

NOTICE OF PRIVACY PRACTICES

NEW YORK CITY FIRE DEPARTMENT WORLD TRADE CENTER HEALTH PROGRAM [“WTC”]

Effective 12/31/2014 (reviewed and revised 7/1/2022)

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 is provided to you to meet a requirement of the Health Insurance Portability & Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This Notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our Practice except when the release is required or authorized by law or regulation.

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE – You will be asked to provide a signed acknowledgment of receipt of this Notice. You do not have to sign the acknowledgement in order to receive care at the WTC Health Program. If you don’t sign the acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information only in ways that are allowed by law and do not require your authorization.

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION - “Protected health information” is individually identifiable health information and includes demographic information (for example, age, address, etc.), and relates to your past, present or future physical or mental health or condition and related health care services and payment for that care. WTC Health Program is required by law to do the following: (1) keep your protected health information private; (2) present to you this Notice of our legal duties and privacy practices related to the use and disclosure of your protected health information; (3) follow the terms of the Notice currently in effect; (4) post and make available to you any revised Notice; and (5) notify affected individuals following a breach of unsecured protected health information.

The Notice’s effective date is at the top of the first page. We reserve the right to revise this Notice and to make the revised Notice effective for health information we already have about you as well as any information we receive in the future. If we do change this Notice, the new Notice will be provided to you and posted on our website, www.nyc.gov/fdny.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION-Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

Required Uses and Disclosures – Upon request, we must disclose your health information to you unless it has been determined by a health care professional that it would be harmful to you. In such cases, we may disclose a summary of your health information to certain of your authorized representatives specified by you or by law. We must also disclose health information to the Secretary of the U.S. Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information. We will also disclose medical information about you when required to do so by federal, state or local law.

Treatment - We will use and disclose your protected health information to provide, coordinate or manage the treatment of your WTC related health conditions. This includes the coordination or management of your WTC-related health conditions with a third party. For example, we may disclose your protected health information from time to time to another physician or other Non-Clinical Center healthcare provider or pharmacy for the provision of authorized WTC-related health services who becomes involved in your care. In emergencies, we will use and disclose your protected health information to provide the treatment you require.

Payment - Your protected health information will be used, as needed, to obtain payment from the National Institute for Occupational Safety and Health of the DHHS (NIOSH/DHHS) for your WTC-related health care services. This may include certain activities, such as determining eligibility or coverage for benefits, that we may need to undertake before NIOSH/DHHS approves or pays for the health care services provided to you. For example, obtaining approval for a treatment regimen might require that your protected health information be disclosed to NIOSH/DHHS to verify that the treatment is for a WTC-related condition.

Health Care Operations - We may use or disclose, as needed, your protected health information to support our provision of WTC-related health care treatment. These activities include operation and administration or oversight of the WTC Health Program, billing, collection, quality assurance and quality improvement. For example, we may disclose your protected health information to a WTC Health Program administrator to determine if you meet the WTC Health Program eligibility requirements. We may call you by name in the waiting room when the WTC Health Program Personnel is ready to see you. We will share your protected health information with other persons or entities who perform various activities for the WTC Health Program. These business associates of the WTC Health Program are also required by law to protect your health information.

Public Health - We may disclose your protected health information to a public health authority who is authorized by law to collect or receive health information. For example, the disclosure may be necessary to prevent or control disease, injury or disability; report to the various state Tumor Registries and National Death Registry, to which any Clinical Center is mandated to report; or report reactions to medications or problems with medical products.

Communicable Diseases - We may disclose your protected health information, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight - We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, or other regulatory programs.

Food and Drug Administration - We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events or enable product recalls.

Legal Proceedings - We may disclose protected health information during any judicial or administrative proceeding in response to an order of a court or administrative tribunal, a subpoena, discovery request, or other lawful process.

Law Enforcement - We may disclose protected health information for law enforcement purposes, including information to assist in identification of a suspect, fugitive, material witness, missing person, or a victim of a crime; in the case of a death we believe may be the result of criminal conduct; in the case of a crime occurring at our facility; and to report a crime in an emergency, the location of the crime or victims, the identity, description, or location of the person who committed the crime.

Medical Examiners, Funeral Directors, and Organ Donations - We may disclose protected health information to medical examiners or coroners for identification to determine the cause of death or for the performance of other duties authorized by law. We may also disclose protected health information to funeral directors as authorized by law. Protected health information may be used and disclosed for cadaver organ donations.

Research - We may disclose protected health information to researchers when authorized by law, for example, if their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Threat to Health or Safety - We may disclose your protected health information when necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected

health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security – Under certain circumstances, we may use or disclose protected health information of individuals who are Armed Forces personnel for activities believed necessary by appropriate military command authorities to ensure the proper execution of the military mission, including determination of fitness for duty; or to a foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information, under specified conditions, to authorized Federal officials for conducting national security and intelligence activities including protective services to the President or others.

Workers' Compensation – We may disclose your protected health information to comply with workers' compensation laws and similar government programs.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION - In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Following are examples in which your agreement or objection is required.

Individuals Involved in Your Health Care - Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. Additionally, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death. If you should become deceased, we may disclose your protected health information to a family member or other individual who was previously involved in your care, if the disclosure is relevant to that person's prior involvement, unless doing so is inconsistent with your preference that you have expressed to us in writing. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION - You may exercise the following rights by submitting a written request to our Privacy Officer. Our Privacy Officer can guide you in pursuing these options. Please be aware that the WTC Health Program may deny your request; however, in most cases you may seek a review of the denial.

Right to Inspect and Copy - You may inspect and/or obtain a copy of your protected health information that is contained in a "designated record set" for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that the WTC Health Program uses for making decisions about you. This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. You will be charged a fee for a copy of your record and we will advise you of the exact fee at the time you make your request. We may offer to provide a summary of your information and, if you agree to receive a summary, we will advise you of the fee at the time of your request.

Right to Request Restrictions - You may ask us not to use or disclose any part of your protected health information for treatment, payment or health care operations. In your request, you must tell us: (1) what information you want restricted; (2) whether you want to restrict our use or disclosure, or both; (3) to whom you want the restriction to apply; and (4) an expiration date. We are not required to agree to your request if we cannot reasonably accommodate the request. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment. We cannot comply with a request to withhold your protected health information from NIOSH/DHHS, which reserves the right to obtain access to WTC Health Program information. You may revoke a previously agreed upon restriction, at any time, in writing.

Right to Request Alternative Confidential Communications - You may request that we communicate with you using alternative means or at an alternative location.

We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

Right to Request Amendment - If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

Right to an Accounting of Disclosure - You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than treatment, payment or health care operations as described in this Notice and excludes disclosures made directly to you, to others pursuant to an authorization from you, to family members or friends involved in your care, or for notification purposes. The accounting will only include disclosures made no more than 6 years prior to the date of your request, except as otherwise provided with respect to an electronic health record.

Rights Related to an Electronic Health Record – If we maintain an electronic health record containing your protected health information, you have the right to obtain a copy of that information in an electronic format and you may choose to have us transmit such copy directly to a person or entity you designate, provided that you communicate your request in writing. You may request that we provide you with an accounting of the disclosures we have made of your protected health information (including disclosures related to treatment, payment and health care operations) contained in an electronic health record for no more than 3 years prior to the date of your request (and depending on when we acquired an electronic health record).

Right to Obtain a Copy of this Notice - You may obtain a paper copy of this Notice from us, view or download it electronically at the New York City Fire Department's website at www.nyc.gov/fdny, or, if you agree, by email.

Special Protections - This Notice is provided to you as a requirement of HIPAA. Other privacy laws apply to HIV-related information, mental health information, psychotherapy notes, genetic and substance abuse information. These laws have not been superseded and have been taken into consideration in developing our policies and this Notice.

Complaints - If you believe these privacy rights have been violated, you may file a written complaint with our Privacy Officer or with the U.S. Department of Health and Human Services' Office for Civil Rights (OCR). We will provide the address of the OCR Regional Office upon your request. No retaliation will occur against you for filing a complaint.

CONTACT INFORMATION -

If you have any questions or you would like to exercise any of the privacy rights set forth in this Notice, or file a complaint, please contact HIPAA Privacy Officer:

Via Mail: FDNY HIPAA Privacy Officer Office of Health Care Compliance, FDNY Headquarters, 8th Floor 9 Metro Tech Center Brooklyn, NY 11201-3857.

Via Phone: FDNY Compliance & Privacy Hotline 1-877-FDNY NYC (1-877-336-9692)

Via e-mail: HealthCareCompliance@fdny.nyc.gov.