CLIENT PACKET

WELCOME TO STONY BROOK MEDICINE

QUANNACUT OUTPATIENT SERVICES

Our commitment is to provide comprehensive care of the highest professional quality to people whose lives are being adversely affected by their own, or by someone else’s substance use disorder.

We want you to be familiar with the guidelines for participation in our program, to know that we are committed to you, and know what we expect of you, our client. Please review this client packet and discuss with your counselor any questions or concerns you may have.

**For Your Information:**

**Quannacut Outpatient Services**

Quannacut Outpatient Services is a substance use disorder outpatient clinic operated by Stony Brook-Eastern Long Island Hospital and licensed by the New York State Office of Alcoholism and Substance Abuse Services (OASAS). Stony Brook Eastern Long Island Hospital is a non-profit community hospital located in Greenport with a vast behavioral health department. Quannacut Outpatient Services offers treatment in Riverhead, Greenport and Southampton.

Hours of operation in Riverhead are Mon, Wed, Thurs 9Am – 9 PM, Tues 9AM – 5PM Fri 9AM – 2 PM and Sat 8:30AM to 12:30PM Greenport hours are Tues 1PM-7PM. Wed 4PM-8PM and Thurs 1PM- 9PM. Southampton hours are Monday 2PM-9PM, Tuesday 9AM to 5 PM and Thursday 1PM to 9PM. Special programs are sometimes offered in addition to this schedule. Please see the enclosed Scope of Services for more detailed program information

In case of inclement weather please call to confirm that we are open or check the Stony Brook Eastern Long Island Hospital website homepage at elih.stronybrookmedicine.edu. Generally, we remain open when there is less than 6 inches of snow. If inclement weather forces closing during the business day, you will be notified by phone.

**Confidentiality**

All sessions and information are confidential unless you our client, request that we release specific information to a designated party. Before we disclose any information on your behalf, you must sign a release specifying to whom the information will be provided, and the nature, extent and purpose of the disclosure. Exceptions to this policy may occur only if maintaining confidentiality would result in risk of serious harm to you or others, or would be inconsistent with professional standards of responsibility to society, or would be in violation with exceptions to confidentiality as stated in federal law. Be sure to read the attached “Federal Confidentiality Requirements” and please discuss your concerns about confidentiality with your counselor.

Confidentiality is also your responsibility, as information shared in group should only be discussed while in group. Who you see while at Quannacut Outpatient Services (QOPS) should never be disclosed to anyone. All of us maintaining confidentiality will benefit everyone’s recovery and treatment experience.

If you would like a copy of any part of your patient record, hospital policy dictates you must submit a request in writing to the Program Director specifying what information you would like. Your record is then reviewed by the Medical and Program Directors. If approved, you can receive your copies at a rate of $1.00 per page.

**Counseling Sessions**

Individual, family and couples sessions are 45 minutes in length. Most groups are 90 minutes with some being 60 – 75 minutes. Initial appointments with the psychiatrist are

45 - 60 minutes and follow-up appointments with the psychiatrist are 15- 20 minutes. Initial medication evaluations are 30 minutes and medication follow-up appointments are 15 minutes.

Regular attendance is an important aspect of your treatment. If there are times you will be unable to attend, please cancel these sessions in advance. Not attending a session without notice is considered a “no-show” and a negative sign of commitment to recovery and treatment.

If your counselor must cancel a session, it will not be reflected in your attendance record. Attempts will be made to notify you of such cancellations by phone. Therefore, it is important you supply us with up to date phone numbers and notify us of any changes.

**Entry into groups is not permitted 15 minutes after the scheduled start time of the group. This time limit is 10 minutes for the Educational Series. During Group: all cell phones must be turned off, there is no eating, no wearing of sunglasses, and there is no leaving. Repeated failure to comply with these group rules can result in discharge from treatment. Should you have any questions in this matter, direct them to your Primary Counselor, and/or Group Leader, and/or Group.**

**Primary Counselor**

Your Primary Counselor is the primary agency individual responsible for your care. Individual sessions are held with your Primary Counselor as stipulated in your treatment recommendation or upon your request. If you need a verification of attendance letter, or any other form of correspondence from Quannacut Outpatient Services, please notify your Primary Counselor so the necessary consent forms can be completed. Please allow up to one week for the letter to be completed. Any additional needs, questions, or concerns should be directed to your Primary Counselor

**Treatment**

Your treatment recommendation is based upon the initial intake/evaluation, your needs, and our treatment team input. This recommendation is usually formulated within 48 hours after the completion of the initial evaluation. The treatment recommendation includes the number of sessions per week, the types of sessions, (if group therapy; the days and times of the sessions), and identifies your Primary Counselor. In most cases you will be notified of your treatment recommendation by phone. Please see the enclosed Scope of Services for a complete list of offered services. Should you require additional or alternative services, referrals are available.

Our treatment approach is a highly individualized, medical, psychotherapeutic approach that will be measured in relation to your personal goals and history. Often, but not exclusively, will include the goal of total abstinence; meaning abstinence from all mind and mood altering substances except those prescribed by a healthcare professional who is informed of your treatment here and approved by our Medical Director. The use, or return to use of a substance(s) does not automatically result in discharge.

We recognize there may be multiple reasons why you are seeking treatment at this time, but please note that from our perspective, all treatment is voluntary. You can choose to end treatment at any time.

If you are seeking to regain your driver’s license, we are a certified agency by the New York State Department of Motor Vehicles for this purpose. As per OASAS regulations, you must sign an IDS release and submit a copy of your most recent DWI or DUI arrest report. Once submitted, your treatment recommendation will include the minimum length of abstinence and time in treatment you will need in order that we can complete the required documentation. If your attendance is poor, or you cannot maintain abstinence, the time for completion will be extended. Please note that we are not an authorized agent for gaining a conditional license.

Any problems with your care should first be brought to your Primary Counselor. Unresolved issues can be brought to the Program Director. Oral or written complaints can be submitted to the Program Director, or filed with OASAS, The Suffolk County Department of Health, or The Joint Commission on Accreditation of Healthcare Organizations (JCAHO). There are no penalties, sanctions or repercussions for filing a complaint or grievance.

**Drug Testing**

To assist you in achieving your treatment goals, we provide random urine drug tests, saliva testing and breathalyzers. Most insurance, including Medicaid and Medicare pay for the cost of the drug test. We have a special self-pay rate of approximately $22 with LabCorp. If you refuse to take a drug test or breathalyzer when requested, the result will be considered a positive by the treatment team.

If you are taking any medication(s), it is imperative you alert us prior to any drug test. You will also need to sign a release for confidential information so we can confirm any or all prescriptions with your doctor and validate their necessity. If you are taking a controlled substance such as painkillers or benzodiazepines, a release, as per state regulations is required. Failure to do so will result in discontinuation of your treatment. As part of a complete recovery, we recommend you inform your primary physician about your substance use treatment. In addition, we do perform random medication checks to support adherence.

We work with a Zero Tolerance policy for drug test results. This means that a positive result for any substance not approved by an informed physician and our Medical Director is considered active substance use. Substances such as poppy seeds, pain medications, over the counter cold remedies and sleep aids, among others, can produce a positive drug test. Please see the enclosed “Reactive Substances” for a more comprehensive, but not exclusive, list of substances that can produce a positive result. Ultimately, what you put in your body is your responsibility. We encourage you to ask any questions regarding this subject.

**Safety and Security**

In case of emergencies, please make sure we have your most up to date contact information. Should an emergency occur while you are here, please follow staff directions. Please note: we do have Narcan on site, and all staff are trained in its use.

In order to promote an environment conducive to recovery, consistent with your Client Responsibilities (See Attached), there is to be no alcohol, drugs, drug related paraphernalia or weapons brought onto these premises. Please be aware there is video surveillance of the property, but not in treatment areas. In addition, consistent with OASAS regulations, client searches are done when there is cause or suspicion. Anyone refusing a search will be discharged from treatment.

**Tobacco-Free Environment**

As mandated by OASAS regulations we are a tobacco-free facility**. This means there is no smoking anywhere on our property and there can be no tobacco, or related** **paraphernalia on the property.** If such items are observed, they will be confiscated. Repeated violations of this policy can result in discharge from treatment.

To assist clients who are addicted to tobacco/nicotine, we offer smoking cessation and aid in the form of patches, gum, lozenges and medications that can be prescribed by our medical staff.

**Payment For Services**

Quannacut Outpatient Services accepts many private insurances, Medicaid and Medicare. We also offer financial aid in the form of a sliding scale for those with no insurance.

General Payment Guidelines (Applicable to All)

1. We accept cash, money orders, checks, credit and debit cards.

2. Payment is expected at time of service

3. If your balance becomes excessively high, your treatment may be suspended until

such time payment is made to fulfill this requirement.

4. Individualized payment plans are available upon request.

**Private Insurance**

You must sign a release for your insurance company and provide us with a copy of your card. Please learn about your plan for outpatient substance abuse, as each insurance company has its own coverages, rules and guidelines. Many private insurance plans are managed care. This means that your treatment will have to be approved by the insurance company before they will pay. We will do all certifications of treatment for you unless otherwise required by the insurance company. If at such time the insurance company ends coverage, changing to a self- pay/sliding scale option is available. It is vital that you notify us of any changes with your insurance, failure to do so could lead to increased out of pocket costs.

**Medicaid**

You must sign a release to Medicaid and provide us with a copy of your card. There is usually no copay for Medicaid clients. If you are applying for Medicaid, you must supply us with a copy of either your Managed Care Selection or Eligibility Determination document. This will prevent you from receiving a bill until your Medicaid becomes active. If you have neither, you will be given a Medicaid phone screen appointment with a hospital representative. Failure to fulfill this appointment will result in being charged as a self- pay client. Please note: You are entitled to receive a determination of your Medicaid status within 45 days from application. If you receive no response within this time frame, you can call the Commissioner’s Hotline at 854-9935

**Medicare**

You must sign a release for Medicare and provide a copy of your card. Medicare pays at a rate of 80%. The remaining 20% can be billed to a secondary insurer. If you don’t have a secondary insurer, you are responsible for the remaining 20%.

**Self-Pay**

To be eligible for the sliding scale you must complete the financial aid application. Failure to complete the application as required will result in being charged full fee. The sliding scale takes into account your income, number of dependents, severe debt and the frequency of treatment recommended. You can request a fee reduction through your Primary Counselor if you feel you are unable to afford the fee.

Quannacut Outpatient Services

Scope of Services (Effective 1/20)

Quannacut Outpatient Services provides treatment to those suffering from Substance Use Disorders and their family members. We treat Substance Use Disorders as a disease and utilize a medical model with a comprehensive psycho-therapeutic approach. This approach mandates individual attention and treatment while being able to serve those with diverse need including, but not limited to: mental health, cultural, criminal justice, and physical health.

**1. List of Services**  (Available at our primary location in Riverhead and secondary sites in Greenport and Southampton)

* Assessment/Evaluation (Scheduled and Walk-in) (Riverhead)
* Individual Therapy (Riverhead , Greenport , Southampton)
* Marital Therapy (Riverhead, Greenport, Southampton)
* Family Therapy (Riverhead ,Greenport, Southampton)
* Psychiatric Evaluation and Medication Management(Riverhead)
* Medication for Addiction Treatment (Riverhead)
* Smoking Cessation and Treatment (Riverhead)
* Primary Medical Care ( Riverhead)
* Groups
* Early Recovery (Riverhead, Greenport, Southampton)
* Spirituality (Riverhead)
* DWI (Greenport)
* Co-occurring (Riverhead)
* Women’s (Riverhead)
* Young Adults (Riverhead)
* Relapse Prevention (Riverhead, Greenport)
* Education (Riverhead, Greenport, Southampton)
* Intensive Module (Riverhead)
* Continuing Care Module( Riverhead, Greenport, Southampton)
* Referrals
* Community/ Public Presentations (Riverhead, Greenport, Southampton)

**2. Population Served and Criteria for Admission**

Adults, age 18 and over, and adolescents, age 14 - 17 who meet criteria based on DSM V for Substance Use Disorder.

Family members or significant others, ages 5 and above, directly impacted by substance use and exhibiting symptoms to meet criteria for at least Alcoholism in the Family and/or an Adjustment disorder. If a family member/significant other presents meeting criteria for another Axis I diagnosis, they can be treated if the impact of substance use exists.

Clients meeting criteria for psychotic disorders may be referred to settings better equipped for their care.

**3. Evaluation Process**

All clients are entitled to a comprehensive psychosocial assessment to determine their treatment needs. These assessments are done only at the Riverhead location and can usually be completed in 1 session lasting 1 1/2 - 2 hours. The assessment is used to determine the client’s needs and subsequent treatment recommendation. The recommendation is determined with client input by the clinician performing the assessment and the clinic Director or Supervisor, and/or treatment team. In most cases, the recommendation disposition is made within 48 hours. Clients not meeting criteria for admission or in need of a higher level of care are given referrals to meet their clinical needs.

**4.** **Program Description**

Quannacut Outpatient Services provides an array of services to meet the varying needs of clients within the recovery continuum. The core of these services is located in our “clinic services” which provides group, individual, family and marital therapy.

1. Group Therapy

Group therapy is the primary modality used to treat clients with Substance Use Disorders. Quannacut offers a variety of groups that can be used independently or in conjunction with other groups to meet each client’s specific need(s).

1. Early Recovery/Relapse Prevention Groups:

Offered at Riverhead on Mon. 10:00AM, 10:30AM, 11:00AM, 11:30AM, 12:00PM, 6:00PM and 6:30PM, Tues 9:30AM, 10:00AM, Wed. 9:30AM, 10:00AM, 7:00PM, Thurs 9:00AM, Fri.10:00AM, 10:30AM, 11:00AM,

11:30AM and Sat. 9:00AM. Offered in Greenport on Thurs at 6:00PM and Southampton Monday 6:00PM. These groups use problem solving, structured feedback, group process, and the therapeutic value of group support, to aid achievement of goals of abstinence, acceptance, insight and relapse prevention.

1. Spirituality Group:

Offered at Riverhead on Thurs. 6:00PM. This group serves both the needs of early and progressed recovery individuals while also focusing on spiritual needs and fulfillment that support a healthy and complete recovery.

1. Advanced Recovery Group:

Offered in Riverhead on Wed. 6:00PM. This group is for individuals who have established a solid recovery foundation, thus lowering their risk of relapse, and motivated to identify and explore underlying in-depth issues that may be at the core of their substance use.

1. DWI Group:

Offered in Greenport on Tues 5:00PM. Clients who have been arrested for DWI, DWAI and DUI are treated with focus on the elements and circumstances surrounding drinking and driving. The group provides a forum to explore the use and impact of alcohol/substances in the clients’ lives. Didactic material is often added to the group process to aid goals of understanding substance abuse, reducing denial and achieving abstinence.

5. Co-occurring Group:

Offered in Riverhead on Tues. 10:30AM, Wed. 10:30AM, Thurs. 10:00AM, and Thurs. 10:30AM. This group is for clients who have co-occurring disorders and are being treated with medication for that disorder. The group provides a safe atmosphere to deal with the stigma associated with mental illness and taking of medication to address problems related to their condition, gain support, and improve ability to cope while reducing the threat of relapse.

6. Women’s Group:

Offered in Riverhead Tues 11:00 AM, Wed 11:00 AM and Thurs 11:00 AM. These early recovery groups are designed to meet the specific needs of women. The group combines the essential elements of other early recovery groups and in addition, focuses on obstacles to recovery for women.

7. Young Adult Group:

Offered in Riverhead Mon 1:00 PM. A recovery group for individuals ages 18 – 25 that while addressing core substance use disorder issues, also focuses on the unique developmental and societal issues experienced by young adults.

8. Education Group:

Offered in Riverhead Wed. 6:30 PM, Thurs. 9:30AM, in Greenport Wed. 6:00 PM and in Southampton Thurs. 6:00 PM. This is a comprehensive 12-session education series designed to provide clients with the foundation education needed to establish a solid recovery program.

Quannacut Outpatient Services also provides groups in conjunction with our Intensive Module. See literature on each for details.

B. Individual Therapy:

Individual therapy is used for clients as recommended or requested. Clients who struggle in a group setting, need additional structure, have multiple problems, are examining issues sensitive in nature, have a co-occurring diagnosis, or are dealing with a period of heightened stress or crisis are most likely to be seen in individual therapy. The therapy provides a safe, secure environment to resolve issues that threaten or prevent recovery.

C. Marital Therapy:

Couples who are impacted by one or both of their substance use can benefit from marital/couples therapy if clinically indicated. The therapy aids in the process of regaining trust, forming mutual support, improving communication, repairing structural problems and increasing intimacy.

D. Family Therapy:

Families are severely impacted by Substance Use Disorders in multiple areas. Family therapy provides the environment to begin to heal family relationships by promoting healthy communication, effective problem solving techniques and establishing positive family roles and norms.

E. Intensive Module:

Is a structured recovery program for clients with more severe levels of Substance Use Disorders and/or significant relapse histories. See specific literature for details.

F. Continuing Care Module:

Clients who have fulfilled the majority of their treatment goals and “completed” their formal treatment, can continue to receive supportive therapy which can include case management services on a monthly basis. Simultaneously, clients can continue to receive medication management and medication assisted treatment services.

**Reactive Substances**

To assist you with our drug testing policy, here is a list of many of the substances that can produce a positive result on a drug test:

**Alcohol Benzodiazepines**

Mouthwash Xanax

Cough Syrup Valium

Librium

Dalmane

**Opiates** Ativan

Poppy Seeds Serax

MS Contin Doral

Morphine Restoril

Vicodin ProSom

Darvocet Halcion

Percodan Tranxene

Percocet Klonepin

Codeine Darvon

Robitussin AC

Dilaudid **PCP**

Tylenol w/Codeine Effexor

Tylenol 3 Effexor XL

**Amphetamines** **Barbituates**

Weight Control Pills Nembutal

Cold Remedies w/Phenylpropanolamine Fioricet

Ephedrine Seconal

Ephedra Amytal

Ma Huang Fiorninal

Adderall Barbital

Dexedrine Donnatal

Vick’s Inhaler Butisol

Allobarbital

**Marijuana** Alphenol

Sativa Tuinal



**QUANNACUT OUTPATIENT SERVICES**

**905 East Main Street**

**Riverhead, N.Y. 11901**

**Phone (631) 369-8966 Fax (631) 369-8516**

NOTICE TO CLIENT OF FEDERAL CONFIDENTIALITY REQUIREMENTS

Confidentiality of Alcohol and Drug Abuse Patient Records.

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal Law and Regulations. Generally the program may not say to a person outside the program that a patient attends the program or disclose any information identifying a patient as an alcohol or drug abuser unless:

1. The patient consents in writing.

2. The disclosure is allowed by a court order; or

3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal Law and Regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal Regulations.

Federal Law and Regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about a threat to commit such a crime.

Federal Laws and Regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290-3 for Federal laws and 42 CFP Part 2 for Federal regulations.)



**Stony Brook Organized Health Care Arrangement - Notice of Privacy Practices**

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.

**THE STONY BROOK ORGANIZED HEALTH CARE ARRANGEMENT**

The Stony Brook Organized Health Care Arrangement (SBOHCA) is formed for the sole purpose of facilitating compliance with the Health Insurance Portability and Accountability Act (HIPAA) and creates no legal representations, warranties, obligations or responsibilities beyond HIPAA compliance. The covered entities participating in the Organized Health Care Arrangement (OHCA) agree to abide by the terms of this notice with respect to protected health information (PHI) created or received by the covered entity as part of its participation in the OHCA. The covered entities of the SBOHCA include Stony Brook University Hospitals (SBUHs), the University Faculty Practice Corporations (UFPCs), SB Community Medical, P.C. (SBCM), Meeting House Lane Medical Practice, P.C.; the Long Island State Veterans Home (LISVH) and several academic health professional schools of Stony Brook University including the School of Medicine, School of Dental Medicine, School of Nursing, School of Health Technology and Management, School of Social Welfare and the School of Pharmacy; their employees and contracted professionals and students ; and the voluntary members of the SBUH Medical Staff. The covered entities, which comprise the SBOHCA, are in numerous locations throughout the greater New York area. This notice applies to all these sites.

The covered entities participating in the SBOHCA will share protected health information with each other, as necessary to carry out treatment, payment or healthcare operations relating to the OHCA. The covered entities that make up SBOHCA may have different policies and procedures regarding the use and disclosure of health information created and maintained in each of their facilities. Additionally, while all of the entities that make up SBOHCA will use this notice, voluntary members of the SBUH Medical Staff will use a Notice specific to their practice when they are providing services at their private practice sites. If you have questions about any part of this Notice or if you want more information about the SBOHCA covered entities, please contact the Privacy Officer at (631) 444-5796.

**Stony Brook Organized Health Care Arrangement (SBOHCA) MAY USE AND DISCLOSE YOUR HEALTH INFORMATION FOR:**

**Treatment:** Your health information can be used and disclosed to provide you with medical treatment or services. We will disclose PHI about you to doctors, nurses, technicians, students in training programs or other personnel, volunteers, contracted individuals who are involved in your care and other healthcare providers such as your Primary Care Physician for continuity of your healthcare.

**Payment:** The covered entities of the SBOHCA will use and disclose your health information to other healthcare providers to assist in the payment of your bills. Your health information will also be used to send bills and collect payment from you, your insurance company or other payers, such as Medicare for the care, treatment and other related services you receive. We may inform your health insurer about a treatment your doctor has recommended to obtain prior approval to determine whether your plan will cover the cost of the treatment.

**Operations:** Your health information can be used and disclosed for healthcare operational purposes. For example, information from medical records is used to achieve and maintain accreditation and certification.

**Consent**: In New York State your general consent is required for treatment and payment. Once you sign the general consent, it will be in effect indefinitely until you withdraw/revoke your general consent. To withdraw/revoke your general consent at any time, you must submit your request in writing to the Privacy Office. Please contact the Privacy Officer at (631) 444-5796 for instructions/options for submitting your written request to withdraw/revoke your consent. Once you withdraw/revoke your consent, the individual entity or entities of the SBOHCA will no longer be able to provide you treatment, and use and disclose your health information, except to the extent that the individual entity or entities of the SBOHCA have already relied on your consent. For example, if a SBOHCA entity provided you treatment before you withdraw/revoke your general consent, the SBOHCA entity may still share your health information with your insurance company in order to obtain payment for that treatment.

**SBOHCA entities will obtain your authorization for the following uses and disclosure of your health information:**

**Psychotherapy Notes**: Any use and disclosure of psychotherapy notes other than to provide treatment, obtain payment and perform healthcare operations requires your authorization.

**Sale of PHI**: The individual entity or entities of the SBOHCA are required to obtain your authorization for any use and disclosure of your PHI for which the individual entity or entities of the SBOHCA is receiving any form of incentive or payment.

**SBOHCA entities will provide you with an opportunity to agree or object to the following use and disclosure of your health information (unless you are incapacitated, otherwise unable to reply or in the case of an emergency):**

**Patient Directory**: For hospitalized patients, the hospitals may list your name, the unit where you are located in the facility, general medical status and religious affiliation in the patient directory. Information such as your location or condition may be provided as appropriate to members of the clergy, your family members, visitors and members of the press who ask for you by name. If you do not want us to list this information in the hospitals’ patient directory or provide it to clergy or others, you must request to speak to the Assistant Director of Nursing (ADN) on duty at any time during your hospitalization.

**Communication With Those Involved in Your Care**: The individual entities of the SBOHCA may use and disclose your health information to notify or assist in notifying a family member, other relative or a close personal friend about your general condition, other information as needed to participate in the provisions of your healthcare or in the event of your death. If you are unable or unavailable to agree or object to these communication(s), our health professionals will use their best judgment in communicating with your family and others.

**Emergencies, Disaster Relief**: The individual entities of the SBOHCA may use and disclose your health information to a public or private entity authorized to assist in an emergency or disaster relief effort.

**Deceased Individuals:** The individual entities of theSBOHCA may use and disclose a decedent’s health information to family members, other relatives or a close personal friend who were involved in providing and/or paying for healthcare received by the decedent and is relevant to such person’s involvement in the decedent’s healthcare; unless in doing so would be inconsistent with any prior expressed preference made by the decedent to the SBOHCA entity.

**SBOHCA entities are not required to provide you with an opportunity to agree or object to the following use and disclosure of your health information:**

**Required by Law**: The individual entities of the SBOHCA may use and disclose your health information to comply with state and federal law(s). For example, a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability, or to an employer about an employee relating to medical surveillance or work-related illness or injury.

**Health Oversight Activities/Judicial Matters**: The individual entities of the SBOHCA may disclose your health information for audits, investigations, inspections, licensure, certification, the identification of individual(s) involved in a law enforcement investigation or related activities, or to reply to a subpoena or summons.

**Deceased Person/Organ Donation Information or Personal Health and Safety**: The individual entities of the SBOHCA may disclose your health information to coroners, medical examiners and funeral directors; organizations involved in procuring, banking or transplanting organs and tissues; and in order to prevent or lessen a threat to the health and safety of a person or the public.

**Specialized Government Functions or Worker’s Compensation**: The individual entities of the SBOHCA may disclose your information for: military and veterans activities; national security and intelligence activities; and correctional or other law enforcement custodial situations. We may also disclose your health information as necessary to comply with worker’s compensation laws.

**Research**: The individual entities of the SBOHCA may use and disclose your health information for research, regardless of the source of funding, for research as approved by the appropriate Institutional Review Board (IRB) or any applicable waivers.

**Marketing and Fundraising**: The individual entities of the SBOHCA may contact you to give information about other treatment or health-related benefits and services that may be of interest to you. Additionally, SBOHCA entities may contact you to participate in marketing or fundraising activities. You have the choice of opting out of receiving marketing and fundraising information. The SBOHCA entities will not sell your health information to a third party for the purposes of marketing or fundraising or accept payment from a third party to use your health information to market a product or service or for fundraising activities. To opt out of fundraising or marketing you may either call the Privacy Officer at (631) 444-5796 or email your request including your name and date of birth to [***HIPAA@stonybrookmedicine.edu***](mailto:HIPAA@stonybrookmedicine.edu)*.*

**Change of Ownership**: In the event that an individual entity (or entities) of the SBOHCA is sold or divested, your health information will become the property of the new owner/entity and will be subject to their policies on health information as well as federal and state laws.

**Incidental Disclosures:** The individual entities of the SBOHCA will take reasonable steps to protect the privacy of your health information; however, certain incidental uses and disclosures of your health information may occur as a result of permitted uses and disclosures that are otherwise limited in nature and cannot be reasonably prevented. For example, discussions about your health information may be overheard by another person.

**YOUR HEALTH INFORMATION RIGHTS**

**Receive Confidential Communications:** You have the right to request that you receive your health information through a reasonable alternative means or at an alternative location. For example you can provide us with your cell phone number as your primary number instead of home phone number or use a P.O. Box instead of home mailing address as your primary address.

**Restrict Use/Disclosure**: You have the right to submit a written request to restrict certain uses and disclosures of your health information. Although we will attempt to accommodate your request, the individual entities of the SBOHCA are not required to agree to or fulfill the restriction requested; except a request to restrict disclosure of your health information to your health plan/insurance if the disclosure is for payment or healthcare operations and pertains to a healthcare item or service for which out of pocket payment in full has been obtained at the time the service is provided.

**Inspect and Copy**: You have the right to submit a written, original signed request to inspect or to receive a copy of your health information. The individual entities of the SBOHCA have policies and procedures to provide you proper access to inspect or receive a copy of your health information. If your health information is maintained in electronic format you may request an electronic copy of your health information instead of a paper copy. A CD containing your requested electronic health information will be provided to you. If you request a copy of your health information, we may charge you a reasonable fee for the copies.

**Amend/Correct Information**: You have the right to submit a written request to amend/correct your health information. The individual entities of the SBOHCA are not required to make the requested change to your health information. A written response to your request will be provided to you and if your request is denied the response will include the reason for the denial and information about how you can appeal the denial.

**Receive an Accounting of Disclosures**: You have the right to submit a written request to receive an accounting of disclosures of your health information made by the individual entities of the SBOHCA. We do not have to account for all disclosures of your health information. For example, an accounting of disclosures is not required for disclosures related to treatment, payment, healthcare operations, information that was provided to you, information that was disclosed with your written authorization/permission and disclosures required by state or federal law.

**Detailed Explanation of Rights**: You have the right to receive a paper copy of this Notice of Privacy Practices. If you would like a more detailed explanation of these rights or if you would like to exercise one or more of the rights, contact the Privacy Office at (631) 444-5796 or visit the SBUH website at: [***stonybrookmedicine.edu/patientcare/patientprivacy***](http://www.stonybrookmedicine.edu/patientcare/patientprivacy)**.**

**SBOHCA Duties:**

The individual entities of the SBOCHA will notify you, as required by law, following a breach of your protected health information.

**CHANGES TO THIS JOINT NOTICE OF PRIVACY PRACTICES**

The individual entities of the SBOHCA are required by law to comply with this Notice of Privacy Practices. This notice can be revised and will be made available upon verbal or written request at any individual SBOHCA entity site or by contacting the Privacy Officer at (631) 444-5796, via email at [***HIPAA@stonybrookmedicine.edu***](mailto:HIPAA@stonybrookmedicine.edu) or you can access it online at: ***stonybrookmedicine.edu/patientcare/patientprivacy.***

**COMPLAINTS**

Complaints about this Notice or how the individual entities of the SBOHCA handle your health information should be directed to the Privacy Officer at (631) 444-5796 or via email at [***HIPAA@stonybrookmedicine.edu***](mailto:HIPAA@stonybrookmedicine.edu)**.** No one will retaliate or take action against you for filing a complaint.

If you think any of the individual entities of the SBOHCA may have violated your privacy rights, you may file a complaint with the Department of Health and Human Services, Office for Civil Rights at: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/> or calling (800) 368-1019.

Effective date of Original Notice: April 14, 2003

Effective date Amended Notice: September 23, 2013

Effective date Amended Notice: August 22, 2016

Effective date Amended Notice: August 1, 2017

Stony Brook University/SUNY is an affirmative action, equal opportunity educator and employer. For accessibility-related accommodations, please call (631) 444-4000. 16080326H

Acuerdo Organizado de Atención Médoca de Stony Brook Aviso de Practices de Confidencialidad

**ESTE AVISO DESCRIBE CÓMO SE PUEDE USAR Y DIVULGAR SU INFORMACIÓN MÉDICA Y CÓMO PUEDE ACCEDER A ESTA INFORMACIÓN. LÉALO DETENIDAMENTE.**

**ACUERDO ORGANIZADO DE ATENCIÓN MÉDICA DE STONY BROOK**

El Acuerdo Organizado de Atención Médica de Stony Brook (Stony Brook Organized Health Care Arrangement, SBOHCA) es una entidad constituida con el único objetivo de facilitar el cumplimiento de la Ley de Portabilidad y Responsabilidad de los Seguros de Salud (Health Insurance Portability and Accountability Act, HIPAA) y no implica compromisos, garantías, obligaciones o responsabilidades legales más allá del cumplimiento de la ley HIPAA. Las entidades cubiertas que participan en el Acuerdo Organizado de Atención Médica (Organized Health Care Arrangement, OHCA) aceptan cumplir los términos de este aviso en relación con la información médica protegida (Protected Health Information, PHI) creada o recibida por la entidad cubierta en el marco de su participación en OHCA. Las entidades cubiertas de SBOHCA incluyen a Stony Brook University Hospitals (SBUHs); a miembros voluntarios del personal médico de SBUH; a los empleados y profesionales contratados por las Organizaciones de Profesores Universitarios (University Faculty Practice Corporations, UFPCs); a los empleados y profesionales contratados por SB Community Medical, P. C. (SBCM); Meeting House Lane Medical, P.C.; el Hogar de Veteranos del Estado de Long Island (LISVH); y a diversas facultades académico profesionales de salud, por ejemplo, la Facultad de Medicina (School of Medicine), la Facultad de Medicina Dental (School of Dental Medicine), la Facultad de Enfermería (School of Nursing), la Facultad de Tecnología y Administración de la Salud (School of Health Technology and Management), la Facultad de Bienestar Social (School of Social Welfare) y la Facultad de Farmacia (School of Pharmacy). Las entidades cubiertas, que integran SBOHCA, se encuentran en diversos sitios en toda el área metropolitana de Nueva York. Este aviso rige para todas estas instituciones.

Las entidades cubiertas que participan en SBOHCA compartirán información médica protegida entre ellas en la medida de lo necesario para llevar a cabo tratamiento, pagos u operaciones de atención médica relacionados con OHCA. Es posible que las entidades cubiertas que conforman SBOHCA tengan políticas y procedimientos distintos en relación con el uso y la divulgación de información de salud creada y conservada en cada uno de los centros. Además, si bien todas las entidades que conforman SBOHCA utilizarán este aviso, los miembros voluntarios del personal médico de SBUH utilizarán un aviso específico para su práctica cuando proporcionen servicios en sus consultorios privados. Si tiene alguna pregunta en relación con alguna parte de este aviso o desea obtener más información sobre las entidades cubiertas de SBOHCA, por favor comuníquese con el encargado de privacidad llamando al (631) 444-5796.

**El Acuerdo Organizado de Atención Médica de Stony Brook (SBOHCA) PUEDE USAR Y DIVULGAR SU INFORMACIÓN DE SALUD PARA:**

**Tratamiento:** Se puede usar y divulgar su información de salud para brindarle tratamientos o servicios médicos. Revelaremos su información médica protegida a médicos, enfermeras, técnicos, estudiantes en programas de capacitación u otros miembros de personal, voluntarios, individuos contratados que participen en su atención y a otros proveedores, como su médico de atención primaria, para la continuidad de su atención médica.

**Pagos:** Las entidades cubiertas de SBOHCA usarán y revelarán su información de salud a otros proveedores de atención médica para asistir en el pago de sus facturas. También se utilizará su información de salud para enviar facturas y recibir pagos de parte suya, de su compañía de seguro o de otros pagadores, tales como Medicare, por la atención, el tratamiento y otros servicios relacionados que usted reciba. Es posible que le informemos a su aseguradora de salud acerca de los tratamientos que su médico recomiende a fin de obtener autorización previa para determinar si su plan cubrirá el costo del tratamiento.

**Operaciones:** Se puede utilizar y divulgar su información de salud para fines de operaciones de atención de salud. Por ejemplo, la información de registros médicos se utiliza para obtener y conservar la acreditación y certificación.

**Consentimiento:** En el Estado de Nueva York se requiere su consentimiento general para el tratamiento y el pago. Una vez que firma el consentimiento general, tendrá vigencia indefinidamente hasta que usted retire/revoque su consentimiento general. Para retirar/revocar su consentimiento general en cualquier momento, debe enviar su solicitud por escrito a la Oficina de Privacidad.

Por favor, comuníquese con la Oficina de Privacidad llamando al (631) 444-5796 para recibir instrucciones/opciones para enviar su solicitud por escrito para retirar/revocar su consentimiento. Una vez que retira/revoca su consentimiento, la entidad individual o las entidades de SBOHCA ya no podrán proporcionarle tratamiento, ni usar y divulgar su información de salud, salvo en la medida en que la entidad individual o entidades de SBOHCA ya hayan actuado en función de su consentimiento. Por ejemplo, si la entidad de SBOHCA le brindó tratamiento antes de que usted retire/revoque su consentimiento general, la entidad de SBOHCA podrá continuar compartiendo su información de salud con su compañía de seguro a los fines de obtener pagos por dicho tratamiento.

**Las entidades de SBOHCA obtendrán su autorización para usar y divulgar su información de salud del siguiente modo:**

**Notas de terapia psicológica:** Cualquier uso y divulgación de las notas de terapia psicológica, salvo brindar tratamiento, obtener pagos y realizar operaciones de atención médica, requieren su autorización.

**Venta de información protegida de salud:** Se les exige a las entidades individuales o a las entidades de SBOHCA que obtengan su autorización para cualquier uso y divulgación de su información protegida de salud por los cuales la entidad individual o las entidades de SBOHCA reciban cualquier forma de incentivo o pago. **Las entidades de SBOHCA le brindarán la oportunidad de aceptar o rechazar los siguientes usos y divulgaciones de su información de salud (salvo que se encuentre discapacitado, tenga algún impedimento para responder o en caso de emergencia):**

**Directorio de pacientes:** Es posible que SBUH registre el nombre, la unidad del centro en la que se encuentra, el estado general de salud y la afiliación religiosa de los pacientes hospitalizados en el directorio de pacientes. Es posible que se proporcione información tal como su ubicación o estado de salud, en la medida de lo pertinente, a miembros del clero, familiares, visitantes y personal de prensa que pregunte por usted indicando su nombre. Si usted no quiere que registremos esta información en el directorio de pacientes de SBUH o les brindemos dicha información a miembros del clero u otras personas, debe solicitar hablar con el Subdirector de enfermería (Assistant Director of Nursing, ADN) que se encuentre de turno en cualquier momento durante su hospitalización.

**Comunicación con las personas involucradas en su atención:** Las entidades individuales de SBOHCA pueden usar y divulgar su información de salud para notificar o asistir en notificar a un familiar o amigo cercano sobre su estado general de salud, otra información que sea necesaria para participar en las decisiones sobre su atención o en caso de muerte. Si usted no puede o no está disponible para aceptar o rechazar estas notificaciones, nuestros profesionales de la salud aplicarán su mejor criterio para comunicarse con sus familiares y amigos.

**Emergencias, asistencia en caso de desastres:** Las entidades individuales de SBOHCA pueden utilizar y divulgar su información de salud a una entidad pública o privada autorizada para asistir en caso de emergencia o de desastre.

**Personas fallecidas:** Las entidades individuales de SBOHCA pueden utilizar y divulgar la información de salud de una persona fallecida a familiares, parientes o amigos personales cercanos que participaron en brindarle y/o pagar la atención médica recibida por el fallecido y en caso de que sea relevante para la participación de dicha persona en la atención del fallecido, salvo que hacerlo resulte contrario a alguna preferencia expresada con antelación por el fallecido a la entidad de SBOHCA.

**Las entidades de SBOHCA no están obligadas a brindarle la oportunidad de aceptar o rechazar los siguientes usos y divulgaciones de su información de salud:**

**Por disposición legal:** Las entidades individuales de SBOHCA pueden utilizar y divulgar su información de salud para cumplir con la legislación federal y estatal. Por ejemplo, a una autoridad de salud pública autorizada por ley a recabar o recibir dicha información con el objetivo de prevenir o controlar enfermedades, lesiones o discapacidades; o a un empleador sobre un empleado en relación con la vigilancia médica o con una lesión o enfermedad relacionada con el trabajo.

**Actividades de supervisión de salud/Asuntos judiciales:** Las entidades individuales de SBOHCA pueden divulgar su información de salud para auditorías, investigaciones, inspecciones, licencias, certificación, identificación de individuos involucrados en una investigación policial o actividades relacionadas, o para responder a una citación.

**Persona fallecida/información sobre donación de órganos o salud y seguridad personal:** Las entidades individuales de SBOHCA pueden divulgar su información de salud a médicos forenses, examinadores médicos y directores de casas fúnebres; organizaciones involucradas en la adquisición, el almacenamiento o el trasplante de órganos y tejidos; y para prevenir o reducir una amenaza para la salud y seguridad de una persona o el público.

**Funciones gubernamentales especializadas o indemnización laboral:** Las entidades individuales de SBOHCA pueden divulgar su información para: actividades militares y de veteranos, seguridad nacional y actividades de inteligencia; y situaciones de custodia correccional u otra aplicación de la ley. También es posible que divulguemos la información de salud que sea necesaria para cumplir con las leyes de indemnización laboral.

**Investigación:** Las entidades individuales de SBOHCA pueden usar y divulgar su información de salud para fines investigativos, independientemente de la fuente de financiación, aprobados por la Junta de Revisión Institucional (IRB) correspondiente o cualquier exención aplicable.

**Mercadeo y recaudación de fondos:** Las entidades individuales de SBOHCA pueden comunicarse con usted para brindarle información sobre otro tratamiento o beneficios y servicios relacionados con la salud que puedan ser de interés para usted. Además, es posible que las entidades de SBOHCA se comuniquen con usted para que participe en actividades de mercadeo o de recaudación de fondos. Usted puede optar por no recibir información de mercadeo y de recaudación de fondos. Las entidades de SBOHCA no le venderán su información de salud a terceros para fines de mercadeo o recaudación de fondos ni aceptarán pagos de terceros para usar su información de salud para comercializar un producto o servicio, o para actividades de recaudación de fondos. Para optar por no recibir información de mercadeo o recaudación de fondos puede comunicarse con el encargado de privacidad de SBUH llamando al (631) 444-5796 o enviar por correo electrónico su solicitud incluyendo su nombre y fecha de nacimiento a [***HIPAA@stonybrookmedicine.edu***](mailto:HIPAA@stonybrookmedicine.edu).

**Cambio de titularidad:** En caso de que el Estado de Nueva York venda o deba desprenderse de una entidad (o entidades) de SBOHCA, su información de salud pasará a ser propiedad del nuevo titular/entidad y estará sujeta a sus políticas sobre información de salud, así como a las leyes federales y estatales.

**Divulgación incidental:** Las entidades individuales de SBOHCA tomarán las medidas razonables para proteger la privacidad de su información de salud; sin embargo, se pueden producir determinados usos y divulgaciones incidentales de su información de salud como resultado de usos y divulgaciones permitidas que son limitadas por su naturaleza y no pueden ser razonablemente evitadas. Por ejemplo, es posible que un tercero escuche conversaciones sobre su información de salud.

**SUS DERECHOS EN RELACIÓN CON SU INFORMACIÓN DE SALUD**

**Recibir comunicaciones confidenciales:** Tiene derecho a solicitar recibir su información de salud a través de un medio alternativo razonable o en un lugar alternativo. Por ejemplo, nos puede dar su número de teléfono celular en lugar del número de teléfono particular como su número principal o usar una casilla de correo en lugar del domicilio postal de su hogar como domicilio principal.

**Restringir el uso/divulgación:** Tiene derecho a presentar una solicitud escrita para restringir determinados usos y divulgaciones de su información de salud. Aunque intentaremos cumplir su solicitud, las entidades individuales de SBOHCA no están obligadas a aceptar o cumplir con la restricción solicitada; excepto las solicitudes para restringir la divulgación de información de salud a su plan/cobertura de salud en caso de que la divulgación sea para obtener pagos o realizar operaciones de salud y pertenezca a un artículo o servicio de atención médica para el cual ya se ha obtenido la totalidad del pago directo en el momento en que se prestó el servicio.

**Inspeccionar y copiar:** Tiene derecho a presentar una solicitud por escrito con firma original para inspeccionar o recibir una copia de su información de salud. Las entidades individuales de SBOHCA cuentan con políticas y procedimientos para brindarle un acceso adecuado para inspeccionar o recibir una copia de su información de salud. Si su información de salud se almacena en forma electrónica usted puede solicitar una copia electrónica en lugar de una copia impresa. Se le proporcionará un CD que contenga la información de salud solicitada. Si solicita una copia de su información de salud, podremos cobrarle una tarifa razonable por las copias.

**Modificar/corregir información:** Tiene derecho a presentar una solicitud por escrito para modificar/corregir su información de salud. Las entidades individuales de SBOHCA no están obligadas a realizar la modificación solicitada a su información de salud. Se responderá su solicitud por escrito y si su solicitud es denegada, la respuesta incluirá el motivo de la denegación e información sobre cómo apelar la denegación.

**Recibir un informe de divulgaciones:** Tiene derecho a presentar una solicitud por escrito para recibir un informe de las divulgaciones realizadas por las entidades individuales de SBOHCA de su información de salud. No tenemos obligación de dar cuenta de todas las divulgaciones de su información de salud. Por ejemplo, no se requiere un informe de divulgación para divulgaciones relacionadas con el tratamiento, el pago o las operaciones de salud; para información que se le proporcionó a usted, información que fue divulgada con autorización suya por escrito/permisos y divulgaciones requeridas por la ley federal o estatal.

**Explicación detallada de derechos:** Tiene derecho a recibir una copia en papel de este aviso de prácticas de confidencialidad. Si desea recibir información más detallada de estos derechos o desea ejercer uno o más de estos derechos, comuníquese con la Oficina de Privacidad llamando al (631) 444-5796 o visite el sitio web de SBUH: ***stonybrookmedicine.edu/patientcare/patientprivacy.***

**Obligaciones de SBOHCA: Las entidades individuales de SBOCHA le notificarán, según lo requiera la ley, toda vez que se produzca un incumplimiento relacionado con su información protegida de salud.**

**MODIFICACIONES A ESTE AVISO CONJUNTO DE PRÁCTICAS DE CONFIDENCIALIDAD**

Las entidades individuales de SBOHCA están obligadas por ley a cumplir con el presente aviso de prácticas de confidencialidad. Este aviso puede ser modificado y se pondrá a disposición mediando solicitud verbal o escrita de cualquier entidad individual de SBOHCA o comunicándose con el encargado de privacidad llamando al (631) 444-5796, por correo electrónico escribiendo a [***HIPAA@stonybrookmedicine.edu***](mailto:HIPAA@stonybrookmedicine.edu) o puede acceder a través de Internet en: ***stonybrookmedicine.edu/patientcare/patientprivacy.***

**RECLAMOS**

Los reclamos relacionados con este aviso o relacionados con la forma en la cual las entidades individuales de SBOHCA manejan su información de salud se deben dirigir al encargado de privacidad llamando al (631) 444-5796 o escribiendo a [***HIPAA@stonybrookmedicine.edu***](mailto:HIPAA@stonybrookmedicine.edu). No tomaremos ninguna represalia ni iniciaremos acciones en su contra por presentar un reclamo.

Si usted considera que cualquiera de las entidades individuales de SBOHCA ha violado sus derechos de privacidad, puede presentar un reclamo al Departamento de Salud y Servicios Humanos, Oficina de Derechos Civiles, a través de: [***http://www.hhs.gov/ocr/privacy/hipaa/***](http://www.hhs.gov/ocr/privacy/hipaa/) ***complaints/*** o llamando al (800) 368-1019.

Fecha de entrada en vigencia del aviso original: 14 de abril de 2003

Fecha de entrada en vigencia del aviso modificado: 23 de septiembre de 2013

Fecha de entrada en vigencia del aviso modificado: 22 de agosto de 2016

Fecha de entrada en vigencia del aviso modificado: 1 de agosto de 2017

Stony Brook University/SUNY es una institución que promueve las acciones afirmativas y ofrece igualdad de oportunidades en la educación

y el empleo. Para adaptaciones relacionadas con la facilidad de acceso, llame al (631) 444-4000. 16120861H