Joint Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED, DISCLOSED AND ACCESSED. PLEASE REVIEW IT CAREFULLY.

Commitment to Privacy
VNS Health is committed to protecting the privacy and confidentiality of your protected health information (PHI). As required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, We will only use or disclose your PHI as described in this Notice. We maintain administrative, technical, and physical safeguards designed to protect the confidentiality, integrity, and security of your PHI, in accordance with applicable federal and New York State law.

Who Follows this Notice?
This Notice is followed by the health care providers and health plans listed below:

VNS Health Behavioral Health, Inc. (d/b/a VNS Health Behavioral Health)	**Visiting Nurse Service of New York Hospice Care (d/b/a VNS Health Hospice Care)**
VNS CHOICE (d/b/a VNS Health Health Plans)	**New Partners, Inc. (d/b/a VNS Health Personal Care)**
Visiting Nurse Service of New York Home Care II (d/b/a VNS Health Home Care)	**Medical Care at Home, P.C.**

Each health care provider and health plan listed above participates in the VNS Health Organized Health Care Arrangement (the VNS Health OHCA, We, or Us). The VNS Health OHCA was formed for the primary purpose of improving the quality of our care. As such, the members of the OHCA (including their workforce, business associates, and certain Substance Use Disorder (SUD) service subcontractors) must follow this Notice. We may only use or disclose your PHI as described in this Notice, unless you give Us permission to do otherwise in writing, at the address provided below.

Members of the VNS Health OHCA may also use and share between each other, your PHI to manage joint operational activities including treatment, payment, and health care operations. Please note that this Notice does not alter the independent corporate or legal status of any member of the VNS Health OHCA, nor does it make any OHCA member jointly responsible for the negligence, mistakes, or violations of any other OHCA members.

How We Use and Disclose Your PHI

1. **Uses and Disclosures for Treatment, Payment, and Health Care Operations**. We may use and disclose your PHI to provide your care or treatment, obtain payment, and conduct our health care operations:

    a. **Treatment and Care Management.** We may use and disclose your PHI to facilitate the provision, coordination with other providers, or management of services, care and treatment We provide to you. For example, (1) your VNS Health clinician may discuss your health condition with your doctor to plan the clinical services you receive at home; or (2) We may also leave PHI in your home for the purpose of keeping other caregivers informed of needed information.

b. **Payment**. We may use and disclose PHI about you for our own payment purposes and to assist in the payment activities of other health care providers. Our payment activities include, without limitation, determining your eligibility for benefits and obtaining payment from insurers that may be responsible for providing coverage to you, including Federal and State entities.

c. **Health Care Operations**. We may use and disclose PHI about you to support our functions, which include, without limitation, care management, quality improvement activities, evaluating our own performance and resolving any complaints or grievances you may have. We may also use and disclose your PHI to assist other service or care providers in performing health care or SUD service operations.

2. **Other Permitted Uses and Disclosures**. We may also use and disclose your PHI for the following purposes:

a. **As Required by Law**. We may use and disclose your PHI as required by any applicable state, federal and local law.

b. **Public Health or Safety**. We may disclose PHI to public authorities or other organizations conducting public health activities, such as reporting births, injury, disability, and death. We may disclose your PHI to appropriate public agencies or (in some limited instances) private disaster relief organizations to respond to bio-terrorism, or other similar public health or safety threats, including but not limited to preventing or controlling infectious diseases, addressing problems related to products regulated by the Food and Drug Administration or averting a serious threat to health or safety.

c. **Protecting Victims of Abuse, Neglect or Domestic Violence**. We may disclose your PHI to an appropriate government agency if We believe you are a victim of abuse, neglect, domestic violence, and you agree to the disclosure, or the disclosure is required or permitted by law. We will let you know if We disclose your PHI for this purpose unless We believe that advising you or your caregiver would place you or another person at risk of serious harm.

d. **Health Oversight Activities**. We may disclose your PHI to federal or state health oversight agencies for activities authorized by law such as audits, investigations, inspections, and licensing surveys.

e. **Judicial and Administrative Proceedings**. We may be required to disclose your PHI in a judicial or administrative proceeding or in response to a lawful order, subpoena, or other lawful process.

f. **Law Enforcement Purposes**. We may disclose your health information to a law enforcement agency to respond to a court order, warrant, summons or similar process, to help identify or locate a suspect or missing person, to provide information about a victim of a crime, a death that may be the result of criminal activity, or criminal conduct on our premises, or, in emergency situations, to report a crime, the location of the crime or the victims, or the identity, location or description of the person who committed the crime.

g. **Deceased Individuals**. We may disclose your PHI to a coroner, medical examiner or a funeral director as necessary and as authorized by law.

h. **Organ or Tissue Donations**. We may disclose PHI to organ Procurement

organizations and similar entities for the purpose of assisting them in organ or tissue procurement, banking, or transplantation.

i. **Research**. We may use or disclose your PHI for research purposes, such as studies comparing the benefits of alternative treatments received by our patients or investigations into how to improve our care delivery. We will use or disclose your PHI for research purposes only with the approval of our Institutional Review Board ("IRB"). When required, We will obtain a written authorization from you prior to using your PHI for research.

j. **Specialized Government Functions**. We may use or disclose your PHI to assist with certain types of government activities. If you are a member of the armed forces of the United States or a foreign country, We may disclose your PHI to appropriate military authority as is deemed necessary. We may also disclose your PHI to federal officials for lawful intelligence or national security activities.

k. **Workers' Compensation**. We may use or disclose your PHI as permitted by the laws governing the workers' compensation program or similar programs that provide benefits for work-related injuries or illnesses.

l. **Family Members and Individuals Involved in Your Care**. We may disclose your health information to a family member, other relative or close friend assisting you in receiving health care services. If you are available, We will give you an opportunity to object to these disclosures, and We will not make these disclosures if you object. If you are not available, We will determine whether a disclosure to your family or friends is in your best interest, considering the circumstances and based upon our professional judgment.

m. **Incidental Uses and Disclosures**. Incidental uses and disclosures of your PHI sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures of PHI are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.

Obtaining Your Authorization for Other Uses and Disclosures of Your PHI

Certain other uses and disclosures of your PHI will be made only with your written authorization, including uses and/or disclosures: (a) of psychotherapy notes (where appropriate); (b) for marketing purposes; and (c) that constitute a sale of health information under the Privacy Rule. We will not use or disclose your PHI for any purpose not specified in this Notice unless We obtain your express written authorization or the authorization of your legally appointed representative. If you give Us your authorization, you may revoke it at any time, in which case We will no longer use or disclose your PHI for the purpose you authorized, except to the extent We have relied on your authorization to provide your care.

Substance Use Disorder (SUD) and Other Sensitive Health Information

We comply with laws protecting the confidentiality of SUD patient records and other highly sensitive health information including but not limited to HIV-related information, genetic information, and psychotherapy notes. This sensitive PHI may only be used or disclosed according to certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.

1. **Qualified Service Organizations**. VNS Health Behavioral Health may disclose PHI to a Qualified Services Organization ("QSO") without your consent as necessary for the QSO to provide services to Us. A QSO is any individual or entity that provides services to Us and has a written agreement with Us that acknowledges that: (i) in receiving, storing, processing, or otherwise dealing with any SUD patient records from Us is fully bound by federal confidentiality laws; and (ii), if necessary, will resist in judicial proceedings any efforts to obtain access to SUD records except as permitted by law.
2. **Limitations on Consent to Share SUD Records/Information**. Under federal law, your written consent is required to share your SUD treatment records. You may consent to multiple current and/or future uses and disclosures and to the redisclosure of your SUD records or information. SUD records and information may not be used to initiate, investigate, or support any civil, criminal, administrative, or legislative act against you unless you provide specific written consent or a court issues an order after you are given notice and an opportunity to be heard. Any court order authorizing use or disclosure must be accompanied by a subpoena or other lawful requirement before the records may be used or proceeding conducted by any federal, state, or local authority. If a SUD patient consents to use of SUD records or information in any legal proceeding, the consent must be specific to that proceeding against the SUD patient and cannot be combined with other consent forms. Additionally, SUD records protected by federal law will not be shared with other members of the VNS Health OHCA, unless such disclosure is permitted by law.

3. **Other Sensitive Information.** Certain sensitive health information is protected by New York State privacy laws in addition to HIPAA and other federal protections. These state laws may provide you with greater privacy rights than those provided under federal law, including special protections for information related to mental health treatment, substance use disorder treatment, HIV-related information, genetic information, and other sensitive health conditions. When New York State law provides greater privacy protections than federal law, we follow the more protective law. Your rights under these laws may include additional consent requirements or limits on how certain information may be used or disclosed.

Communications Regarding Appointments, Information and Services

We may contact you or your designated representative via email, text message, phone calls and/or automated or artificial voice calls using automated or prerecorded messages to provide appointment and visit reminders, patient satisfaction surveys, program welcome emails and newsletters, or information about treatment alternatives or other health-related services. The frequency of these messages will vary.

1. **Right to Opt Out.** You have the right to opt out of receiving calls and text messages by following the applicable unsubscribe or opt-out instructions provided, by texting "STOP" or by contacting VNS Health or its designated third-party vendor. Standard message and data rates may apply. If you no longer wish to receive emails, you may click on the hyperlink titled "Unsubscribe" at the bottom of any email sent to you by VNS Health, and then follow the directions to unsubscribe from the email. Your consent to receive phone calls, text messages, emails and/or automated or artificial voice calls is not a condition of your obtaining other health care services from VNS Health.

2. **Security.** Please note that communications transmitted via unencrypted email, text message or over an open network may be inherently unsecure, and there is no assurance of confidentiality for information communicated in this manner. Additionally, emails and text

messages have inherent privacy risks, especially when access to your computer or mobile device is not password protected.

Fundraising Communications
As a not-for-profit health care organization, our parent agency, VNS Health, may use limited information to contact you for fundraising purposes. This information may include your name, address, phone number, email address, dates of service, department of service, treating provider, or outcome information as permitted by law. Information related to SUD treatment protected by federal law is not used for fundraising purposes.

You have the right to opt out of receiving fundraising communications at any time You may do so by contacting the email address or phone number below (see Contact information), by using the contact information provided in the fundraising communication, or by completing and mailing back the preprinted, prepaid, postcard contained in the fundraising communication.

Health Information Exchange
We participate in secure, HIPAA compliant Health Information Exchanges (HIE), such as those operated by Healthix and Bronx RHIO and Hixny. HIEs help coordinate patient care efficiently by allowing service or care providers involved in your care to share information with each other in a secure and timely manner. If you provide consent, We may use, disclose and access your PHI via the HIEs in which We participate for purposes of treatment, payment and healthcare operations. You have the right to opt-out of the disclosure of your PHI to or via an HIE. However, information that is sent to or via an HIE prior to processing your opt-out may continue to be maintained by, and be accessible through, the HIE.

Your Rights
When it comes to your PHI, you have certain rights:

1. **Right to Inspect and Copy**. You, or your authorized representative, have the right to inspect or request a copy of PHI about you that We maintain. Requests should be sent to the Medical Records Department via email to records.requests@vnshealth.org. Your request should describe the information you want to review and the format in which you wish to review it. If We maintain an electronic health record containing your information, you have the right to request that We send a copy of your PHI in electronic format to you or a third party that you identify. We may refuse to allow you to inspect or obtain copies of this information in certain limited cases. We may charge you a reasonable, cost-based fee to produce your records. We may also deny a request for access to PHI under certain circumstances if there is a potential for harm to yourself or others. If We deny a request for access for this purpose, you have the right to have our denial reviewed in accordance with the requirements of applicable law, by filing a request for review with the VNS Health Privacy Officer.
2. **Right to Request Amendments**. You have the right to request changes to any PHI We maintain about you if you state a reason why this information is incorrect or incomplete. Your request must be in writing and must explain why the information should be corrected or updated. We may deny your request under certain circumstances and provide a written explanation.
3. **Right to an Accounting of Disclosures**. You have the right to receive a list of the

disclosures of your PHI by Us. The list will not include disclosures made for certain purposes including, without limitation, disclosures for treatment, payment or health care operations or disclosures you authorized in writing. Your request should specify the time period covered by your request, which cannot exceed six years. The first time you request a list of disclosures in any 12-month period, it will be provided at no cost. If you request additional lists within the 12-month period, We may charge you a nominal fee.

4. **Right to Request Restrictions**. You have the right to request restrictions on the ways which We use and disclose your PHI. While We will consider all requests for additional restrictions carefully, We are not required to comply with your request except for restrictions on uses or disclosures for the purpose of carrying out payment or health care operations, where you have paid the bill "out-of-pocket" in full. If We do agree to a requested restriction, We will not disclose your PHI in accordance with the agreed-upon restriction.
5. **Right to Request Confidential Communications**. You have the right to ask Us to send PHI to you in a different way or at a different location. Your request for an alternate form of communication should also specify where and/or how We should contact you.
6. **Right to Revoke Consent**. If you give Us your authorization, you may revoke it at any time, in which case We will no longer use or disclose your PHI for the purpose you authorized, except to the extent We have relied on your authorization to provide your care. A revocation of authorization must be submitted to the VNS Health Privacy Officer at the address provided at the end of this Notice.
7. **Right to Notification of Breach**. We are required by law to maintain the privacy and security or your protected health information. You have the right to receive a notification, if there is a breach of your unsecured PHI, which requires notification under HIPAA.
8. **Right to Paper or Electronic Copy of Notice**. We must follow the duties and privacy practices described in this notice and give you a copy of it. You have the right to receive a paper copy of this Notice at any time. You may obtain a paper copy of this Notice, by writing to the VNS Health Privacy Officer. You may also print out a copy of this Notice by going to our website at www.vnshealth.org.
9. **Right to Choose Someone to Act for You**. If someone is your health care proxy or legal guardian, that person can exercise your rights and make choices about your PHI.
10. **Complaints**. If you believe your privacy or your security rights have been violated, you have the right to file a complaint with the VNS Health Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services ("HHS"). We will provide you with the address to file your complaint with HHS upon request. Complaints may be submitted by mail to: U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201; by phone at 1-800-368-1019; or online at https://www.hhs.gov/ocr/privacy/hipaa/complaints. You will not be penalized or retaliated against by Us for filing a complaint.

Breach Notification

We are required by law to notify you following the discovery that there has been a breach of your unsecured PHI, unless We determine that there is a low probability that the privacy or security of your PHI has been compromised. You will be notified in a timely manner, no later than sixty (60) days after discovery of the breach, unless state law requires notification sooner.

Changes to this Notice
We may change the terms of this Notice of Privacy Practices at any time. If the terms of the Notice are changed, the new terms will apply to all of your PHI, whether created or received by VNS Health OHCA before or after the date on which the Notice is changed. Any updates to the Notice will be made available on vnshealth.org.

Questions
If you have any questions or comments about our privacy practices or this Notice, or if you would like a more detailed explanation about your privacy rights, please contact the VNS Health Privacy Officer using the contact information provided at the end of this Notice.

Contact Information
When communicating with Us regarding this Notice, our privacy practices or your security or privacy rights, please contact the VNS Health Privacy Officer using the following contact information: VNS Health, 220 East 42nd Street, 6th Floor, New York, NY 10017;
Attn: Privacy Officer; Telephone: 1-800-675-0391; Email: HIPAA@vnshealth.org.