

**Western New York Independent Living, Inc.**  
**NOTICE OF PRIVACY PRACTICES (SHORT)**

**THIS NOTICE DESCRIBES HOW IDENTIFIABLE MEDICAL INFORMATION ABOUT YOU MAY  
BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY**

This notice becomes effective on September 23, 2013. If you have any questions about this notice, please contact Douglas J. Usiak, (716) 836-0822, extension 117 or by e-mail at [dusiak@wnyil.org](mailto:dusiak@wnyil.org).

**Our Privacy Commitment to You**

At WNYIL, we are committed to protecting your privacy and sharing information about you only with those who need to know and are allowed to see the information, as allowed by law, to assure that you get quality services.

**Your Consumer Information Rights**

- You may get a copy of your records.
- Ask us to correct your Consumer Service Record (CSR).
- Get a list of those with whom we have shared information.
- Request confidential communications.
- Ask us to limit what we use or share.
- Get a copy of Notice of Privacy Practices.
- Choose someone to act for you.
- File a complaint if you feel your rights are violated.

File a complaint if you feel your rights are violated:

- You may file a complaint utilizing the Consumer Rights process
- You may contact Douglas J. Usiak at (716) 836-0822 extension 117 or in writing at the address listed on the first page of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

**WNYIL's Responsibilities For Your Consumer Information**

WNYIL is required to:

- Maintain the privacy of your information in accordance with federal and state laws.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of This Notice:

- We can change the terms of this notice, and the changes will apply to all information we have about you.

The new notice will be available on request, in our office, and on our website.

- We will post the new notice with the effective date on our internal Bulletin Boards in our facilities.

### **How WNYIL Will Use and Disclose Consumer Information About You**

WNYIL will use or share your Consumer information without your consent for the following reasons:

- Services: To provide you with services and programs.
- Payment: To bill and collect payment from either you or other responsible party.
- Operations: We may use Consumer information for quality improvement to review our services and to evaluate the performance of our staff in our provision of services for you.

### **Other Uses and Disclosures that Do Not Require your Permission**

In addition to services, payment, and health care operations, WNYIL will use your Consumer information without your permission when allowed by law.

### **Uses and Disclosures that Require Your Agreement or Authorization**

In the following cases you have both the right and choice to tell us to and/or not to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts
- Share your information for marketing purposes

### **By signing this form, I am confirming that:**

I have received a copy of WNYIL, Inc.'s Notice of Privacy Practices (Short.) I may receive the full notice upon request.

Your information may be used for fundraising and/or marketing purposes. Check below if you **do not** want to be contacted or your information shared by WNYIL or any of its affiliates for either of these purposes:

\_\_\_\_\_ Fundraising

\_\_\_\_\_ Marketing

Relationship: \_\_\_\_\_ Self \_\_\_\_\_ Parent \_\_\_\_\_ Legal Guardian

Print Consumer Name: \_\_\_\_\_ SSN (Last 4) \_\_\_\_\_

Print Name if Parent or Legal Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_