



# NOTICE OF PRIVACY PRACTICES

## Your Rights. Our Responsibility.

This notice describes how information about you may be used and disclosed by Covenant House New York (CHNY) and how you can get access to this information.

**Please review this carefully.**

### Private Information

There are two different kinds of private information:

- Protected Health Information (PHI): any health information related to the past, present, or future health or healthcare of an individual that allows that individual to be identified.
- Personally Identifiable Information (PII): any personal information that we maintain about an individual that allows for the identification of that individual, including but not limited to a person's name, date of birth, Social Security number, driver's license or non-driver photo identification card number, banking or other financial services account numbers or codes, and photos or video.

**Why do we collect private information about you?**

- To help treat you and provide you services,
- To help us run our programs, and
- When it is required by law or by an organization that gives us money to run our programs.

**How do I give permission for my information to be shared?**

- We can use and disclose your private information with your written permission. CHNY staff will help you fill out the appropriate authorization or release form.
- Special rules for HIV/AIDS, mental health, and alcohol/drug use information:
  - New York State requires special authorizations to release this kind of information. Even if you want CHNY to disclose other private information about you, you can choose not to allow this kind of information to be disclosed. If you

decide to disclose this kind of information, the person receiving this information cannot re-disclose the information without your permission, unless permitted by law.

### **When might we share your private information without your written permission?**

- To treat you: staff in different CHNY departments and healthcare providers can share information with each other to coordinate your care and services.
- Payment: our health and mental health departments bill health insurance for services.
- CHNY operations (to run our programs):
- Administrative functions: legal proceedings, audits, personnel (staffing), oversight and management functions.
- To improve services for our clients and to better understand the needs of the people we serve.
- To create anonymous information (information that doesn't identify you).
- If disclosing information would prevent or lessen a threat to the health and safety of you, someone else, or the public.
  - Examples of this are to prevent disease, to report adverse reactions to medications, and situations where you or others are in danger. If we disclose this information we will disclose the bare minimum amount of information.
- If CHNY staff believes that someone is a victim of abuse or neglect.
- If a criminal act is committed by you on CHNY property, CHNY staff may be required to cooperate with the authorities and disclose pertinent information regarding the criminal act, which may involve your private information.
- We may share information about you in response to a court or administrative order, or in response to a subpoena.
- If you sue CHNY, CHNY is allowed to disclose information about you that is related to the lawsuit.
- If we disclose information about you, we will let you know, unless doing so would place you at risk of harm or would not be in your best interest.

## **Other Uses and Disclosures**

We will not use or share your information other than as described here unless you tell us we can, in writing. If you tell us we can share your information, you may change your mind at any time. If you change your mind, you can let us know, in writing, and CHNY staff can help you with this.

## What Are Your Rights?

### You have the right to:

- Ask us to limit what we use or share.
- Request to inspect your client or medical record.
- Request a copy of your client or medical record.
- Have any information that you do not understand explained to you.
- Request to correct data that you believe is incorrect or incomplete.
- If we agree that the information is inaccurate or incomplete, we may delete it or choose to mark it as inaccurate or incomplete and to supplement it with additional information.
- Ask questions or make complaints about our privacy and security policies. Our Privacy Officer is Jenn Strashnick who can be reached at (212) 613-0309 or [jstrashnick@covenanthouse.org](mailto:jstrashnick@covenanthouse.org).
- Ask us to contact you in a specific way or to send mail to a different address.
- Ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make).
- Receive a paper copy of this privacy notice.

### What happens if someone receives my private information who is not supposed to have it (a breach)?

- CHNY takes your privacy and the security of electronic information about you seriously. If a breach occurs that may have compromised the privacy or security of your information, we will promptly notify you.

## Program-Specific Policies:

Certain CHNY programs must use or share your information in the following circumstances:

- **New Covenant and Transitional Housing – Rapid Re-Housing (TH-RRH):**
  - The United States Department of Housing and Urban Development (HUD) funds these programs and requires us to comply with the New York City Continuum of Care (CoC) rules. The CoC requires its programs to upload private information about our clients into the Homeless Management Information System (HMIS).
  - Information in HMIS is shared with NYC Department of Social Services (DSS), Federal Homeless Policy and Reporting unit (FHPR), the “HUD CoC unit”. This agency is required to maintain the confidentiality of the data and has a privacy

policy that is available to the public at this website:

<http://www.nyc.gov/html/dhs/html/home/home.shtml>

- If you have a question or complaint that you feel has not been addressed by us, you may take your concerns to the Grievance Committee of the CCoC. More information about this Committee can be found at [www.NYCHomeless.com](http://www.NYCHomeless.com).
  
- **Shelter and Rights of Passage (ROP):**
  - The NYC Department of Youth and Community Development (DYCD) requires CHNY to upload private information, including demographic information and details about the services you receive while in these programs, to their electronic Participant Tracking System (PTS).
  - However, we do not release information about physical health or mental health services you receive without a signed HIPAA release from you.
  
- **Family Covenant:**
  - The New York City Department of Health and Mental Hygiene (DOHMH) requires CHNY to upload private information, including demographic information, housing status and other details of your participation in the program to their electronic TMS system. Information sent to DOHMH is based on information collected at program intake and at 6-month intervals during your participation in the program.

## Changes to the Terms of This Notice

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Effective Date of Notice: 4/1/2020