



MASONIC CARE COMMUNITY  
of New York

## **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.***

### **OUR COMMITMENT TO PRIVACY**

The Masonic Care Community of New York is committed to safeguarding the privacy of your protected health information. The Masonic Care Community of New York also upholds privacy protections for your protected health information to include your substance use disorder patient records to the extent we have or maintain such records as required by applicable law, including under 42 CFR Part 2 (see further below). This Notice tells you about the ways in which we may use and disclose protected health information about you. It also describes your privacy rights and certain obligations we have regarding the use and disclosure of your protected health information.

For purposes of this Notice, the term “Masonic Care Community of New York” encompasses the Masonic Care Community of New York Health Pavilion, the Wiley Hall Residential Adult Care Facility, the Acacia Certified Home Care Company, and the Acacia Licensed Home Care Company, each of which is required to abide by the terms of this Notice. This Notice applies to all Masonic Care Community of New York records that contain your protected health information, including medical records and billing records, in whatever form those records may be maintained, whether on paper or by electronic means. Protected health information may also include photographs, videotapes, digital images, or other images that record or document

your care and treatment. This Notice also applies to all protected health information that we receive from other health care providers.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have certain rights concerning the information that your health record at the Masonic Care Community contains.

- **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your protected health information, including information maintained in our medical and billing records. If you request a copy of your protected health information, we may charge a reasonable fee for the costs of copying. The standard fee is \$0.75 per page for paper copies.

Under certain circumstances, we may deny your request to inspect or obtain a copy of your protected health information. If your request for inspection is denied, we will provide you with a written notice explaining our reasons for such denial, and will include a description of your rights to have the decision reviewed and how you can exercise those rights.

- **Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask the Masonic Care Community of New York to amend the information.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. Your request should include the reason(s) why you believe we should amend your information. We will respond to your request for amendment no later than 60 days after the receipt of your request.

If we deny your request for an amendment we will provide you with a written notice that explains our reasons. You will have the right to submit a written statement disagreeing with our denial. You will also be informed of how to file a complaint with us or with the Secretary of the Department of Health and Human Services.

- **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of disclosures the Masonic Care Community of New York has made of your protected health information, except for the following:
- Disclosures to carry out treatment, payment, and health care operations;
  - Disclosures made to you;
  - Disclosures in accordance with an authorization you signed;
  - Disclosures made in a facility directory or to persons involved in your care;
  - Disclosures for national security or intelligence purposes;
  - Disclosures to correctional institutions or law enforcement officials;
  - Disclosures made before April 14, 2003
  - Disclosures to your family or friends involved in your care or payment for your care; and
  - Incidental to permissible uses or disclosures.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state the time period for which you are requesting an accounting of disclosures, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request will be free. If you request additional lists within 12 months, we will

charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before costs are incurred. We will respond to your request for an accounting of disclosures within 60 days.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, like a family member or friend. If you request a restriction on disclosure of your identifiable information to a health insurer or other health plan for purposes of payment or health care operations, we are required to honor that request only if (a) the disclosure is not otherwise required by law, and (b) the information pertains only to items or services for which our organization has been paid in full by you or someone else on your behalf. We are not required to agree to your request for any other restriction on use or disclosure. If we do agree, we will limit the disclosure of your protected health information unless the information is needed to provide you with emergency treatment or to comply with the law.

To request restrictions on disclosures, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- **Right to Request Confidential Means of Communication:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

To request a confidential means of communication, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your requests must specify how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.

- **Right to Receive a Paper Copy of This Notice:** You have the right to request a paper copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this notice at our website, [www.masoniccommunityny.org](http://www.masoniccommunityny.org). To obtain a paper copy of this Notice, please ask any staff member.
- **Right to Breach Notification:** You have the right to be notified of a breach of your unsecured protected health information as well as Part 2 records we may hold, with a few limited exceptions. A breach is defined as unauthorized acquisition, access, use, or disclosure of your protected health information in a manner not permitted, unless there is a low probability that the privacy or security of your protected health information has been compromised. As required by applicable law, we will notify affected individuals following a breach of unsecured protected health information.
- **Your Rights Under 42 CFR Part 2:** You have the right to request specific restrictions on certain uses and disclosures of your substance use disorder patient records under applicable law, to include under 42 CFR Part 2, to include disclosures for treatment, payment or health care operations purposes and to request restriction on disclosures to your health plan when services are paid in full by you. You may also request an accounting of disclosures that have been made without your

consent. You have the right to request an accounting of disclosures of your substance use disorder patient records made during the three years prior to your request including the right to a list of disclosures made by an intermediary. You have the right to file a complaint directly with the Secretary of Health and Human Services for an alleged violation of 42 CFR Part 2, and you may also concurrently file a complaint with the Part 2 program from which we received your records. In addition, you have the right to obtain a copy of this section of the Notice in either electronic or paper form. If you have questions or would like to discuss this Notice further, you may contact our Privacy Officer to arrange a conversation.

## **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

The following categories describe ways in which the Masonic Care Community of New York may use and disclose your protected health information. The examples given below are illustrative, and are not meant to be exhaustive.

- **Treatment:** The Masonic Care Community of New York may use protected health information to provide you with medical treatment or services. We may disclose protected health information about you to physicians, nurses, technicians, aides, therapists, health care trainees, or other personnel who are involved in your care and treatment in the Masonic Care Community of New York. We may also disclose protected health information about you to health care providers outside of the Masonic Care Community of New York who are involved in your care or treatment. For example, we may disclose your protected health information to your physician or a pharmacy for purposes of treating you after you are discharged. We may also share your protected health information with other providers in

order to coordinate services, such as lab work and x-rays. The Masonic Care Community of New York Health Pavilion, the Wiley Hall Residential Adult Facility, the Acacia Certified Home Care Company, and the Acacia Licensed Home Care Company, as components of the Masonic Care Community of New York, will share protected health information with each other as necessary to carry out treatment, payment, and healthcare operations.

- **Family Members:** Unless you tell us that you object, health care professionals within Masonic Care Community of New York, using their professional judgment, may disclose your protected health information to a family member, a close friend, or another individual who is involved in your care or in payment for your care, to the extent that the information is relevant to that person's involvement. Exceptions may apply to the age of majority. Not all minor patient information may be shared with parents without express consent from the minor patient.
- **Appointment Reminders and Follow-Up Calls:** We may use or disclose your protected health information to contact you with a reminder that you have an appointment for treatment or medical care. We may also call to follow up on care you received from us, or to tell you of test results, or to confirm an appointment with us or with another health care provider.
- **Payment:** The Masonic Care Community of New York may use and disclose protected health information in order to bill and collect payment for the services and items you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits, and we may disclose protected health information to your health insurer in order to obtain payment for services, to obtain prior approval, or to determine whether your plan will cover the treatment or service.

- **Health Care Operations:** We may use and disclose protected health information in order to conduct our normal business operations as a health care provider. For example, we may use your protected health information to review the treatment and services provided, to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you. We may also disclose protected health information to other companies that perform business services for us, such as billing companies, technology and software vendors, attorneys, or external auditors, but only under a written agreement that protects the privacy of your protected health information.
  
- **Treatment Alternatives or Other Health-Related Benefits:** We may use and disclose protected health information to tell you about possible treatment alternatives or health-related benefits or services that may be of interest to you.
  
- **Fundraising:** We may use certain types of information about you, on a minimum necessary basis, in order to contact you for the purpose of fundraising efforts that support our operations. The information that we may use for fundraising purposes is limited to: demographic information relating to you (names, addresses, other contact information, gender, age, and birth date); health insurance status; dates of health care provided to you; and information on department of service, treating physician, and outcome of care. We may also share this information with a charitable foundation that raises funds on our behalf. You have the right to opt out of receiving fundraising communications. In any fundraising materials that we send you, we will clearly tell you how to opt out of receiving any further fundraising communications.

- **Directory Information:** We may include certain limited information about you in the facility directory while you are a resident at the Masonic Care Community of New York. This information may include your name, location in the facility, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. This is so your family, friends and clergy can visit you at the Masonic Care Community of New York and generally know how you are doing. Your religious affiliation may be given to a member of the clergy, such as a priest or minister, even if the clergy member does not ask for you by name. If you object to being included in the facility directory, please notify:

Masonic Care Community of New York;  
Privacy Officer  
2150 Bleecker Street  
Utica, NY 13501  
(315) 798-4888

- **Individuals Involved in Your Care or Payment for your Care:** Health professionals at the Masonic Care Community of New York, using their professional judgment, may disclose to a family member, other relative, a close personal friend, or any other individual who is involved in your care or in payment for your care the information that is relevant to that person's involvement in your health care or in payment for your care.
- **Emergencies:** The Masonic Care Community of New York may use or disclose protected health information in emergency situations if an opportunity to object to such uses and disclosures cannot practicably be provided because of your incapacity or an emergency circumstance.

- **As Required By Law:** The Masonic Care Community of New York will use or disclose protected health information to the extent that such use or disclosure is required by federal, state or local laws. For example, the Masonic Care Community is required to comply with lawfully issued government agency directives, court orders, and subpoenas.
  
- **Public Health Risks:** We may use or disclose protected health information to authorized public health officials so they may carry out public health activities. For example, we may disclose your protected health information to public health officials for the following reasons, in accordance with law:
  - To prevent or control disease, injury or disability;
  - To report vital events such as deaths;
  - To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a communicable disease; or
  - In relation to quality, safety or effectiveness of FDA-regulated products or activities.
  
- **To Avert Serious Threat to Health or Safety:** The Masonic Care Community of New York may use or disclose protected health information, if in good faith, we believe that it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and the disclosure is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat; or it is necessary for law enforcement authorities to identify or apprehend an individual.
  
- **Victims of Abuse, Neglect, or Domestic Violence:** The Masonic Care Community of New York may disclose protected health information to government authorities, including a social service or protective services agency, authorized by law to receive

reports of abuse, neglect or domestic violence. For example, we may report your protected health information to the extent allowed by law to government officials if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. We will make efforts to obtain your permission before making such a disclosure, except under circumstances where we are required or authorized to act without your permission.

- **Health Oversight Activities:** We may disclose your protected health information to a health oversight agency for activities authorized by law, such as monitoring of the operation of the health care system, government benefits programs, and compliance with government regulatory programs. Such oversight activities may include audits; civil, criminal, or administrative investigations or actions; inspections; and licensure or disciplinary actions.
- **Workers' Compensation:** The Masonic Care Community of New York may, in accordance with law, disclose protected health information for workers' compensation or other similar programs that provide benefits for work-related injuries or illnesses.
- **Disclosures to Schools:** Student immunization information may be disclosed to a school without written authorization if state law requires the school to have immunization records and the patient or personal representative's written or oral agreement is documented.
- **Lawsuits and Legal Proceedings:** The Masonic Care Community of New York may use or disclose your protected health information in response to a court or administrative agency order, if you are involved in a lawsuit or similar proceeding. We also may disclose your protected health information in response to a subpoena or other lawful process by another party involved

in the dispute, but only if we have received satisfactory assurances from the party requesting the information that reasonable efforts have been made to inform you of the request, or a qualified protective order has been obtained.

- **Substance Use Disorder Patient Records:** To the extent we have or maintain your substance use disorder patient records, subject to 42 CFR Part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.
  
- **Law Enforcement Purposes:** The Masonic Care Community of New York may disclose your protected health information to law enforcement officials for reasons such as the following:
  - In response to court orders, warrants, subpoenas, or similar legal process;
  - To assist law enforcement officials with identifying or locating a suspect, fugitive, material witness, or missing person;
  - If you have been or are suspected of being a victim of a crime and you agree to the disclosure, or if we are unable to obtain your agreement because of your incapacity or other emergency.
  - If we suspect that a death resulted from criminal conduct;
  - To report evidence of criminal conduct that occurred on the premises of the Masonic Care Community of New York;
  - In an emergency, to report a crime, including the location or victims of the crime, or the identity, description or location of the perpetrator, to the extent allowed by law.
  
- **Specialized Government Functions:** The Masonic Care Community of New York may use and disclose protected health information regarding:
  - Military and veteran activities;

- Intelligence, counter-intelligence, and other national security activities authorized by law;
  - Protective services for the President, to foreign heads of state, or to other persons authorized by law; or
  - As to inmates, to a correctional institution or law enforcement official having lawful custody of the individual.
- **Coroners, Medical Examiners and Funeral Directors:** The Masonic Care Community of New York may disclose protected health information to a coroner, or a medical examiner, as necessary to carry out their duties, as authorized by law. We may also release protected health information to funeral directors as necessary to carry out their duties.
- **Organ, Eye, or Tissue Donation Purposes:** The Masonic Care Community of New York may use or disclose protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes or tissues for donation and transplantation.
- **Incidental Disclosures:** Be advised that unintended, incidental uses or disclosures of your information may occur as a result of a permissible or required use or disclosure of your protected health information. For example, during the course of your treatment, other patients in the area may see or overhear discussion of your health information despite our use of reasonable safeguards to protect against this.
- **Research:** In most cases, we will ask for your written authorization before using or disclosing your protected health information to conduct research. However, in limited circumstances we may use or disclose protected health information without authorization if:

- The use or disclosure was approved by an Institutional Review Board or a Privacy Board, and we obtain representations from the researcher that the information is necessary for the research protocol, protected health information will not be removed from the Masonic Care Community of New York, and the information will be used solely for research purposes; or
- The protected health information sought by the researcher relates only to decedents and the researcher agrees that the use or disclosure is necessary for the research.
- When identifiers are removed to protect your identity, the resulting de-identified information is not considered protected under privacy regulations. We may responsibly use or share this information to support research and healthcare initiatives, ensuring your privacy is respected.

➤ **Reproductive Health Care Disclosures:** We may use or disclose your protected health information in connection with reproductive health care services. For the purposes of this Notice, reproductive health care includes services that affect the reproductive system and its functions. This may include, but is not limited to, contraception (including emergency contraception), preconception screening and counseling, pregnancy-related care such as prenatal services, miscarriage management, treatment for preeclampsia, pregnancy-related hypertension, gestational diabetes, and pregnancy termination. It may also include fertility and infertility services, including assisted reproductive technologies like IVF; treatment for conditions such as perimenopause, menopause, endometriosis, and adenomyosis; and other diagnostic or treatment services related to reproductive health, such as mammography. Subject to applicable law, we may not use or disclose your protected health information pertaining to Reproductive Health Care for the following prohibited intents: (a) Conducting criminal, civil, or

administrative investigations or imposing legal penalties solely due to seeking, obtaining, providing, or facilitating reproductive health care where such health care is lawful under the circumstances in which it is provided; (b) Identifying any person for the purpose of conducting such investigation or imposing such liability.

## **CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS**

This section addresses additional privacy considerations under 42 CFR Part 2 concerning the Confidentiality of Substance Use Disorder Patient Records to the extent Masonic Care Community of New York holds or maintains your substance use disorder patient records. These rules provide heightened privacy protections for records related to your treatment for substance use disorders and outline the conditions under which these records can be shared. Under 42 CFR Part 2 regulations, you may provide a single consent for all future uses and disclosures of your substance use disorder patient records for treatment, payment, and health care operations. In accordance with 42 CFR Part 2, we may use or disclose your substance use disorder treatment records without your written consent only under specific, limited circumstances, including:

- **Medical Emergencies.** We may disclose your records/information as necessary to address a bona fide medical emergency when obtaining prior written consent is not possible.
- **Court Orders.** We may disclose your records/information as specifically directed by a court order that complies with the requirements of 42 CFR Part 2.
- **Research.** We may disclose your records/information for research purposes without your written consent if the disclosure meets applicable law to include the regulatory conditions set forth under applicable privacy laws.

- **Audit and Evaluation.** We may disclose your records/information to authorized government agencies or qualified third parties for audit or program evaluation activities.
- **Public Health Activities.** We may disclose your substance use disorder treatment records to public health authorities without your consent, provided that the records disclosed are de-identified according to the standards established in the HIPAA Privacy Rule.
- **Crimes on Premises or Against Personnel.** We may disclose information related to crimes committed on our premises or against our personnel or threats to commit such crimes.
- **Child Abuse/Neglect.** We may disclose your substance use disorder records when it is necessary to report incidents of suspected child abuse or neglect to the appropriate state or local authorities.

Your written consent is required for Masonic Care Community of New York to use or disclose your substance use disorder patient records for any other purpose, including:

- **Treatment, Payment, and Health Care Operations.** Under 42 CFR Part 2, you may provide a single consent that covers all future uses and disclosures of your substance use disorder patient records for treatment, payment, and health care operations. Once you provide this consent, HIPAA covered entities and business associates that receive your records may redisclose them in accordance with applicable law, to include HIPAA regulations. You have the right to revoke this consent at any time in writing.
- **Disclosure to a Designated Person or Entity.** We may disclose your records to a person or entity you specifically identify in a valid form of consent.
- **Legal and Other Proceedings.** If we have or maintain substance use disorder patient records about you, subject to 42 CFR Part 2,

we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed. Consent for proceedings cannot be combined with consent for any other use or disclosure.

- **Fundraising Communications.** We may contact you for fundraising efforts, but you can tell us not to contact you again. If we hold or maintain your substance use disorder patient records, subject to 42 CFR Part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.
- **Substance Use Disorder Counseling Notes.** Substance use disorder counseling notes are notes recorded by an SUD clinician analyzing the conversation in an SUD counseling session that the clinician voluntarily maintains separately from the rest of your SUD treatment and medical record. These notes require a separate, specific consent for disclosure and cannot be disclosed based on a general treatment, payment, and health care operations consent. Exceptions to this consent requirement include use by the provider who created them for treatment, use in training programs, or disclosure as necessary for legal defense or as directed by a court order under 42 CFR Part 2.

## **OUR OTHER OBLIGATIONS**

The Masonic Care Community of New York also has the following obligations in relation to your protected health information:

- **Written Authorization for Other Disclosures:** Uses and disclosures of your protected health information that are not described in this Notice will be made only with your written

authorization. We are required to obtain your written authorization for certain special uses and disclosures of your PHI, such as:

- use or disclosure of protected health information for certain marketing purposes, and
- a use or disclosure that would constitute a sale of your protected health information.

If you provide us with a written authorization for use or disclosure of your protected health information, you make revoke your authorization at any time in writing. To revoke an authorization, you must contact the Privacy Officer in writing at the address shown in this Notice. After you revoke an authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization; however, disclosures that were made while the authorization was in effect will not be taken back.

- **Notification of Breach:** We are required to notify affected individuals if a breach of unsecured protected health information or Part 2 program records that we may have occurs.

### **CHANGES TO THIS NOTICE**

The Masonic Care Community of New York reserves the right to revise the terms of this Notice of Privacy Practice. Any changes to this Notice will be effective for all records that the Masonic Care Community of New York has created or maintained in the past, for any of your records that we may create or maintain in the future.

If we make any changes to our Notice of Privacy Practices, the revised notice will be available to you on request, and posted on our website, [www.masoniccommunityny.org](http://www.masoniccommunityny.org). If we make a major

change that affect the use and disclosure of your protected health information, your rights, our duties, or our privacy practices, you will be informed in accordance with law. In addition, a copy of our current Notice is posted in a clearly visible, prominent location at the Masonic Care Community of New York at all times. You may request a copy of our most current Notice at any time.

## HEALTH INFORMATION EXCHANGE NETWORKS

Masonic Care Community of New York and/or its provider entities may participate in one or more health information exchanges (HIEs) with health information exchange networks to include Regional Health Information Organizations (RHIOs). As permitted by law, your health information may be shared with such organizations/exchanges for purposes of treatment, payment, health care operations and/or other lawful purposes. This will also allow for providing faster access, better coordination of care and assisting providers, hospital systems and public health officials in making informed decisions regarding your care. For healthcare providers to access the HIE to view your health information, you must provide your consent. Without your consent, providers will only be able to access your information through the HIE in life threatening emergencies. As a business associate, HIEs would be subject to HIPAA's privacy and security requirements.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Masonic Care Community of New York or with the Secretary of the Department of Health and Human Services. To file a complaint with the Masonic Care Community of New York, contact:

Masonic Care Community of New York;

Privacy Officer  
2150 Bleecker Street  
Utica, NY 13501  
Telephone: (315) 798-4888  
(800) 322-8826

Submitting a complaint to the Masonic Care Community of New York or to the Secretary of the Department of Health and Human Services will not affect your status as a resident of the Masonic Care Community of New York. The Masonic Care Community of New York will not retaliate against you in any way for filing a complaint.

**FOR FURTHER INFORMATION**

If you have any questions about this Notice of Privacy Practices, please contact the Privacy Officer.

Effective Date: April 14, 2003

Revised Dates: June 08, 2004  
May 15, 2012  
September 23, 2013  
February 23, 2026