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 (as of May 21 ,2026)

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NOTICE OF PRIVACY PRACTICES

The mission of Comunlife is to provide vulnerable communities with housing and culturally sensitive supportive services.

This notice describes how Comunilife handles your health information and your rights regarding the privacy of this information. Comunilife is required to maintain the privacy of your health information as required by law; provide you with a notice of its legal duties and privacy practices with respect to your health information, and to notify affected individuals following a breach of unsecured protected health information. Revised notices will be provided in response to changes in the law.

We are required by law to give you this notice. This notice will describe how we may use and disclose information that is called “protected health information” (PHI). PHI is any information oral, paper or electronic data that may identify you (i.e. name, address, diagnosis) or that may relate to your past, present or future physical health or mental health condition and related health care services. We will also outline your rights and our obligations regarding the use and disclosure of that information.

Comunilife is required to abide by the terms of this Notice of Privacy Practices mandated in the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) which went into effect as of April 14, 2003. Additionally, Comunilife complies with federal and state laws governing the privacy of alcoholism and substance abuse information, mental health reproductive health, and human immunodeficiency virus information.

Comunilife will not release your PHI to any third party except in the following circumstances: (1) with your (written, oral, or implied) consent for treatment and payment, (2) pursuant to your written authorization, or (3) as otherwise permitted by federal or state law or regulation. HIPAA permits disclosure of the following without your consent:

Treatment: We may use health information about you to provide you with healthcare treatment and services. We may disclose this information to coordinate or manage your care and any related services. This may include sharing information with other health care or community providers that provide you healthcare treatment and services.

Payment: Comunilife may use and health information about you so that the treatment and services you receive from us may be billed to and payment collected from you., an insurance company, a state Medicaid agency, or a third party. For example, we may need to give Medicaid, Medicare or other health insurers information about a service, your diagnosis, your name/address, or type of treatment received to secure payment. We may also need to tell them about a treatment you are going to receive to obtain prior approval, or to determine whether they will cover the treatment.

For Health Care Operations: We may use and disclose health information about you for operations of our health-related programs and services For example, we may use your health information to evaluate the performance of our staff in caring for you. It is also important for you to be aware that at times your case record may be reviewed as part of an on-going process to ensure that Comunilife is providing quality service and care. We may also share PHI with our attorneys, consultants and others in order to ensure that Comunilife follows applicable NYS Laws. Comunilife may use PHI to notify you or remind you about an upcoming or scheduled appointment for treatment or services. We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.

In addition, we may use or disclose PHI about you without your permission in the following special situations.

- **Serious Threat to Health or Safety** We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

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- **Required by Law** — We will disclose health information about you when required to do so by federal, state or local law.
- **Workers' Compensation** — We may disclose protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Matters** — Comunilife may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may require reporting information about births, deaths, or suspected child/elder abuse or neglect.
- **Court Order** — As allowed by law, following the strictest law governing the matter at hand.
- **Suspected Child Abuse** — Designated Comunilife staff may disclose health information when reporting suspected child abuse to appropriate authorities.
- **Health Oversight Activities** — We may disclose health information to individuals/agencies for the purpose of audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor Comunilife and ensure compliance with government and civil rights laws.
- **Research** — There may be situations where we want to use and disclose health information about you for research purposes. We will notify you if we wish to use or disclose your PHI in conducting research and request an authorization or waiver. Any research project would first require approval from Comunillfe's Board of Directors to ensure that it meets the mission and ethical standards of the agency and is in the best interest of the individuals we serve.
- **Emergencies** — Comunilife may use or disclose your protected health information in an emergency treatment situation. If an emergency occurs and treatment is given, by law your provider will notify you and attempt to get your authorization as soon as possible. In case of a disaster, we may be required to notify the appropriate disaster relief organizations or authorities or family/friends/care givers to keep them aware of your health status, condition or location.
- **Pursuant to An Agreement With a Business Associate** — Business Associates provide services to Comunilife and its clients and agree in writing to follow HIPAA and other privacy laws.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Comunilife will not use/sell/disclose /use any psychotherapy notes and/or PHI for marketing purposes or sale. We would request your written *Authorization* to release protected health information (PHI) in any circumstances apart from those listed above. At any time during your treatment or care with Comunilife, you may revoke your *Authorization,* in writing. If you would like to withdraw your *Authorization,* please contact Comunilife's Compliance Officer who will provide you with the necessary paperwork to complete this withdrawal of authorization. (See below)

YOUR RIGHTS You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy — You have the right to inspect and copy your health information. We may also deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. Please contact Comunilife's Compliance Officer, if you have any questions about how to access your records.

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Right to Make Changes

If you believe Comunilife has health information about you that is incorrect or incomplete, you may ask Comunlife to amend to the information. We ask that you contact Comunilife's Compliance Officer in writing and provide as much detail as possible as to what information needs to be changed and why. We may deny your request if you ask us to amend information that Comunilife did not create, or if Comunilife believes the information is complete and accurate.

Right to Accounting of Disclosures

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing **to Comunilife's Compliance Officer.** Please include time frames, which may not be longer than six years from the date of the request and may not include dates before

April 14, 2003. Comunilife will review all requests individually and will comply with your request within 60 days, unless circumstances require additional time.

Right to Request Restrictions You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend.

We are Not Required to Agree to Your Request If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to Request Confidential Communications You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

Right to a Paper Copy of This Notice You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy.

Right to Notification of a Breach You have the right to be notified of any breach to your Protected Health Information.

SUBSTANCE ABUSE RECORDS

Your health information related to substance use disorder (SUD) is protected by federal law under 42 CFR Part 2. This law provides you with extra confidentiality protections. If we receive or maintain information from a Substance Abuse Program, we may not disclose SUD information for use in a civil, criminal, administrative, or legislative proceeding against you unless we have (i) your written consent, or (ii) a court order accompanied by a subpoena or other legal requirement compelling disclosure and after your opportunity to be heard regarding disclosure. Part 2 information may not be further disclosed by recipients without your consent. If we engage in fundraising and intend to use SUD information, you have the right to opt-out of fundraising communications that use this data,

If you have questions about this notice you may contact:

Comunilife - Compliance
212-219-1618
Compliance@Comunilife.org

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:
Comunilife, Inc.
c/o Compliance Officer
462 7th Avenue 3rd Floor NY,
NY 10018
Phone: 212-219-3618 / Email: Compliance@Comunilife.org Or:

Region II Office of Civil Rights
US Department of Health and Human Services Jacob
Javits Federal Building
26 Federal Plaza Suite 3312
New York, New York 10278
212-264-3313

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By signing below, I acknowledge and confirm that I received a copy of the "Notice of Privacy Practices."

Signature: _____ Date: _____

Printed Name: _____