, Inc. and  
Gateway-Longview, Inc.**

**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.**

This Notice of Privacy Practices (“Notice”) describes the medical information practices of New View Alliance, Inc., Gateway - Longview, Inc., and New Directions Youth and Family Services, Inc. (collectively the “Agency”), with respect to your protected health information (“PHI”) and how the Agency may use and disclose your PHI in order to carry out treatment, payment, and healthcare operations. It also explains your rights with respect to your PHI, which include your right to: (i) request restrictions on certain uses and disclosures of your PHI; (ii) receive confidential communications of your PHI; (iii) inspect and copy your PHI; (iv) amend your PHI; and (v) receive an accounting of disclosures of your PHI.

The Agency, which collectively is an organized health care arrangement under the Health Insurance Portability and Accountability Act (“HIPAA”), will share PHI with each other, as necessary to carry out treatment, payment, or health care operations relating to the Agency. The service delivery sites of the Agency, which this Notice applies to are specified below:

6350 Main St Williamsville, NY 14221.	10 Symphony Circle Buffalo, NY 14202	296 Monroe St. Buffalo, NY 14212
1475 Route 394 West Falconer, NY 14733	4511 Harlem Rd. Suite 200 Amherst, NY 14226	243 South Main St. Suite 175 Albion, NY 14411
4076 Main St. Scio, NY 14880	2 W. Buffalo St. Warsaw, NY 14569	356 Main St. ER Randolph, NY 14772
1359 Olean-Portville Rd. Weston Mills, NY 14788	225 Old Falls St. Suite 3B Niagara Falls, NY 14303	6395 Old Niagara Rd. Lockport, NY 14094
629 E. State St. Salamanca, NY 14779	1750 Pine St. Niagara Falls, NY 14301	

The Agency is committed to maintaining the privacy of your PHI. PHI is individually identifiable health information that relates to the past, present, or future physical or mental health or condition of you; the provision of health care to you; or the past, present, future payment for the provision of health care to you.

The Agency is required by law to maintain the privacy of PHI, to provide you with notice of its legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI.

The Agency is required to abide by the terms of this Notice, which takes effect on 1/12/2021 and will remain in effect until the Agency replaces it. The Agency reserves the right to change the terms of this Notice and to make the new notice provisions effective for all PHI that the Agency maintains, as more

fully explained later in this Notice.

Except as described in this Notice or otherwise permitted by law, the Agency - will not use or disclose your PHI without your written authorization. For instance, the Agency will request your written authorization prior to using your PHI or sharing your PHI with others for the purpose of conducting research. Also, the Agency must obtain your authorization for any use or disclosure of PHI for marketing, except if the communication is in the form of (i) a face-to-face communication made by the Agency to you or (ii) a promotional gift of nominal value provided by the Agency. Furthermore, the Agency must obtain your authorization for any disclosure of your PHI that would involve the sale of your PHI. Also Agency must obtain your authorization for any use or disclosure of your psychotherapy notes, except in limited cases (i.e. the use or disclosure by the Agency is to defend our self in a legal action or other proceeding brought by you. Additional examples are provided within this Notice. Please note that you have the right to revoke your authorization in writing at any time by contacting the Agency program area in which you have or are receiving services from, except to the extent that action has already been taken due to your authorization.

### **1) Uses and Disclosure of PHI, Which Require Your Consent/Authorization**

The Agency may not use and disclose your PHI in the manner described below without your consent/authorization.

**Treatment:** In order to coordinate and manage your health care and related services, the Agency will require your consent/authorization before the Agency may use and disclose your PHI to health care professionals (e.g. dentist, physician, or other healthcare provider) who are treating you. For example, the Agency may need to share PHI that relates to you in order to coordinate the various parts of the services and treatment that you may need, such as therapy, or transfers or referrals for continued care.

**Payment:** The Agency will require your consent/authorization prior to the Agency disclosing your PHI in order to process billing and receive payment for services that the Agency provided to you. This may include your PHI in our claims to Medicaid, insurance companies, healthcare providers, or any other party that may be responsible for paying or processing for payment any portion of your bill for services.

**Healthcare Operations:** The Agency will require your consent/authorization prior to the Agency disclosing your PHI to others in order to evaluate our services to you and the performance of the Agency's staff in its provision of care to you (e.g. evaluate coordination of care and assessment activities).

### **2) General Purposes For Which Your PHI May Be Used or Disclosed Without Your Consent/Authorization**

The Agency may use and disclose your PHI in the manner described below without your consent/authorization subject to certain criteria and requirements.

**Appointment Reminders:** The Agency may use and disclose your PHI to contact you and remind you of your appointments for treatment or services at the Agency For example, if you have an appointment scheduled for counseling or another service, the Agency may contact you to remind you of the date and time you are scheduled for your appointment.

**Family, Friends and Personal Representatives:** The Agency may disclose to your family members, close personal friends or any other person identified by you, your PHI that is directly relevant to such person's involvement with your health care or paying for your health care. However, the Agency will

provide to you an opportunity to agree or object, unless the opportunity to agree or object to the use or disclosure cannot practicably be provided because of your incapacity or an emergency situation. In such circumstances, the Agency, in the exercise of its professional judgment, will determine whether the disclosure is in the best interests of you and, if so, disclose only the PHI that is directly relevant to the person's involvement with your health care or payment of your health care.

**Business Associates:** The Agency may share your PHI with agents, contractors, or vendors (collectively, "Business Associates") that create, receive, maintain, or transmit PHI on behalf of the Agency in order to perform certain functions or activities. Business Associates of the Agency are legally obligated to protect the privacy of your PHI.

**Fundraising:** To support our operations and to continue to provide the services that the Agency extends to our clients, the Agency may use or disclose to a Business Associate or to the Gateway - Longview Foundation or the New Directions Youth and Family Services, Inc. Foundation (collectively, the "Foundation"), which are charitable organizations, your PHI for the purpose of raising funds for the Foundation. The type of information that the Agency may disclose is demographic information relating to you, including name, address, or other contact information, age, gender, date of birth, the dates that Agency provided service to you, and etc. At any time you may opt out of receiving fundraising communications relating to the Foundation by contacting in writing New View Alliance, Inc.'s VP of Corporate Integrity, 6350 Main Street, Williamsville, NY 14221.

### **3) Special Situations When Your PHI May Be Used or Disclosed Without Your Consent/Authorization:**

The Agency may use or disclose your PHI without your consent/authorization when permitted or required by law in the following circumstances:

**Public Health Activities:** The Agency may disclose your PHI to officials of a public health authority who are authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability. This includes, but is not limited to, the reporting of disease, injury, vital events such as birth or death, and conducting public health surveillance, public health investigations, or other activities. For example, the Agency may notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if the Agency or a public health authority is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation.

The Agency may also disclose your PHI in order to collect and report on the quality, safety, and effectiveness of products regulated by the Food and Drug Administration (FDA) (i.e. report reactions to medications, provide notifications of product recalls, etc.).

**Victims of Abuse, Neglect or Domestic Violence:** The Agency may disclose PHI about you to a government authority, including a social service or protective services agency, authorized by law to receive reports of abuse, neglect, or domestic violence, if the Agency reasonably believes you are a victim of abuse, neglect, or domestic violence and the Agency believes, based upon its professional judgment, the disclosure is necessary to prevent serious harm to you or other potential victims. The Agency will make every effort to obtain your permission before disclosing your PHI to a government authority, unless disclosure of your PHI by the Agency without your permission is expressly authorized by statute or regulation.

**Health Oversight Activities:** The Agency may disclose your PHI to government agencies authorized to conduct audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other legal activities. These government agencies monitor the operation of the health care system, government benefit programs such

as Medicaid and Medicare, and compliance with government regulatory programs and civil rights laws.

**Judicial and Administrative Proceedings:** In accordance with law, the Agency may disclose your PHI in response to an order of a court or administrative tribunal, subpoena, discovery request, or other lawful process; provided that the Agency is satisfied that reasonable efforts have been made by either the Agency or the individual requesting your PHI to notify you of the request for your PHI, if such notification is required under the law.

**Law Enforcement Purposes:** The Agency may disclose your PHI to a law enforcement official for a law enforcement purpose for the following reasons:

- As required by law including laws that require the reporting of certain types of wounds or other physical injuries;
- In order to be in compliance with: a court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer; a grand jury subpoena; an administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand; or another similar process authorized under the law;
- In response to a law enforcement official's request for PHI for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person;
- If you are suspected to be a victim of a crime and you agree to the disclosure or the Agency is unable to obtain your agreement because of your incapacity or other emergency circumstance and (a) the law enforcement official represents that such information is needed and that law enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until you are able to agree to the disclosure and (b) the Agency, based upon its professional judgment, believes the disclosure is in your best interest;
- If the Agency suspects your death resulted from criminal conduct: or
- If the Agency believes in good faith the PHI constitutes evidence of criminal conduct that occurred on the Agency's premises.

**Coroners, Medical Examiners, Funeral Directors, Organ and Tissue Donation:** As authorized by law, the Agency may disclose your PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining the cause of death, or other duties.

**Funeral Directors:** The Agency may disclose your PHI to funeral directors, consistent with applicable law, as necessary to carry out their duties.

**Organ and Tissue Donation:** The Agency may disclose your PHI to organ procurement organizations to assist in the process of organs, eyes, or tissue donation and transplantation.

**Prevent a Serious Threat to Health or Safety:** The Agency may disclose your PHI to appropriate authorities if the Agency, in good faith, believes it is necessary to disclose your PHI in order to prevent or lessen a serious and imminent threat to the health or safety of you or the public. In such case, the Agency will only share your information with someone who is reasonably able to prevent or lessen the threat. The Agency may also disclose your PHI to law enforcement if it appears that you have escaped from a correctional institution or lawful custody.

**Military and Veterans:** If you are or were a member of the Armed Forces, the Agency may disclose your PHI to appropriate military command authorities for activities deemed necessary by military command authorities to assure the proper execution of a military mission. The Agency may also disclose PHI to appropriate foreign military authority about foreign military personnel.

**National Security and Intelligence Activities or Protective Services:** The Agency may disclose PHI about you to authorized federal officials for the conduct of lawful intelligence, counter-

intelligence and other national security activities authorized by law or to provide protective services to the President or other persons, foreign heads of state, or other individuals, or to enable the performance of investigations authorized by law.

**Correctional Institutions:** If you are an inmate or you are detained by a law enforcement officer, the Agency may disclose your PHI to a correctional institution or a law enforcement official having custody of you if necessary to provide you with health care, or to maintain the health and safety of you, other inmates, or officers or employees or others at the correctional institution.

**Workers' Compensation:** The Agency may disclose your PHI in order to comply with laws relating to workers' compensation or other similar programs, which provide benefits for work related injuries or illness without regard to fault.

**As Required By Law:** The Agency may use or disclose your PHI if the Agency is required to do so by law. However, the Agency will notify you of these uses and disclosures if notice is required by law.

#### **4) Your Rights Regarding Your PHI:**

**Right to Request Privacy Protection for PHI:** You have the right to request that the Agency restrict the manner it uses or discloses your PHI to carry out your treatment, collect payment for that treatment, and conduct our operations. If your request to the Agency is for us to restrict the disclosure of your PHI to a health plan and the purpose of the disclosure is to carry out payment or health care operations and is not otherwise required by law and your PHI pertains solely to a health care item or service for which you, or a person other than the health plan on your behalf, has paid in full to us, the Agency will agree to respect your request.

If you would like to request a restriction on the disclosures and uses of your PHI, please send your request in writing to the Agency program at which you received services.

Except as stated above, the Agency is not required to agree to a restriction and in some cases your restriction request may not be permitted under law or cannot be honored (i.e. you are in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment to you). If the Agency agrees to your restriction request, you have the right to revoke your requested restriction at any time. The Agency also has the right to revoke the restriction upon notification to you, but in some cases, the Agency will need your permission before Agency may revoke the restriction.

**Right to Inspect and Copy PHI Records:** You have a right to inspect and obtain a copy of your PHI for as long as the Agency maintains this information in our records. However, pursuant to HIPAA, you do not have the right of access to inspect and obtain a copy of certain PHI, including, but not limited to, psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. If you would like to inspect or obtain a copy of your PHI, please submit your request in writing to the Agency program at which you received services. If you request a copy of your PHI, the Agency may charge you a reasonable fee to cover expenses associated with your request.

Notwithstanding the above, if your request involves records subject to New York State Law (e.g. NY Mental Hygiene Law, New York Public Health Law, etc.), you may be entitled to inspect and/or copy certain information, including psychotherapy notes, and the Agency will respond to your request in accordance with such law when required.

In certain circumstances, the Agency may deny your request to inspect and obtain a copy of your PHI in whole or in part (i.e. the access requested is reasonably likely to endanger the life or physical safety of

you or another person.). However, in the case the Agency denies your request, the Agency will inform you of its denial in writing and will inform you of any rights you may possess to have the denial reviewed.

The Agency will also provide to you details on how you may complain to the Agency or to the Secretary of the Department of Health and Human Services, which will be explained in more detail in the denial notice that the Agency will provide to you.

**Right to Amend Records:** You have the right to request that the Agency amend the records it maintains, which contain your PHI, if you believe that the information is incorrect or incomplete. Your request for an amendment must be made in writing and you must provide a reason to support your requested amendment. Please submit your request in writing to the Agency program at which you received services.

In certain cases, the Agency may deny your request to amend a record. If the Agency denies, in whole or in part, your amendment request, the Agency will provide you with a timely, written denial that will explain the reason for our denial and your right to submit a written statement disagreeing with the denial and how you may file such a statement. The Agency will also inform you in the written denial that if you choose not to submit a statement of disagreement, you may request that the Agency include your request for amendment and the denial with any future disclosures of your PHI that is subject to the amendment. In addition, the Agency will include information on how you may file a complaint with the Agency or the Secretary of the Department of Health and Human Services, which will be explained in more detail in the denial notice that the Agency will provide to you.

**Right to an Accounting of Disclosures of PHI:** You have a right to receive an “accounting of disclosures” of your PHI made by the Agency in the 6 years prior to the date on which you request the accounting of disclosures. An accounting of disclosures basically identifies the name of the person or entity who received your PHI and, if known, the address of such entity or person, a brief description of the PHI disclosed, the date of the disclosure and the purpose of the disclosure.

An accounting disclosure does not include the following disclosures:

- 1) Disclosures the Agency makes in order to carry out treatment, payment and health care operations;
- 2) Disclosures the Agency made to you or your personal representative;
- 3) Disclosures the Agency made in accordance with your authorization;
- 4) Disclosures made for national security or intelligence purposes; or
- 5) Any other disclosures identified in the law that does not need to be disclosed as part of an accounting of disclosures.

If you would like an accounting of disclosures, please submit your request in writing to the Agency program at which you received services.

The Agency will provide to you the first accounting of disclosures in any 12 month period without charge. However, the Agency may charge you a reasonable, cost-based fee for each subsequent request made by you within the 12 month period.

**Right to Receive Confidential Communications of PHI:** You have the right to request to receive communications relating to your PHI from the Agency by alternative means or at alternative locations. For example, you may request that the Agency contact you by mail via a post office box, rather than via your home address. Your request must be in writing and the Agency will accommodate reasonable requests. You are not required to provide an explanation as to the basis for your request. Please submit your request in writing to the Agency program at which you received services.

**Right to a Paper Copy of this Notice:** Upon your request to the Agency, you have the right to obtain a paper copy of this Notice. You may request a paper copy of this Notice even though you agreed to receive this Notice electronically. To request a paper copy of this Notice, please send your request in writing to New View Alliance, Inc.'s VP of Corporate Integrity, 6350 Main Street, Williamsville, NY 14221.

**Right to Obtain a Copy of a Revised Notice:** The Agency reserves the right to change our privacy practices at any time and this Notice. The Agency also reserves the right to revise the terms of this Notice and to make the new or revised Notice provisions effective for all PHI that the Agency maintains, including PHI the Agency created or received before the Agency made the changes. If the Agency makes any revisions to this Notice, the Agency will: (i) post the revised Notice on our website and at the Agency's locations where services covered by HIPAA are provided and (ii) make available to you, upon your request, a copy of the revised Notice at the Agency's locations where services covered by HIPAA are provided.

**5) HIV, Alcohol and Substance Abuse, and Mental Health Protections:**

The privacy information stated in this Notice may not apply in all cases to HIV- related information, alcohol and substance abuse treatment information, mental health information, and psychotherapy notes, which have special privacy protections under particular federal and state laws.

**6) Complaints and Contact for Further Information:**

You may file a complaint with the Agency and with the Secretary of Health and Human Services in writing if you believe that your privacy rights have been violated. You may file a written complaint with the Agency by notifying Gateway Longview as follows:

New View Alliance, Inc.  
Attn: VP of Corporate Integrity  
6350 Main Street  
Williamsville, NY 14221  
(716) 783-3224

The Agency will not retaliate against you for filing a complaint.

You may also contact New View Alliance, Inc.'s VP of Corporate Integrity at the above mentioned address and/or phone number if you would like further information about matters covered by this Notice.