



NOTICE OF PRIVACY PRACTICES FOR ADDICTION TREATMENT SERVICES

Effective Date: 2/10/26

FEDERAL LAW PROTECTS THE CONFIDENTIALITY OF ADDICTION TREATMENT SERVICES PATIENT RECORDS.

This notice describes:

- How health information about you may be used and disclosed.
- Your rights with respect to your health information.
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information.

You have a right to a copy of this notice (in paper or electronic form) and to discuss it with the individuals listed below if you have any questions.

Inpatient Services Manager
Email: ChristineReppi@crouse.org
Phone: 315-413-5542

Outpatient Services Manager
Email: KatherineDishaw@crouse.org
Phone: 315-470-8366

Our Responsibilities:

Our program is required by law to maintain the privacy of records, to provide patients with notice of its legal duties and privacy practices with respect to records, and to notify affected patients following the breach of unsecured records.

We are required to abide by the terms of this notice that is currently in effect. We reserve the right to change the terms of this notice and to make the new notice provisions effective for the records we maintain. If we do revise the notice, we will post the revised notice at the Bill & Sandra Pomeroy Treatment Center and Commonwealth Place and also post a copy on our website.

How we may share your information:

We will share your treatment information among our staff as needed to provide care to you or to bill you for services. Generally however, we may not say to a person outside of your treatment that you are a patient of the program or disclose any information identifying you as a patient in our program except in the circumstances provided below.

How we may use and disclose your information without your written consent:

There are some situations when we do not need your specific written consent before using your health information or disclosing it to others. These situations are described below.

- The disclosure is made to medical personnel in a medical emergency;

- The disclosure is made to a qualified service organization (QSO) providing services on our behalf who have agreed in writing to protect your information the same way we are required to protect your information;
- The disclosure is made to law enforcement to report a crime you commit, or threaten to commit in our facility or against our staff;
- The disclosure is made to NYS Office of Children and Family Services to report suspected child abuse and neglect as required by NYS law;
- The disclosure is made to qualified personnel for research subject to the internal review board (IRB);
- The disclosure is made to qualified personnel for audit or program evaluation who (1) agree in writing to protect your information, (2) represent federal, state or local government agencies that are authorized by law to oversee our program or (3) provide financial assistance to the program or provide payment for health care;
- The disclosure is allowed by court order and that order includes a subpoena or other legal mandate requiring that we share your information. Note that records or testimony about your information cannot be shared in any civil, administrative, criminal or legislative proceedings against you unless there is specific written consent or a court order. The court order must also be accompanied by a subpoena or other legal mandate. If there is a court order, we must let you know and provide you with an opportunity to object.

How we may use and disclose your information with your written consent:

Below are some examples of how we may share your information with your consent.

- When you ask us in writing to share your information;
- When you consent to allow us to share your information outside of our program for all future treatment, payment and health care operations purposes (TPO).
 - Other organizations who receive your information with this TPO consent are required by Federal law to protect your information. These organizations may share your information without your written consent as permitted by HIPAA. However they may not re-disclose your information for civil, criminal, administrative, and legislative proceedings against you without your written consent or a court order.

All other uses and disclosures of your information not described in this notice will only be done with your written consent.

If you consent to our sharing of your information, you can change your mind and ask us not to at any time by letting us know in writing. If you change your mind, we will stop any future sharing of your information but will be unable to stop any information that has already been released. Submit your request to:

Inpatient Services Manager
 Email: ChristineReppi@crouse.org
 Phone: 315-413-5542

Outpatient Services Manager
 Email: KatherineDishaw@crouse.org
 Phone: 315-470-8366

Your Rights as a Patient in the Program:

As a patient in our program, you have certain rights with regard to your information in addition to those rights described in our HIPAA Notice of Privacy Practices:

Right to Request Privacy Protections:

You have the right to request restrictions on uses and for the purposes of treatment, payment, and health care operations, even if you previously signed a written consent for those disclosures. We will review your request but are not required to agree unless the request relates to sharing information with your insurance provider and your care has already been paid for by another source. If we agree to your request, we may still share your information where needed for emergency care, where required by law or otherwise permitted for purposes other than treatment, payment and health care operations. We may terminate a restriction if you agree to or request the termination orally or in writing.

If you were mandated to treatment through the criminal legal system (including drug court, probation or parole) and you signed a consent authorizing disclosure to elements of the criminal legal system such as the court, probation officers, parole officers, prosecutors or other law enforcement, you have the right to revoke the consent however, it may be limited to what and how much may be revoked.

Right to an Accounting of Disclosures:

You have a right to request an accounting of disclosures which identifies information we have shared with others. In addition, if you provide consent to share your information through a health information exchange, care management organization, or other intermediaries, you have the right to a list of disclosures by the intermediary. Of note, any disclosures made for treatment, payment and health care operations would only be included on the accounting of disclosures if they were made through an electronic medical record.

You may obtain one accounting listing within every 12-month period without charge. We may charge for additional requests within the same 12-month period, but we will let you know in advance. To request an Accounting of Disclosures, please submit your request to:

Release of Information Department
Crouse Hospital
736 Irving Avenue
Syracuse, NY 13210

Additional Rights:

You have the right to obtain a paper or electronic copy of this notice. This notice is also posted on our website at <https://www.crouse.org/>.

You have the right to discuss this notice with staff in our program.

We may use or disclose your records for fundraising only after we have provided you with an opportunity to choose not to receive fundraising communications.

How to File a Complaint:

You have the right to file a complaint if you believe an improper use or disclosure has occurred or your privacy rights have been violated. We will not retaliate against you for filing a complaint.

Complaints can be submitted to:

Crouse Guest Services
Patient Experience Department
Crouse Hospital
736 Irving Avenue
Syracuse, NY 13210
315-470-7087

Crouse Addiction Treatment Services

Inpatient Services Manager

ChristineReppi@crouse.org

315-413-5542

Outpatient Services Manager

KatherineDishaw@crouse.org

315-470-8366

US Department of Health and Human Services (HHS) Office of Civil Rights

200 Independence Avenue, S.W., Washington, D.C. 20201

www.hhs.gov/ocr/privacy/hipaa/complaints

1-877-696-6775

NYS Justice Center for the Protection of People with Special Needs

<https://www.justicecenter.ny.gov/contact-us>

1-855-373-2122

New York State Office of Addiction Services and Supports (OASAS) Patient Advocacy

<https://oasas.ny.gov/>

1-800-553-5790