



**CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE INFORMATION  
AND HIV-RELATED INFORMATION**

Effective Date: April 14, 2003

The confidentiality of alcohol and drug abuse records, and any confidential HIV-related information, maintained by this program is protected by Federal and State law and regulations. These protections go above and beyond the protections described in our hospital's general Notice of Privacy Practices. *If you have questions about this notice or would like further information, please contact the Privacy Officer at 897-1416.*

We recommend that you take time to review the hospital's general Notice of Privacy Practices for information about how your health information may generally be used and disclosed by the hospital and this program. The hospital's general Notice of Privacy Practices provides information about how you may obtain access to your health information, including alcohol and substance abuse treatment records. If there is any conflict between the general Notice of Privacy Practices and this notice, the protections described in this notice will apply instead of the protections described in the general Notice of Privacy Practices.

**CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE INFORMATION**

With your general written consent, information about you may be used by personnel within the program in connection with their duties to provide you with diagnosis, treatment or referral for treatment for alcohol or drug abuse. Generally this program may not reveal to a person outside of the program that you attend the program or disclose any information that would identify you as an alcohol or drug abuser, *unless*:

- The program obtains your written authorization;
- The disclosure is allowed by a court order and permitted under Federal and State confidentiality laws and regulations;
- The disclosure is made to medical personnel in a medical emergency;
- The disclosure is made to qualified researchers without your written authorization when such research poses minimal risk to your privacy. When required by law, we will obtain an agreement from the researcher to protect the privacy and confidentiality of your information;
- The disclosure is made to a qualified service organization that performs certain treatment services (such as lab analyses) or business operations (such as bill collection) for the program. The program will obtain the qualified service organization's agreement in writing to protect the privacy and confidentiality of your information in accordance with Federal and State law;
- The disclosure is made to a government agency or other qualified non-government personnel to perform an audit or evaluation of the program. The program will obtain an agreement in writing from any non-government personnel to protect the privacy and confidentiality of your information in accordance with Federal and State law;
- The disclosure is made to report a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime; or
- The disclosure is made to report child abuse or neglect to appropriate State or local authorities.

Violation of these privacy regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal and State law.



## **CONFIDENTIALITY OF HIV-RELATED INFORMATION**

Under New York State law, confidential HIV-related information can only be given to persons allowed to have it by law or allowed to have it by a written authorization form that you sign. You can ask for a list of people who can be given confidential HIV-related information without the authorization form.

Confidential HIV-related information is any information indicating that you had an HIV-related test, have HIV-related illness or AIDS, HIV-related infection, or any information which could reasonably identify you as a person who has had a test or has HIV infection.

## **HOW TO OBTAIN COPIES OF THIS NOTICE**

You have the right to a paper copy of this notice. You may request a paper copy at any time, even if you have previously agreed to receive this notice electronically. To do so, please call the Privacy Officer at 897-1416. You may also obtain a copy of this notice from our website at [www.lbmc.org](http://www.lbmc.org), or by requesting a copy at your next visit. We may change our privacy practices from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices. The revised notice will apply to all of your information held by this program, and we will be required by law to abide by its terms. We will post any revised notice in our reception area. You will also be able to obtain your own copy of the revised notice by accessing our website at [www.lbmc.org](http://www.lbmc.org), calling our office at 897-1416 or asking for one at the time of your next visit. The effective date of the notice will always be located in the top right corner of the first page.

## **HOW TO FILE A COMPLAINT**

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

Compliance Officer (Administration)  
Long Beach Medical Center,  
455 East Bay Drive,  
Long Beach, NY 11561

*No one will retaliate or take action against you for filing a complaint.*

If you experience discrimination because of the release of confidential HIV-related information, you may contact the New York State Division of Human Rights at (212) 566-8624 or the New York City Commission of Human Rights at (212) 566-5493. These agencies are responsible for protecting your rights.

## **CITATION TO REGULATIONS**

The Federal confidentiality regulations described in this notice may be found at 42 C.F.R. Part 2 and 45 C.F.R. Parts 160 and 164. The State confidentiality regulations described in this notice may be found at 10 N.Y.C.R.R. Parts 372, 374, 382, 823, 1020 and 1034, and 14 N.Y.C.R.R. Parts 309 and 1072.