

JOB PATH INC.

NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION OR PERSONAL INFORMATION WE RECEIVE ABOUT INDIVIDUALS RECEIVING SERVICES MAY BE USED AND DISCLOSED, AND HOW INDIVIDUALS RECEIVING SERVICES, THEIR GUARDIANS AND/OR THEIR PERSONAL REPRESENTATIVES, CAN GET ACCESS TO THIS INFORMATION. *GUARDIANS AND PERSONAL REPRESENTATIVES SHOULD BE AWARE THAT THE WORD "YOU" IN THIS NOTICE REFERS TO INDIVIDUALS RECEIVING SERVICES, NOT TO THE GUARDIAN.* PLEASE REVIEW IT CAREFULLY.

We are required by law to protect the privacy of health information or other personal information that may reveal your identity, and to provide you with a copy of this notice which describes the health information privacy practices of our agency, its staff, and affiliated health care providers that jointly provide treatment, and perform payment activities and business operations, with our agency. We are required by law to follow the procedures and rights described in this notice. We are required to notify you if there is any breach or violation of these practices and a disclosure is made in violation of the rules described here.

Job Path reserves the right to revise our privacy practices and to make any changes apply to health information that we have received prior to those changes. If we revise our privacy practices, we will send you a revised notice by first class mail.

A copy of our current notice will always be posted in our reception area. You will also be able to obtain a copy by calling our office at 212-944-0564, or asking for one at the time of your next visit.

If you have any questions about this notice or would like further information, please contact (Rachel Pollock) at 212-944-0564

IMPORTANT SUMMARY INFORMATION

Requirement For Written Authorization. We will generally obtain your written authorization before using or sharing your health or other personal information with others outside the agency. You may also initiate the transfer of your records to another person by completing an authorization form. If you provide us with

written authorization, you may revoke that authorization at any time, except to the extent that we have already relied upon it. To revoke an authorization, please write to Rachel Pollock, Assistant Privacy Officer, Job Path, Inc., 22 West 38th Street, New York, New York 10018.

Exceptions To Authorization Requirement. There are some situations when we do not need your written authorization before using your health information or sharing it with others. They are:

- **Exception For Treatment, Payment, And Agency Operations.** We may use your health information, among agency staff, to treat your condition, collect payment for that treatment, and run our agency's normal business operations. We also may disclose your health information to government agencies to receive payment for service we provide to you. We may share information with the government agencies, like AccesVR, OPWDD or the Department of Health who fund and provide oversight to our programs. We also may share information with other team members, both members of our staff and the staff of other service agencies, as a part of a semi-annual ISP meeting. For more information, see page 4 of this notice.
- **Exception In Emergencies Or Public Need.** We may use or disclose your health information in an emergency or for important public needs. For example, we may share your information with public health officials at the New York State or City health departments who are authorized to investigate and control the spread of diseases. For more examples, see pages 6-9 of this notice.
- **Exception If Information Does Not Identify You.** We may use or disclose your health information if we have removed any information that might reveal who you are.

Except in the situations specifically described in this notice in which we are not required to obtain your authorization, we will not make any disclosure of your health information without a written authorization.

It is important for you to know that we must obtain your authorization if we use and disclose your protected health information for marketing purposes or as part of a sale of protected health information.

If you have authorized us to disclose your health information, you may revoke authorization and we will not make any disclosure except in the situations described in this notice where we can disclose your health information without an authorization.

Please Note: If you cannot give permission due to an emergency, Job Path may release information in your best interest. We must tell you as soon possible after releasing the information

How To Access Your Health Information. You generally have the right to inspect and copy your health information. For more information, please see page 9 of this notice.

How To Correct Your Health Information. You have the right to request that we amend your health information if you believe it is inaccurate or incomplete. For more information, please see page 10 of this notice.

How To Keep Track Of The Ways Your Health Information Has Been Shared With Others. You have the right to receive a list from us, called an “accounting list,” which provides information about when and how we have disclosed your health information to outside persons or organizations. Many routine disclosures we make will not be included on this accounting list, but the accounting list will identify non-routine disclosures of your information. For more information, please see page 10 of this notice.

How To Request Additional Privacy Protections. You have the right to request further restrictions on the way we use your health information or share it with others. We are not required to agree to the restriction you request, but if we do, we will be bound by our agreement. For more information, please see page 11 of this notice.

How To Request More Confidential Communications. You have the right to request that we contact you in a way that is more confidential for you, such as at work instead of at home. We will try to accommodate all reasonable requests. For more information, please see page 11 of this notice.

How Someone May Act On Your Behalf. You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

How To Learn About Special Protections For HIV-Related Information. Special privacy protections apply to HIV-related information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you will be provided with separate notices explaining how the information will be protected. To request copies of these other notices now, please contact Roberta Magnus, at 212-944-0564.

How To Obtain A Copy 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 Roberta Magnus, at 212-944-0564. You may also request a copy of this notice at your next visit.

How To Obtain A Copy Of Revised Notice. 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 health information, and we will be required by law to abide by its terms. We will post any revised notice in our agency reception area. You will also be able to obtain your own copy of the revised notice by calling our office at 212-944-0564 or asking for one at the time of your next visit. The effective date of the notice will always be noted 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 Rachel Pollock, Privacy Officer, Job Path, Inc., 22 West 38th Street, New York, New York 10018. *No one will retaliate or take action against you for filing a complaint.*

WHAT INFORMATION IS PROTECTED

We are committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected information are:

- the fact that you are a participant at, or receiving treatment or health-related services from, our agency;
- information about your health condition (such as a disease you may have);
- information about health care services you have received or may receive in the future (such as a medication or treatment); or
- information about your health care benefits under an insurance plan (such as whether a prescription is covered);

when combined with:

- geographic information (such as where you live or work);
- demographic information (such as your race, gender, ethnicity or marital status);
- unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number); and
- other types of information that may identify who you are.
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HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

1. Treatment, Payment And Agency Business Operations

The agency and its staff may use your health information, within our own agency, and in certain limited circumstances, share it with others in order to treat your condition, and obtain payment for that treatment. In certain limited circumstances, your health or other information obtained in the course of treatment also may be disclosed to another health care provider for its treatment and payment activities, and for certain limited business operations by it. Below are further examples of how your information may be used and disclosed by our agency.

Treatment (45 C.F.R. §§164.506(1)&(2)) and New York Mental Hygiene Law, 33.13. We may share your health information or other information we receive in the course of treatment, with other staff at the agency who are involved in providing services to you, and they may in turn use that information to diagnose or treat you, or to develop a plan of services for, you. We may share your health information and other information we have obtained from you in providing services to you, with others outside the agency who work within the same mental health system as we do. For example, if you have a case manager at another agency, we may share information with that person in order to assist them or us in providing services to you. As another example, if you are living in an apartment or group home that is supervised or operated by another agency, we may share information with staff at that agency to help their staff or our staff provide or coordinate services. As a third example, we may share information with your AccesVR case manager, if you are enrolled in our employment program.

Payment We may use your health information or share it with others so that we obtain payment for your health care services. Specifically, Job Path provides information to a number of City, State, and Federal agencies to obtain payment for services provided to you and other individuals receiving services.

Business Operations We may use your health information to conduct our normal business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you. We may also share your health information with another company that performs business services for us, such as billing companies. If so, we will have a written contract to ensure that this company also protects the privacy of your health information.

Appointment Reminders, Treatment Alternatives, Benefits And Services. We may use your health information when we contact you with a reminder that you have an appointment for treatment or services at our facility. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

Fundraising We may use demographic information about you, including information about your age and gender, and where you live or work, and the dates that you received treatment, in order to contact you to raise money to help us operate. If we contact you for fundraising purposes, we will send you an opt-out post-card or e-mail opt out link so that you can indicate if you do not want to be contacted for fundraising purposes. If you do not want to be contacted for these fundraising efforts, please write to Linda Small at Job Path Inc. 22 West 38th Street, New York, New York 10018.

Friends And Family Involved In Your Care. With your consent, we may share your health information with a family member, relative or close personal friend

who is involved in your care or payment for that care. We may also notify a family member, personal representative, or another person responsible for your care about your location and general condition here at our facility, or about the unfortunate event of your death. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons.

Incidental Disclosures. While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, despite our best efforts, other individuals receiving services in the treatment area may see, or overhear discussion of, your health information.

3. Public Need

We may use your health information, and share it with others, in order to meet important public needs. We will not be required to obtain your written authorization, consent or any other type of permission before using or disclosing your information for these reasons.

As Required By Law. We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures if notice is required by law.

Public Health Activities. We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury or disability. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so.

Victims Of Abuse, Neglect Or Domestic Violence. We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, we may report your information to government officials if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

Health Oversight Activities. We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. This includes statistics they may require as part of their oversight of our activities. These government agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Lawsuits And Disputes. We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute.

Law Enforcement. We may disclose your health information to law enforcement officials for the following reasons:

- To comply with court orders or laws that we are required to follow;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your consent because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interests;
- If we suspect that your death resulted from criminal conduct;
- If necessary to report a crime that occurred on our property; or
- If necessary to report a crime discovered during an offsite medical emergency (for example, by emergency medical technicians at the scene of a crime).

To Avert A Serious Threat To Health Or Safety. We may use your health information or share it with others when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information with the endangered individual or someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling), or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

National Security And Intelligence Activities Or Protective Services. By a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates. We can share information that is not health related, that we have received in the course of providing services to you, with prison officials, upon their request.

We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Military And Veterans. If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Inmates And Correctional Institutions. If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with

health care, or to maintain safety, security and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates. We can share information that is not health related, that we have received in the course of providing services to you, with prison officials, upon their request.

Coroners, Medical Examiners And Funeral Directors In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties

Family Members and others involved in the care or payment of your care. In the unfortunate event of your death, we may disclose your protected health information to family members and others who were involved in your care or payment for your care.

Governmental Agencies that administer public benefits, if necessary to coordinate the benefits for the functioning of the program.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

We want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.

1. Right To Inspect And Copy Records

You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to (Rachel Pollock), Job Path, Inc. 22 West 38th Street, New York, New York 10018. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. The standard fee is \$0.75 per page and must generally be paid before or at the time we give the copies to you.

We will respond to your request for inspection of records within 10 days. We ordinarily will respond to requests for copies within 30 days. If we need additional time to respond to a request for copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

If we maintain any of your protected health information in electronic form, you may request that data in electronic form, unless it is unduly burdensome for us to provide the data in that form. We may charge you a reasonable cost for electronic reproduction of this material.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we do, we will provide you with a summary of the information instead. We will also provide a written notice that explains our reasons for providing only a summary, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. The notice will also include information on how to file a complaint about these issues with us or with the Secretary of the Department of Health and Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

2. Right To Request Amendment of Records

If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please write to Roberta Magnus, 22 West 38th Street, New York, New York 10018. Your request should include the reasons why you think we should make the amendment. Ordinarily we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

If we deny part or your entire request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

3. Right To An Accounting Of Disclosures

After April 14, 2003, you have a right to request an “accounting of disclosures” which is a list that contains certain information about how we have shared your information with others. An accounting list, however, will not include any information about:

- Disclosures we made to you;
- Disclosures we made pursuant to your authorization;
- Disclosures we made for treatment, payment or health care operations;
- Disclosures made to federal officials for national security and intelligence activities;

- Disclosures that were incidental to permissible uses and disclosures of your health information;
- Disclosures for purposes of research, public health or our normal business operations of limited portions of your health information that do not directly identify you;
- Disclosures about inmates to correctional institutions or law enforcement officers; or
- Disclosures made before April 14, 2003.

To request this accounting list, please write to, Rachel Pollock, Job Path Inc., 22 West 38th Street, New York, New York 10018. Your request must state a time period within the past six years (but after April 14, 2003) for the disclosures you want us to include. For example, you may request a list of the disclosures that we made between January 1, 2004 and January 1, 2005. You have a right to receive one accounting list within every 12 month period for free. However, we may charge you for the cost of providing any additional accounting list in that same 12 month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily we will respond to your request for an accounting list within 60 days. If we need additional time to prepare the accounting list you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting list. In rare cases, we may have to delay providing you with the accounting list without notifying you because a law enforcement official or government agency has asked us to do so.

4. Right To Request Additional Privacy Protections

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our agency's normal business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. For example, you could request that we not disclose information about a surgery you had. To request restrictions, please write to Roberta Magnus, Job Path Inc., 22 West 38th Street, New York, New York 10018. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. *However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law.* Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

5. Right To Request Confidential Communications

You have the right to request that we communicate with you about your health matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. For example, you may ask that we contact you by fax instead of by mail, or at work instead of at home. To request more confidential communications, please write to (Rachel Pollock), Job Path Inc., 22 West 38th Street, New York, New York 10018. *We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.* Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.

6. Right to Complain about Violation of Privacy Rights

If you believe your privacy rights have been violated by Job Path or any Job Path staff, you have a right to file a complaint with Job Path or with the Secretary of Health and Human Services. You may file a complaint by contacting Job Path's privacy officer, Rachel Pollock, Job Path's Executive Director, Fredda Rosen, or Job Path's Chief Compliance Officer, Ellen Murphy by calling 212-944-0564. You may file a complaint with the Secretary of Health and Human Services by contacting the Director of the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201. You may call them at 877-696-6775. You may also file a grievance with the Office of Civil Rights by calling or writing Region II – U.S. Department of Health and Human Services, Jacob Javits Federal Building, 21 Federal Plaza, Suite 3312, New York, New York 10278. Phone 800-368-1019, FAX 212-264-3039, TDD 800-537-7697.