



New York City Department of Health and Mental Hygiene Notice of Privacy Practices

Effective April 24, 2025

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.

If you have questions, contact the Clinic Director or facility Health Services Manager. You can also contact the New York City Department of Health and Mental Hygiene's (NYC Health Department) Chief Privacy Officer at 347-396-6007 or privacyofficer@health.nyc.gov.

Protected health information (PHI) is a person's health information that is shared orally, in writing, or electronically. It includes general information (such as your age, address, and email) and information about your physical or mental health. PHI also includes information about health care services you received and payment for those services. The NYC Health Department protects the privacy of PHI by following all relevant laws, rules, and regulations.

This notice is provided to you as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice outlines how the NYC Health Department may use and disclose (or share) your PHI and how it is protected. This notice also describes your rights and the NYC Health Department's responsibilities when using and sharing your PHI.

Who This Notice Is For

The NYC Health Department is considered a "hybrid entity" under HIPAA because it provides both health care services and public health services. Health care services are covered by HIPAA, but public health services are not.

This notice applies to the health care services covered by HIPAA. The responsibilities in this notice are for all NYC Health Department personnel who use or share your PHI.

NYC Health Department Responsibilities

By law, NYC Health Department clinics must:

- Keep your PHI private and secure
- Inform you about our legal responsibilities and privacy practices when using and sharing your PHI

Privacy Laws

Several federal, state, and City privacy laws have more restrictions on using and sharing PHI. These laws apply to substance abuse treatment, HIV/AIDS testing and treatment, sexually transmitted infection testing and treatment, mental health treatment, reproductive health care, abortion, gender-affirming care, and immigration. NYC Health Department policies and this notice follow these laws. With limited exceptions, we will share only the minimum

necessary information.

How the NYC Health Department Can Use and Share Your PHI

When the NYC Health Department Must Share Your PHI

By law, the NYC Health Department must share your PHI with you unless a health care professional says doing so would be harmful to your health.

If requested, the NYC Health Department must also share your PHI with the Secretary of the U.S. Department of Health and Human Services during investigations about how we follow laws that protect your PHI.

Treatment

The NYC Health Department may use or share your PHI, including health care provider recommendations, to provide treatment or services you need. We may share your PHI with health care providers involved in your care.

Payment

Your PHI will be used as needed to bill and receive payment for treatment and services provided to you. The NYC Health Department may share information about your treatment to your health insurance plan (including Medicaid) or a managed care organization to get approval for payment.

Health Care Operations

The NYC Health Department may use and share your PHI for our regular health care operations. Health care staff will use your PHI to review the care you received and your health care outcomes to compare it to others. For example, your PHI may be reviewed for training, for risk management, or to help improve the quality and effectiveness of the care and services we provide.

The NYC Health Department will share your PHI with third-party business associates who perform services for the agency, such as billing. Business associates will also be required to protect your PHI.

The NYC Health Department may remove any personal information so your PHI can be used to study health care and services without revealing who you are.

Appointment Reminders

The NYC Health Department may use and share your PHI to send appointment reminders. These reminders will not reveal the reason for your health care visit.

Federal, State, and City Requirements

The NYC Health Department will share your PHI when required by a federal, state, or City law, rule, or regulation.

Public Health Activities

The NYC Health Department may share your PHI with any public health agency that can legally receive PHI for public health surveillance **or** to prevent or control disease, injury, or

disability. This includes disease, birth, and death reports.

Child Abuse

The NYC Health Department may share your PHI with any government authority that can legally receive child abuse reports.

Referrals for Health Care and Services: With your consent, when we refer you to a health care provider, we will disclose your PHI with that health care provider to provide you care or services.

Health Oversight

The NYC Health Department may share your PHI with any health oversight agency for legal activities (such as audits, investigations, inspections, and licensures) that monitor the health care system, government benefit programs, other government regulatory programs, or civil rights laws.

Food and Drug Administration (FDA)

The NYC Health Department may share your PHI with any person or company required by the FDA to:

- Report product defects, negative reactions, or issues
- Report biological product changes
- Track products
- Recall products
- Make repairs or replacements
- Conduct post-marketing surveillance

Legal Proceedings

The NYC Health Department may share your PHI in response to a valid court or administrative order if you are involved in a lawsuit or other legal proceeding. We may also share your PHI in response to a valid subpoena, discovery request, or other legal process by someone else in the proceeding, only if efforts were made to contact you about the request or a protective order was obtained to prohibit the use or disclosure of your PHI for any purpose other than the legal proceeding and to require the return or destruction of your PHI at the end of the legal proceeding.

Law Enforcement

The NYC Health Department may share PHI if asked by law enforcement officials:

- In response to any court order, subpoena, warrant, summons, or similar process
- To identify or find a suspect, fugitive, witness, or missing person
- To learn about someone who has experienced a crime if we cannot get the person's consent
- To learn about a death we believe may have happened because of a crime
- To learn about a crime that happened at one of our clinics
- In an emergency, to report a crime or learn:
 - Where a crime took place or where the people who experienced a crime can be found
 - Who committed a crime or where they can be found

Coroners, Funeral Directors, and Organ Donations

The NYC Health Department may share PHI to a coroner or medical examiner to identify a

deceased person or figure out how a person died. We may also reveal PHI to funeral directors to help them do their jobs, as allowed by law. PHI may also be used and shared for organ donations.

Research

Sometimes, the NYC Health Department may use and share your PHI to conduct research. The research must first be approved by the NYC Health Department's Institutional Review Board and follow all relevant laws, rules, and regulations.

Parental Access

Some state laws explain what PHI can be shared with parents and legal guardians. The NYC Health Department will follow all relevant laws.

Workers' Compensation

The NYC Health Department may share your PHI to follow any workers' compensation laws or similar programs that give benefits for work-related injuries or illnesses.

Criminal Activity

Under some federal and state laws, the NYC Health Department may share your PHI if we believe using or sharing it will prevent or lessen a serious and imminent threat to the public or a person's health or safety. We may also reveal your PHI if necessary to help law enforcement authorities to identify or arrest someone.

Incarcerated People

The NYC Health Department may share incarcerated people's PHI with their correctional facility or its staff, if needed for the health and safety of them or others.

Military Activity and Veterans

If you are a member of the armed forces, the NYC Health Department may share your PHI as required by military command authorities. We may also share PHI about foreign military personnel to appropriate foreign military authorities.

National Security and Intelligence

The NYC Health Department may share your PHI with authorized federal officials for intelligence, counterintelligence, and other national security activities as allowed by law. We may also share your PHI with federal officials so they can conduct special investigations or protect the U.S. president, other authorized people, or foreign heads of state.

People Involved in Your Health Care

Unless you do not approve, the NYC Health Department may use or share your PHI to let a family member or personal representative know where you are and your health status. If you are present, you will be able to not allow this use or sharing of your PHI. If you are unable to decide or in an emergency, we may share your PHI if we believe it is best for you.

Your Rights Regarding Your PHI

Although your health record is NYC Health Department property, the information is yours. Below are your rights regarding your PHI. You can submit any of the following requests by

writing to the Clinic Director, Health Services Manager, or their designee:

Right to Inspect and Copy: Your PHI is kept in a “designated record set” and may be used to make decisions about your health care. The designated record set usually includes medical and billing records. You have the right to review and receive this information for as long as the NYC Health Department keeps it. This right does not apply to:

- Psychotherapy notes
- Information put together to be used or potentially used in a civil, criminal, or administrative action or proceeding
- PHI that laws prevent access to

The NYC Health Department may deny your request to review and receive your health information in certain situations. If you are denied access to your health information, you may contact the Chief Privacy Officer at 347-396-6007 or privacyofficer@health.nyc.gov to request the denial be reviewed.

Right to Request Amendment: If you believe the health information we have about you is incorrect or incomplete, you may ask us to amend (change or add to) the information. You have the right to request an amendment for as long as the NYC Health Department keeps your health information. The NYC Health Department may deny your request if it is not in writing or does not include a valid reason. Also, we may deny your request if you ask us to amend information that:

- Was not created by the NYC Health Department, unless the person or entity that created the information cannot make the amendment
- Is not part of the health information kept by or for the NYC Health Department
- Is not part of the information you are permitted to review and receive
- Is accurate and complete

Right to Receive Notice of a Breach: The NYC Health Department must let you know quickly if the privacy or security of your information has been affected.

Right to an Accounting of Disclosures: An accounting of disclosures is a list of persons and entities to whom we shared your PHI. This list does not include disclosures made for treatment, payment, or health care purposes as described in this notice or certain other disclosures (such as any you asked us to make). You have the right to an accounting of disclosures of PHI for up to six years before the date of your request.

Right to Request Restrictions: You have the right to request a restriction (or limit) on the PHI we use or share about you for treatment, payment, or health care purposes. You also have the right to request a limit on the PHI we share about you to someone who is involved in your health care or the payment for your health care. We do not have to agree to your request.

If you fully pay for a service or health care item with your own money, you can ask us not to share your information with your health insurance provider for payment or health care purposes. We will agree with you unless required by law to share the information.

Right to Request Confidential Communications: You may request that we contact you

using alternative means or at an alternative location to protect your privacy. For example, you can ask us to contact you at work or by mail. You may also ask that we mail information to you in a closed envelope rather than a postcard.

If you would like us to contact you privately, send a written request to the Clinic Director or their designee. Your request must say how or where you want to be contacted. If you receive services at more than one clinic, you must make a request for each.

Right to Choose Someone to Act for You: If you have given someone medical power of attorney (the ability for someone to make health care decisions for you if you cannot) or if someone is your legal guardian, they can make choices about your PHI for you.

Right to Obtain a Copy of This Notice: You can request a paper copy of this notice at any time. Contact the Clinic Director or Health Services Manager, or the Chief Privacy Officer at 347-396-6007 or privacyofficer@health.nyc.gov.

Authorization for Use of PHI

HIPAA requires us to get your written permission to use or share your PHI for:

- Marketing purposes
- Sale of your information (it is NYC Health Department policy to **not** sell your PHI)
- Most psychotherapy note disclosures

The NYC Health Department will request your written permission to use or share your PHI for reasons not covered by this notice or laws that apply to us. If you give us permission to use or share your PHI, you may cancel that permission in writing at any time. If you cancel, the NYC Health Department will no longer use or share your PHI for the reasons listed in your written permission. We are unable to take back any disclosures we have already made with your permission and are required to keep.

Changes to This Notice

We can change our privacy practices and this notice. We can also make any changes to this notice apply to any PHI we already have about you as well as any information we may receive in the future.

We will post a copy of our current notice at all of our clinics. The effective date (when the notice started to be used) will be noted at the top in the center of the first page and the bottom right of the last page of the notice. Also, a copy of the current notice will be made available to you whenever it is updated. You may also request a copy of our notice at any time and see the most current notice by visiting on.nyc.gov/privacy-practices.

Complaints

If you believe your privacy has been violated, you may send a written complaint to the NYC Health Department's Chief Privacy Officer or the Secretary of the U.S. Department of Health and Human Services at the below addresses. There is no penalty for sending a complaint:

- Email your complaint to privacyofficer@health.nyc.gov.
- Mail your complaint to:
 - NYC Department of Health and Mental Hygiene's Chief Privacy Officer at Gotham

Center

42-09 28th Street, 14th Floor, CN-30, Long Island City, NY 11101

- File your complaint directly with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR):
 - [File your complaint in writing by mail, fax, email, or electronically via the OCR Complaint Portal.](#)

Effective April 24, 2025



Notice of Privacy Practices Acknowledgment of Receipt

By signing and dating this form, I acknowledge I have received a copy of the New York City Department of Health and Mental Hygiene's Notice of Privacy Practices.

Patient's name (please print)	
Patient's signature	Date

If you are a personal representative filling this out for the patient, print your name below.

Personal representative's name (please print)	
Personal representative's signature	Date

For Official Use Only
☐ Patient refused to sign ☐ Patient was unable to sign NYC Health Department employee initials: _____ Date: _____