



Hello,

OPWDD is giving you and all individuals who receive our services a new notice that tells you how OPWDD protects your privacy and uses and shares information about you with others. We are also sending this information to your family member or other personal representative who supports you in obtaining services from OPWDD.

Federal regulations require providers like OPWDD to protect your privacy. Those regulations, commonly known as the HIPAA Privacy Rule, have changed recently and so we are sending you an updated notice to remind you of your rights and our responsibilities.

Enclosed is a copy of our Notice of Privacy Practices that includes all of the information the HIPAA Privacy Rule requires us to give you. In addition, on the back of this letter, we have included a summary of your rights and our responsibilities. We have also included a form that we are asking you to sign and return to us. By returning this form, we will know that you have received a copy of this important information about your privacy.

If you have any questions, please feel free to call us. The contact number for your local Developmental Disabilities State Operations Office is included on page 4 of the Notice of Privacy Practices. Again, please return the form to us as soon as possible.

Sincerely,

Regional State Operations Director



## Summary of Your Privacy Rights

Effective September 23, 2013

This notice summarizes OPWDD privacy practices and your privacy rights. An updated Notice of Privacy Practices is attached. If you have any questions about this notice, please contact your local Developmental Disabilities State Operations Office.

### Our Privacy Commitment to You

At OPWDD, we will protect your privacy and share information about you only with those who need to know and are allowed to see the information to assure that you receive quality services.

### You Have the Right To:

- Look at your clinical records and get a copy;
- Ask us to change your records if you think they are wrong;
- Ask for a list of the people who received your clinical information from OPWDD;
- Ask OPWDD not to use or share your clinical information in some cases;
- Ask for a paper copy of this notice;
- Complain if you believe your privacy rights have been violated

### OPWDD Will Use or Share your Clinical Information with Others Without your Consent for:

- **Treatment:** to provide you with services under your Individualized Services Plan or to obtain new services for you;
- **Payment:** to get paid by you or an insurance company, Medicare or Medicaid, other government agencies or others responsible to pay for your services;
- **Health Care Operations:** to run our programs and to make sure staff are following the rules;
- **Other Reasons Allowed by Law:** such as health and safety reasons, lawsuits, law enforcement requests

Also, if you agree, OPWDD will share your information with family and friends who are involved in your care.

**OPWDD will share your information for other reasons only if you give us your written consent.**

Complaints: If you believe your privacy rights have been violated you can complain to:

- The Director of your Developmental Disabilities State Operations Office (DDSOO)
- The Secretary of the Department of Health and Human Services. 200 Independence Ave. S. W. Washington D. C. 20210, phone: 1-877-696-6775
- You may file a grievance with the Office for Civil Rights Region II office at Jacob Javits Federal Building, 26 Federal Plaza – Suite 3312, New York, NY 10278. Phone: (800) 368-1019; Fax: (212) 264- 3039; TDD (800) 537-7697, or by email: OCRComplaint@hhs.gov.