

# Challenge, Inc.

## Notice of Privacy Practices

### (Notice to Program Participants)

**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.**

Challenge Industries, Inc. (“Challenge”) is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Challenge please contact:

Privacy Officer: Martine Gold  
Challenge Industries, Inc.  
950 Danby Rd. Suite 179  
Ithaca, New York 14850  
607-272-8990

#### **I. How Challenge May Use or Disclose Your Health Information**

Challenge collects health information from you and from other organizations which participate in your services, and stores this health information in paper files and in computer files. This health information includes information about any medical or other conditions which affect your ability to work. The paper and computer records are the property of Challenge, but the information in the medical record belongs to you. Challenge protects the privacy of your health information. The law permits Challenge to use or disclose your health information for the following purposes:

1. Treatment. Challenge provides habilitation services and vocational services to help individuals overcome barriers to employment, which may include a disability or medical condition. Your health information is used by our staff to assist you in overcoming these barriers. For example, an Employment Specialist may advise a participant on how to compensate for a physical limitation in order to complete a job more efficiently.
2. Payment. Challenge receives a significant portion of its support from various state agencies and from Medicaid. This support is in payment to Challenge for the services it provides to its participants. In order to receive payment from Medicaid and from the state agencies, we must provide health information to them as evidence that we have provided the services. This information may include your name, identifying numbers, and the nature and date of services provided.
3. Regular Health Care Operations. Challenge uses your health information in the operation and administration of our programs. Examples of operations include staff training, quality assurance, and analysis of the cost of our programs.
4. Information provided to you. At your request, Challenge will provide you with Protected Health Information that is in your file. Challenge may charge a nominal fee for photocopying.
5. Directory. We may list your name, where you are located in our facilities, conditions that affect your ability to work, and your general medical condition in our directory. This information is accessible to Challenge staff and to representatives of other organizations which work with us in serving you. This information is used for the protection of your safety and health,

and for operations (such as transportation) which require communication between Challenge staff and other providers. If you do not want us to list this information in our directory and provide it to other organizations, you must tell us that you object.

6. Notification and communication with family or legal guardian. Challenge may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others. We may also disclose your specific health information to your parent or other family member if you have indicated that you will authorize us to do so.

7. Your personal friends and acquaintances. Challenge does not volunteer any unsolicited information about whether you are a participant in any of our programs. However, if your friend or acquaintance calls for you or comes to our facility to visit you or to leave you a message, we will acknowledge the fact that you are a participant. We will not disclose information about your health or ability to perform a job to people who are not your family or personal representatives. If you do not want us to acknowledge the fact that you are a program participant at Challenge to your personal friends or acquaintances, you must tell us that you object.

8. Required by law. As required by law, we may use and disclose your health information.

9. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

10. Health oversight activities. We may disclose your health information to health agencies, including, but not limited to, OWPDD, OMH and the State Education Department, during the course of audits, investigations, inspections, licensure and other proceedings.

11. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.

12. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

13. Deceased person information. In the event of your death, we may disclose your health information to coroners, medical examiners and funeral directors.

14. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or Challenge's Board of Directors.

15. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

16. Specialized government functions. We may disclose your health information for military, national security, and prisoner purposes.

17. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.

18. Marketing. We may contact you to provide appointment reminders or to give you information about other programs or health-related benefits and services that may be of interest to you.

19. Fund-raising. We may contact you to participate in fund-raising activities for Challenge.

20. Change of Ownership. In the event that Challenge is merged with another organization, your health information/record will remain the property of the resulting organization.

## **II. When Challenge May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, Challenge will not use or disclose your health information without your written authorization. If you do authorize Challenge to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

## **III. Your Health Information Rights**

1. You have the right to request restrictions on certain uses and disclosures of your health information. Challenge is not required to agree to the restriction that you requested.

2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. For instance, you may request that your information be sent to you in writing. Challenge may determine whether your request can reasonably be accommodated.

3. You have the right to inspect and copy your health information.

4. You have a right to request that Challenge amend your health information that is incorrect or incomplete. Challenge is not required to change your health information and will provide you with information about Challenge's denial and how you can disagree with the denial.

5. You have a right to receive an accounting of disclosures of your health information made by Challenge, except that Challenge does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), 5 (directory listings) and 16 (certain government functions) of section I of this Notice of Privacy Practices.

6. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact Challenge's Privacy Officer. Your employment specialist or advisor can help you contact the Privacy Officer.

## **IV. Changes to this Notice of Privacy Practices**

Challenge reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, Challenge is required by law to comply with this Notice.

If Challenge revises this notice, it will explain the revisions to all participants covered by the Notice of Privacy Practices at the time of revision, and provide paper copies to all who desire one.

## **V. Complaints**

Complaints about this Notice of Privacy Practices or how Challenge handles your health information should be directed to the Privacy Officer.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.