



EFFECTIVE DATE: SEPTEMBER 23, 2013

LAST MODIFIED: JULY 7, 2025

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.

Village Senior Services Corporation d/b/a VillageCareMAX ("VillageCareMAX", "we" or "our") uses and shares your protected health information to provide your health care benefits. In this notice, when we talk about "information," "health information," "protected health information" or "PHI" we mean information about you, including demographic information that may identify you and information that relates to your physical or mental health conditions and health care services. VillageCareMAX is required by law to protect the privacy of this information. We are also required to provide you with this detailed Notice of Privacy Practices ("Notice") describing our legal duties and privacy practices relating to your health information, as well as the rights you have with regard to your health information. You or your personal representative may also obtain a copy of this notice and any future amendments to it by accessing our website at www.VillageCareMAX.org or requesting a copy from our staff.

The privacy practices described in this notice will be followed by all employees, directors and officers of VillageCareMAX, and all persons and entities we contract with to help us operate our plans – our "business associates."

AUTHORIZATION REQUIRED FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Except as described in this Notice of Privacy Practices and as permitted by applicable state or federal law, we will not use or disclose your personal information without your prior written authorization. Below are two examples of uses and sharing where your specific prior written authorization would be needed:

- For marketing purposes, except when there is a face-to face marketing communication or when we use your protected health information to provide you with a promotional gift of nominal value.

- For arrangements where we stand to receive remuneration from a third party for such use or disclosure, except under certain circumstances as allowed by applicable federal or state law.

REVOCATION OF AUTHORIZATION

If you give us a written authorization and change your mind, you may revoke your written authorization at any time, except to the extent we have already acted in reliance on your authorization. Once you give us authorization to release your health information, we cannot guarantee that the person or entity to whom the information is provided will not re-disclose the information.

USES AND DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

We may use your health information or share it with others as necessary to (1) provide you with treatment or care, (2) obtain or make payment for that treatment or care, (3) run our business operations or (4) comply with the law. In some cases, we may also disclose your health information for payment activities and certain business operations of another health care provider or plan. Below are examples of how your information may be used and disclosed for these purposes.

- **Treatment Purposes**

Health information about you may be used or disclosed with professionals who are treating you to help manage and ensure the appropriateness of the health care treatment you receive. For example, your care manager may discuss your health conditions with your doctor to plan the nursing services or physical therapy you might need.

- **Payment Purposes**

Health information about you may be used or disclosed as necessary for payment purposes and to assist in the payment activities of other health plans and health care providers. Our payment activities include obtaining premiums, determining your eligibility for benefits, reimbursing health care providers that treat you, and obtaining payment from other insurers that may be responsible for providing coverage to you. For example, if a health care provider submits a bill to us for services you received, your health information may be used to determine: (1) whether these services are covered under your benefit plan and (2) the appropriate amount of payment for the provider.

- **Business Operations**

Health information about you may be used and disclosed to carry out our health care operations, which include, but are not limited to: (1) care management and coordination;

(2) quality assurance and performance improvement activities; (3) review of your health benefit utilization; and (4) business management and general administrative activities of VillageCareMAX, including but not limited to: resolving complaints or grievances you or your health care providers may have, certain fundraising for the benefit of VillageCareMAX, and assisting other health plans and health care providers in performing certain health care operations, such as quality assurance, reviewing the competence and qualifications of health care network providers and conducting fraud detection.

Additionally, we may use advanced technology to improve the quality and efficiency of the services we provide. This technology may analyze your health information to support health care operations, such as quality assessment activities, developing clinical guidelines, and planning your services. We maintain strict security measures designed to safeguard your information when using this technology and will ensure that our use complies with all HIPAA and other applicable legal and regulatory requirements.

- **As Required by Law**

We may use or disclose your health information if we are required to do so by law. We will notify you of these uses and disclosures if notice is required by law, statute, regulation or court order.

ADDITIONAL USES AND DISCLOSURES PERMITTED WITHOUT YOUR AUTHORIZATION

We may also disclose your health information without your authorization as required or allowed by law for activities such as the following:

- **Public Health Activities:** To authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities, including activities for preventing or controlling disease, injury or disability.
- **Reporting Victims of Abuse, Neglect or Domestic Violence:** 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 such abuse, neglect or domestic violence for law enforcement purposes.
- **Health and Safety:** To prevent a serious and imminent 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 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.

- **Legal or Administrative Proceedings:** To respond to legal proceedings, such as in response to a court order.
- **Law Enforcement:** To comply with a court order, warrant, or similar legal process to find a suspect, witness or missing person and respond to certain requests for information concerning crimes.
- **Government Functions:** To authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.
- **Health Oversight Activities:** To comply with government audits, investigations, and inspections of our health plans.
- **Research:** For research purposes in limited circumstances.
- **Workers' Compensation:** To comply with workers' compensation laws.
- **Coroner, Medical Examiner, Funeral Director, or Organ and Tissue Donation Organizations:** To allow them to carry out their duties.
- **Fundraising:** We may use demographic information about you, such as age and gender, when deciding whether to contact you or your personal representative to raise money to help us operate. We may also share this information with a charitable foundation that will contact you or your personal representative to raise money on our behalf. You have the right to opt out of these uses by communicating that decision to us.
- **Business Associates:** We may disclose your health information to contractors, agents and other business associates who need the information to assist us in arranging for your care, paying or arranging for payment of your care or carrying out our business operations. We will have a written contract to ensure that these business associates also protect the privacy of your health information as required by law.
- **Family and Friends Involved in Your Care** Based on your informal permission and if you do not object, we may share your health information with a family member, relative, or close 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, or about the 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.

INFORMATION REQUIRING SPECIAL PROTECTIONS

Special privacy protections apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, reproductive health care information, and genetic information.

- **For HIV-related information:** HIV-related information (information concerning whether or not you have had an HIV-related test or have HIV infection, an HIV-related illness, or Acquired Immune Deficiency Syndrome (“AIDS”), or which could indicate that a person has been potentially exposed to HIV), can only be given to entities allowed to have it by law or by your authorization.
- **For alcohol and substance abuse treatment information:** We are required to provide a higher level of confidentiality when it comes to this information and are not allowed to use or disclose it in civil, criminal, administrative or legislative proceedings, absent your written consent or a court order.
- **For mental health information:** While the same rules that apply to all health information apply here, psychotherapy notes receive additional protection because they contain particularly sensitive information and are typically not required for purposes of treatment, payment, or health care operations.
- **For reproductive health care information:** Without receiving a valid attestation from the person requesting the information, we are not allowed to use or disclose your information for purposes of investigating or imposing liability on you for seeking, obtaining, providing, or facilitating reproductive health care where such health care is lawful under state or federal law.
- **For genetic information:** Genetic information includes information about your genetic tests, a family member’s genetic tests or evidence of a disease in your family and is afforded the same protection as other health information. We will not use or share your genetic information for underwriting purposes.

If use or sharing of health information described in this Notice is prohibited or otherwise limited by other laws that apply to us, our policy is to meet the requirements of the more stringent law.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

You have the following rights to access and control your health information. Each of these rights may be subject to certain requirements, limitations and exceptions. If you would like to exercise the rights described in this notice, please contact the Privacy Officer at 120 Broadway, Suite 2840, New York, NY, 10271 or call 212-337-5760.

- **Right To Inspect and Copy Records.**

You have the right to inspect and obtain a copy of any of the health information that may be or has been 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 to the Privacy Officer. We will act on your request in a timely manner as required by law and may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. Note: Requests for copies of records may be made orally or in writing. In both cases, you or your personal representative will be asked to complete the New York HIPAA Authorization Form before the request can be processed.

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 written notice that explains our reasons for denying your request and provides 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.

- **Right To Amend 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 submit your request to the Privacy Officer. Your request should include the reasons for the amendment. Ordinarily we will respond to your request within sixty (60) calendar days. If we need additional time to respond, we will notify you in writing within sixty (60) calendar days of the request 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 all-of-your 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 it 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 in the above-referenced notice. These procedures will be explained in more detail in any written denial notice we send you.

- **Right To an Accounting of Disclosures.**

You have a right to request an “accounting of disclosures” which identifies certain other persons or organizations to whom we have disclosed your health information in accordance with applicable law and the protections afforded in this Notice of Privacy Practices.

An accounting of disclosures does not include information about the following disclosures:

- Disclosures we made to you or your personal representative;
- Disclosures we made pursuant to your written authorization;
- Disclosures we made for purposes of treatment, payment or business operations;
- Disclosures made to friends and family involved in your care or payment for your care;
- Disclosures that were incidental to permissible uses and disclosures of your health information;
- Disclosures of limited portions of your health information that do not directly identify you for purposes of research, public health or our business operations;
- Disclosures made to federal officials for national security and intelligence activities; or
- Disclosures about inmates to correctional institutions or law enforcement officers

We are only required to provide an accounting of disclosure for the six (6) years immediately preceding your request. You have the right to receive one (1) accounting within every twelve (12) month period for free. However, we may charge you for the cost of providing any additional accounting in that same twelve (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 within sixty (60) calendar days of receipt. If we need additional time to prepare the accounting 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. In rare cases, we may have to delay providing you with the accounting without notifying you because a law enforcement official or government agency has asked us to do so.

- **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 for purposes of providing or arranging for your treatment, paying or arranging payment for your treatment or operating our health plans. You may also request that we limit how we disclose information about you to family or friends authorized to be

involved in your care. For example, you could request that we not disclose information about any treatment you've received or your plan of care. 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 will consider your request, but we are not required to agree to your request for a restriction. In some cases, the restriction you request may not be permitted under law. 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.

- **Right To Request Confidential Communications.**

You have the right to request that we communicate with you or your personal representative about your medical matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. 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 you or your personal representative wish to be contacted, and how payment for your health care will be handled if we communicate with your personal representative through this alternative method or location.

- **Right to Choose Someone to Act for You**

You have the right to assign a personal representative to act on your behalf. If you have given someone a medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has the authority and can act for you before we take any action.

- Note: We may refuse a request from your personal representative if we have reason to believe that they may be abusing, neglecting or otherwise putting you in danger.

- **Notification of Breach of Unsecured Protected Health Information.**

You will receive notification of any breach of your unsecured protected health information that we either identify ourselves or is reported to us by a business associate or its subcontractors.

ADDITIONAL INFORMATION

- **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. To do so, please call VillageCareMAX at 1-800-469-6292 (TTY 711) or send a request to our Privacy Officer at 112 Charles Street, New York, NY 10014. You may also obtain a copy of this notice from our website at **www.VillageCareMAX.org**.

- **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. You or your personal representative will also be able to obtain your own copy of the revised notice by contacting us at 1-800-469-6292 (TTY 711) or accessing our website at **www.VillageCareMAX.org** . The effective date of the notice will always be noted in the top left corner of the first page. We are required to abide by the terms of the notice that is currently in effect.

- **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 - Office for Civil Rights by:

- Mailing your complaint to:
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
- Calling the Office of Civil Rights toll free call center at 1-877-696-6775
- Submitting an email to: OCRComplaint@hhs.gov
- Visiting: www.hhs.gov/ocr/privacy/hipaa/complaints

To file a complaint with us, please contact us at 1-800-469-6292 (TTY 711). *No one will retaliate or take action against you for filing a complaint.*