



EverCare Choice
31 Cerone Place
Newburgh, New York 12550
845.569.0500 [tel]
845.569.1887 [fax]

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

**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.**

A. INTRODUCTION

During the course of providing service and care to you, EverCare gathers, creates, and retains certain personal information about you that identifies who you are and relates to your past present, or future physical or mental condition, the provision of health care to you, and payment for your health care services. This personal information is characterized as your “protected health information.” This Notice of Privacy Practices describes how EverCare maintains the confidentiality of your protected health information and informs you about the possible uses and disclosures of such information. It also informs you about your rights with respect to your protected health information.

B. EVERCARE’S RESPONSIBILITIES

EverCare is required by federal and state law to maintain the privacy of your protected health information. EverCare is also required by law to provide you with this Notice of Privacy Practices that describes EverCare’s legal duties and privacy practices with respect to your protected health information. EverCare will abide by the terms of this Notice of Privacy Practices. EverCare reserves the right to change this or any future Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that it maintains, including protected health information already in its possession. If EverCare changes its Notice of Privacy Practices, it will personally deliver or mail a revised notice to you at your current address. We will also let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

C. USE AND DISCLOSURE WITH YOUR AUTHORIZATION

EverCare will require a written authorization from you before it uses or discloses your protected health information, unless a particular use or disclosure is expressly permitted or required by law without your authorization. EverCare has prepared an authorization form for you to use that authorizes EverCare to use or disclose your protected health information for the purposes set forth in the form. You are not required to sign the form as a condition to obtaining treatment or having your care paid for. If you sign an authorization, you may revoke it at any time by written notice. EverCare then will not use or disclose you protected health information, except where it has already relied on your authorization. Note that the following require your prior authorization: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures of protected health information for marketing purposes; and (3) sale of your protected health information.

D. HOW EVERCARE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

1. Permissive Disclosures

EverCare may, in its discretion, use or disclose that amount of your protected health information necessary to achieve the purpose of the disclosure without your written authorization, in the following circumstances:

a. Your Care and Treatment: Employees and Contracted Parties

EverCare may use or disclose your protected health information to any practitioners or personnel employed by or under contract with EverCare to provide you with or assist in your treatment, care and services. For example, EverCare may disclose your health information to health care providers who are involved in your care to assist them in your diagnosis and treatment, as necessary.

b. Licensing and Accreditation: Federal Agencies

EverCare may disclose your protected health information to any government agency, such as to the Federal Centers for Medicare and Medicaid Services, responsible for licensing or accrediting the Plan can carry out its oversight activities. These oversight activities include audits; civil, administrative or criminal investigations; inspections; licensure or disciplinary action; civil, administrative, or criminal proceedings or action; or other activities necessary for appropriate oversight.

c. Business Associates

EverCare may contract with certain individuals or entities to provide services on its behalf. Examples include data processing, quality assurance, legal or accounting services. EverCare may disclose your protected health information to a business associate, as necessary, to allow the business associate to perform its functions on EverCare's behalf. EverCare will have a contract with its business associates that obligate the business associates to maintain the confidentiality of your protected health information.

d. Employees

It is necessary for EverCare Choice to allow its employees to share members protected health information with one another to the extent necessary to permit them to perform their legitimate functions on EverCare's behalf. At the same time, EverCare will work with and train its employees to ensure that there are no unnecessary or extraneous communications that will violate the rights of its members to have the confidentiality of their protected health information maintained.

e. Health Care Operations

EverCare may use your protected health information for the purpose of delivering care related services. Uses and disclosures are necessary to manage and monitor our quality of services and care. For example, we may use your protected health information to review our services and to evaluate the performance of our staff in caring for you.

2. Permissive Disclosures with Medicare Record Notation

EverCare may, in its discretion, use or disclose your protected health without your written authorization where it notes in your medical record the name and address of the party receiving the information and notes the purpose for the disclosure, in the following circumstances:

a. Your Care and Treatment: Non-Contracted Parties

EverCare may use or disclose your protected health information to provide you with or assist in your treatment, care and services. For example, EverCare may disclose your health information to non-contracted health care providers who are involved in your care to assist them in your diagnosis and treatment, as necessary. EverCare may also disclose your protected health information to individuals who will be involved in your care if you leave EverCare Choice.

b. Billing and Payment

i. Medicare, Medicaid and other Public or Private Health Insurers

EverCare may use or disclose your protected health information to health insurers such as, Medicare and Medicaid, in order to bill and receive payment for your treatment and services that you receive. The information on or accompanying a bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

ii. Health Care Providers

EverCare may also disclose your protected health information to care providers in order to allow them to determine if they are owed any reimbursement for care that they have furnished to your and if so, how much is owed. EverCare will make a notation of the disclosure in you.

c. Court Order; Order of Administrative Tribunal

EverCare will disclose protected health information in accordance with an order of a court or of an administrative tribunal of a government agency.

d. Subpoena

EverCare will disclose protected health information in accordance with a valid subpoena issued by a party to adjudication before a court, an administrative tribunal, or a private arbitrator. Reasonable efforts will be made to notify you of the subpoena, or of efforts to obtain an order or agreement protecting your protected health information.

e. Law Enforcement Agencies

EverCare will disclose protected health information to law enforcement agencies in accordance with a search warrant, a court order or court-ordered subpoena, or an investigative subpoena or summons.

f. Coroner

EverCare will disclose protected health information to a coroner where the coroner requests the information to identify a decedent, determine the cause of death, or with regard to any other duty authorized by law.

g. Elder Abuse Reporting

EverCare will disclose protected health information about a member who is suspected to be the victim of elder abuse to the extent necessary to complete any oral or written report mandated by law. Under certain circumstances, EverCare may disclose further protected health information about the member to aid the investigating agency in performing its duties. EverCare will promptly inform the member about any disclosure unless EverCare believed that informing the member would place the member in danger of serious harm or would be informing the member's personal representative, whom EverCare believes to be responsible for the abuse and believes that informing such person would not be in the member's best interest.

h. National Security and Intelligence Activities, Protected Services for the Pmember and Others

EverCare will disclose protected health information about a member to authorized Federal Officials conducting national security and intelligence activities or as needed to provide protection to the member of the United States, certain other persons or Foreign Heads of States or to conduct certain special investigation.

i. Licensing and Accreditation

EverCare may disclose your protected health information to any private agency responsible for licensing or accrediting EverCare so that it can carry out its oversight activities. These oversight activities include audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight.

j. Individuals Involved in Your Care

Unless you specifically object, EverCare may disclose to a family member, other relative, a close personal friend, or to any other person identified by you, all protected health information directly relevant to such person's involvement with your care. EverCare may also disclose your protected health information to a family member, personal representative, or other person responsible for your care to assist in notifying them of your location, general condition, or death.

k. Disaster Relief

EverCare may disclose your protected health information to a public or private entity authorized to assist in disaster relief efforts.

I. Research

EverCare may disclose your protected health information for research purposes, provided that an outside Institutional Review Board overseeing the research approved the disclosure of the information without a required written authorization.

m. Medical Examiner

EverCare may disclose protected health information to a medical examiner or funeral director to allow them to carry out their duties.

n. Treatment Alternatives or Health-Related Benefits and Services

EverCare may use or disclose your protected health information to inform you about treatment alternatives or health-related benefits and services that may be of benefit or interest to you.

o. Worker's Compensation

EverCare may use or disclose your protected health information to comply with laws relating to workers' compensation or similar programs.

3. Mandatory Disclosures

EverCare will disclose protected health information to outside persons or entities without your written authorization as required by law in the following circumstances:

a. Request from Individual

EverCare will disclose protected health information to a member upon receiving a request from that individual (or that individual's representative) for disclosure of the individual's own protected health information.

b. Request from Health and Human Services

EverCare will disclose protected health information in accordance with a request from a Department of Health and Human Services official for enforcement purposes.

c. Other Disclosures Required by Law

EverCare will disclose protected health information about a member when otherwise required by law.

E. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You have the following rights with respect to your protected health information. To exercise these rights, contact EverCare at the following address:

EverCare Choice
31 Cerone Place
Newburgh, New York 12550
Attention: Corporate Compliance Officer

1. Right to Request Access

You have the right to inspect and copy your protected health information maintained by EverCare. In certain limited circumstances, EverCare may deny your request as permitted by law. However, you may be given an opportunity to have such denial reviewed by an independent licensed health care professional.

2. Right to Request Amendment

You have the right to request an amendment to your protected health information maintained by EverCare. If your request for an amendment is denied, you will receive a written denial, including the reasons for such denial, and an opportunity to submit a written statement disagreeing with the denial.

3. Right to Request Restriction

You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or health care operations, or providing notifications regarding your identity and status to persons inquiring about or involved in your care. EverCare is not required to grant your request, but if it does, it will comply with your request, except in an emergency situation or until the restriction is terminated by you or EverCare.

4. Right to Request Confidential Communications

You have the right to request that EverCare communicate protected health information to the recipient by alternative means or at alternative locations.

5. Right to an Accounting

You have the right to receive an accounting of disclosure of your protected health information created and maintained by EverCare over the six years prior to the date of your request or for a lesser period. EverCare is not required to provide an accounting of the following disclosures:

- To carry out treatment, payment, and health care operations
- To respond to your requests for access to protected health information
- To any recipient pursuant to a written authorization from the member or the member's personal representative
- To release basic information about you to persons asking for you by name or to members of the clergy
- To any recipient for nation security or intelligence purposes as required by law
- To any recipient, where such disclosure was incident to a use or disclosure otherwise permitted or required by law
- To aid in the identification or care of a member or
- To any recipient prior to April 14, 2003 or for protected health information created more than six years before the date of your request for an accounting

6. Right to Receive a Copy of the Notice of Privacy Practices

You have the right to request and receive a copy of EverCare's Notice of Privacy Practices for Protected Health Information in written or electronic form.

F. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with EverCare at the following address:

EverCare Choice
31 Cerone Place
Newburgh, New York 12550
Attention: Corporate Compliance Officer

You also have the right to submit a complaint to the Office for Civil Rights of the U.S. Department of Health and Human Services:

Jacob K. Javits Federal Building
26 Federal Plaza – Suite 3312
New York, New York 10278.
Attention: Regional Manager

EverCare will not retaliate against you if you file a complaint.

G. FURTHER INFORMATION

If you have questions about this Notice of Privacy Practices or would like further information about your privacy rights, please contact EverCare at the following address:

EverCare Choice
31 Cerone Place
Newburgh, New York 12550
Attention: Corporate Compliance Officer

The effective date of this Notice of Privacy Practices is April 14, 2003.