

ABOUT THIS NOTICE

PERSON CENTERED SERVICES CARE COORDINATION ORGANIZATION is committed to protecting the privacy and confidentiality of your health information. This Notice describes how we may use and disclose your protected health information according to applicable laws and regulations (e.g. the Health Insurance Portability and Accountability Act- “HIPAA”). It also describes the rights you have regarding your protected health information (PHI) and how you may access it.

PLEASE REVIEW IT CAREFULLY.

By law, Person Centered Services Care Coordination Organization is required to:

- maintain the privacy and security of your Protected Health Information;
- provide you with this notice of our legal duties and privacy practices with respect to Protected Health Information;
- follow the terms of the Notice that is currently in effect.

YOUR RIGHTS

When it comes to your protected health information, you have certain rights concerning its use and disclosure.

YOU HAVE THE RIGHT TO:

- **Limit What We Use or Share**
You can ask us not to share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- **Request Confidential Communications**
You can ask us to contact you in a specific way (for example, designating a certain telephone number or email address). We will agree to the request if it is reasonable.
- **Get an Electronic or Paper Copy of Your Health Information**
You can ask to see or get an electronic or paper copy of the health information we have about you; ask us how to do this.
We will provide a copy of your health information and may charge a reasonable, cost-based fee.
- **Amend Your Health Information**
You can ask us to correct health information about you that you think is incorrect or incomplete, under limited circumstances specified by law; you may make an official request for this in writing.

- **Receive an Accounting of Disclosures**

You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free.

- **Receive Notification of a Breach**

When required, we will let you know if a breach occurs that may have compromised the privacy or security of your information.

- **Receive a Paper Copy of This Notice**

We will provide you with a paper copy upon request.

- **Choose Someone to Act for You**

If you have designated someone as your Health Care Proxy or if someone is your legal guardian or surrogate, that person can exercise your rights and make choices about your health information, if the person has the required authority.

We will make sure the person has this authority and can act on your behalf before we take any action.

- **File a Complaint**

You can complain if you feel we have violated your rights by contacting us using the contact information listed at the end of this notice. You may also file a complaint with the Office of Civil Rights in the U.S. Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you have a choice in what we share. If you have a clear preference for how we share your information in the following situations, let us know:

- **Share information with your family, close friends, or others involved in your care or payment for your care**

Your health information may be disclosed to a family member, other relative or close friend assisting you in receiving or obtaining payment for health care services. If you are not available or able to tell us your preference (for example, if you are unconscious) we may decide to share the information if we believe it is in your best interest.

- **Share information in a disaster relief situation**

We may disclose your health information to public or private disaster relief organizations (e.g. Red Cross, Federal Emergency Management Agency “FEMA”) to assist your family members or friends in locating you or learning about your general condition in the event of a disaster.

- **Your Authorization:**

We may use and disclose your Protected Health Information for purposes other than as described elsewhere in this Notice or required by law only with your written authorization.

For example:

- We never share your information for marketing purposes, sale of your information and most sharing of psychotherapy notes, unless you give us written permission. You may revoke your authorization to use or disclose Protected Health Information in writing at any time. Ask us how to do this.
- We may contact you for fundraising efforts, but you can tell us not to contact you again. If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

Note: *If you are not able to tell us your preferences, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety unless prohibited by law.*

OUR USES AND DISCLOSURES

With your consent we may use and disclose your Protected Health Information for treatment, payment and healthcare operations, as described below.

- **Treatment:**

We will use your health information in providing and coordinating your care and treatment. We may disclose all or any portion of your medical record information to your physicians and other healthcare providers including substance use disorder treatment programs who have a legitimate need for such information in order to provide or participate in your care and treatment. We also may, where necessary and appropriate, disclose your health information to other professionals who are treating you.

For example: *Your care coordinator may speak to a nurse about your medications or share information with your primary physician to assist with coordinating your care.*

- **Payment:**

We may use or share your health information to check insurance, bill for treatment, manage claims, process medical data, and collect reimbursement.

For example: *We may include your health information when we bill Medicaid for our services.*

- **Health Care Operations:**

We may use and disclose your information to others for Person Centered Services' business operations.

For example: *We may use your protected health information to evaluate our performance, including conducting activities to determine whether we have provided quality services, conduct surveys, conduct trainings and educate our teams, and conduct activities to improve the quality of your services.*

OTHER USES AND DISCLOSURES

Person Centered Services may also share (and in some instances, are required to share) your health information in other ways. In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena:

- **Business Associates:**

We may disclose certain health information to our business associates who perform certain activities on our behalf. Some of our Business Associates may utilize or allow us to use Artificial Intelligence (AI) to enhance services provided. Our agreements with them require they protect the privacy of your protected health information.

- **Comply with the Law:**

We will share information about you if state or federal laws require it. New York law provides additional protections for certain types of health information. Some information—such as mental health records, substance use disorder treatment records, HIV-related information, and other specially protected health information—may be subject to stricter confidentiality requirements and may require additional authorization, as permitted or required by law

- **Regulatory Agencies:**

We can share your health information with a health oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations, and inspections. These activities are necessary for the oversight agencies (e.g. NYS Department of Health, Office for People with Developmental Disabilities “OPWDD”) to monitor the healthcare system.

- **Respond to Lawsuits and Legal Actions:**

We can share health information about you in response to a court or administrative order, or in response to a subpoena or other request from a law official.

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

- **Law Enforcement or Law Official:**

We can share your health information with law enforcement for purposes required by law.

For example: We will disclose information to law enforcement if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health and safety of a person.

- **Inmates:**

If you are an inmate of a correctional institute or under the custody of a law enforcement officer, Person Centered Services may release your health information to the correctional institute or law enforcement official.

- **Military/Veterans:**
If you are a member of the armed forces, we may disclose your health information as required by military command authorities.
- **Public Health Activities:**
We can share your health information for public health activities, including reporting disease, injury, vital events, and the conduct of public health surveillance, investigation and/or intervention.
For example:
 - Existence of or exposure to communicable diseases
 - To assist with product recalls
 - To report adverse reactions to medicationsAlso included are reports of births or deaths.
- **Reporting Suspected Abuse, Neglect or Domestic Violence:**
We can share your health information if we believe you have been the victim of abuse, neglect or domestic violence. For example, we are required to report suspected child abuse or maltreatment.
- **Organ and Tissue Donation:**
We can share health information about you with organ procurement organizations. For example, if you are an organ donor, we may release medical information to the requesting organ procurement organization as necessary to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners, and Funeral Directors:**
We can share health information with a coroner, medical examiner, or funeral director in the event of a death.
- **Workers Compensation:**
We may use or disclose your health information as permitted by the law governing the workers' compensation program or similar programs that provide benefits for work-related illness or injuries.
- **Appointment Reminders:**
In the course of providing services to you, we may contact you to provide appointment and meeting reminders or information about your care or treatment.
- **Communication:**
Emails, text messages and phone calls will be used for communications in accordance with our current policies and procedures. We may also communicate or exchange information with you through a secure patient portal. While we take reasonable steps to protect your information, you should take steps to safeguard your usernames and passwords.

CHANGES TO THE TERMS OF THIS NOTICE

We reserve the right to change the terms of this Notice at any time and to make the terms of the new Notice applicable to all of your Protected Health Information maintained by us, whether we received it before or after the date the Notice changed. The new Notice will be available upon request; however, we will notify you of changes to this Notice by posting a copy of the Notice on our website.

Effective Date of this Notice: February 16, 2026

Contact us:

For more information about our privacy practices, or to report a complaint or concern regarding your protected health information, please contact the Privacy Officer at:

Privacy Officer
560 Delaware Avenue
4th Floor
Buffalo, New York 14202
PrivacyOfficer@personcenteredservices.com
716-324-5100 ext. 1913

You may also report any privacy or confidentiality concerns by calling our Compliance hotline at 1-833-200-0205. The report may be made anonymously but if you do not leave your contact information, we may be limited in our follow-up.