

**Dear Prospective Patient,**

Thank you for your interest in clinical services at Cerebral Palsy Association of Nassau County.

The following intake packet explains available service types and patient rights. Please be advised

CP Nassau is in-network with Medicare Part B, NY Medicaid, and Partners Health Plan only.

Commercial Insurance may be accepted if there are out-of-network benefits or secondary in-network coverage. With the exception of Partners Health Plan, CP Nassau is not in-network with any Medicare Advantage Plans or Medicaid HMOs.

**Please complete, sign, date, and return the following three forms from the intake packet:**

- Verification of receipt of health information privacy practices (page 12)
- Consent for medical services (page 13)
- Patient request for confidential communications (page 14)

**Also, please forward the additional documentation:**

- 4. Copy of Insurance Cards (Front and Back)
- 5. Demographic /Insurance Information Form (page 11)
- 6. Referral for service which should include:

\*Patient's name & date of birth, primary & secondary diagnoses, current date and the reason for the referral (example: wheelchair evaluation, psychiatric or dental services, etc).

- 7. Legal Guardianship documentation (if applicant is not their own guardian and is 18 years or older)

**Please return via one of the following methods:**

- email (enaidus@cpnassau.org)
- fax (516-377-2098) (Attention: Ellen Naidus)
- U.S. mail to: CP Nassau

Attn: Ellen Naidus, Director of Clinical Services  
380 Washington Avenue Roosevelt, NY 11575

# Cerebral Palsy Association of Nassau County, Inc.

380 Washington Avenue Roosevelt, New York 11575

## Operational Information Sheet

Welcome and thank you for giving Cerebral Palsy Association of Nassau County, Inc. the opportunity to provide you with outstanding health care services. Since 1948 CPN has been assisting individuals on their journey from “Disability to Capability”. We are pleased to be able to offer our services to you and have provided you with some information about our agency:

- The Fortunoff Treatment and Rehabilitation Center at Cerebral Palsy Association of Nassau is located at 380 Washington Ave. Roosevelt, NY 11575.
- The telephone number is (516) 378- 2000
- Our hours of operation are Monday-Friday from 8:30am- 4:30pm. After hour phone service begins at 4:30pm, please listen to the message to be directed for your specific inquiries.
- A medical provider from CPN is on call 24 hours a day, 7 days a week.
- For urgent matters that take place after hours and/or on weekends please contact your primary care physician or go to your nearest emergency room.
- For all emergencies please contact 911
- Prescription refills and medication requests require 3 business days’ notice and are handled during our normal business hours
- Your intake coordinator is Elizabeth Cianchetti, LCSW. Should you have any questions regarding your initial intake process, please contact her at 516-378-2000, extension 589.

Treatment needs, laws and governmental regulations require completion of the following forms:

1. Consent for Treatment
2. Verification of Receipt of Health Information Privacy Practices
3. Patient Request for Confidential Communications

It is our goal to provide each individual the highest quality care for the services identified within their treatment plan. In order for CPN to do so, we encourage you to contact the appropriate clinical area if you are unable to attend your scheduled appointment. Certain services may be in high demand and your early cancellation will give other individuals the opportunity to have access to those services. An early cancellation will provide us with the opportunity to offer you another appointment and/or schedule a make-up session as soon as possible. A failure to inform us of a cancellation with due notice will be recorded as a “No-Show”. Several “No-Shows” may result in temporary suspension of services and may require the Medical Director and/or his/her designee to evaluate the situation and reinstate services.

For scheduling appointments please call (516) 378-2000:

- **Extension 265** - Primary Care/Cardiology/Gastroenterology/Optomety
- **Extension 267** - Podiatry
- **Extension 385** - Physiatrist/ Orthopedics/ Seating/ Hand Splint/ Orthotics
- **Extension 729** - Article 16/28 Speech Therapy/Psychiatry/Psychology/Social Work/ AAC
- **Extension 208** - Audiology
- **Extension 289** - Article 16/28 Physical Therapy/ Occupational Therapy
- **Extension 251** - Dentistry
- **Extension 286** - Medical Records
- **Extension 758** - Labs

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## Fortunoff Treatment and Rehabilitation Center at the Cerebral Palsy Association of Nassau

### Primary Care:

- \* Sick care (Colds/Flu/Ear Infections/Asthma)
- \* Preventative Care & Screenings
- \* Immunization/Lab Work/EKG's

### Medical Specialties:

#### \*Audiology

#### \*Optometry

- General exams
- Visual evaluations

#### \*Orthopedics

- \*Pediatric
- \*Spinal

#### \*Physiatry

- \*Botox
- \*Spasticity Management

#### \*Podiatry

- \*Evaluations
- \*Management of foot problems

#### \*Rehabilitative Medicine

- \*Medication Management
- \*Therapeutics

### Mental Health:

#### \*Counseling

#### \*Crisis Intervention

#### \*Neuropsychology

- \*Assessments for Brain Injured &
- \*Cognitively Impaired

#### \*Psychology

- \*Evaluations/ Testing
- \*Behavior Management
- \*Individual/Group Psychotherapy

#### \*Social Work

- \*Psychosocial Assessments
- \*Individual/Group Psychotherapy



### Rehabilitation Services:

#### \* Adaptive Equipment

#### \* Occupational Therapy

- \* Splints
- \* Power Mobility Training
- \* Sensory

#### \*Physical Therapy

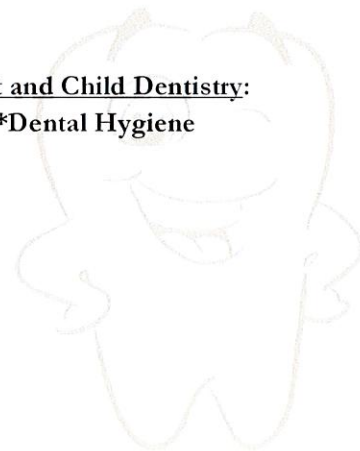
- \* Seating/Mobility
- \* Pressure Mapping
- \* Wheelchair Evaluation
- \* Orthotics (Prosthetics)

#### \*Speech Therapy

- \*Feeding Evaluation
- \*Augmentative Communication
- \*Computer Access

### Adult and Child Dentistry:

#### \*Dental Hygiene



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### Notice of Health Information Privacy Practices

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

This notice is effective as of February 17, 2010. If you have any questions about this notice, please contact the CPN Privacy Officer, at 516-377-2032.

#### Our Privacy Commitment to You

At CPN, we understand that information about you and your family is personal. We are committed to protecting your privacy and sharing information only with those who need to know and are allowed to see the information to assure quality services to you.

**1. Who will follow these practices:**

All people who work for CPN in our programs, clinics and in our CPN administrative offices will follow this notice. This includes employees, persons CPN contracts with (contractors) who are authorized to enter information in your clinical record or need to review your record to provide services to you, and volunteers that CPN allows to assist you.

**2. What information is protected:**

All information we create or keep that relates to your health or care and treatment, including your name, address, birth date, social security number, your medical information, your individualized service plan and other information about your care in our programs.

### Your Health/Clinical Information Rights

You have the following rights concerning your health/clinical information. When we use the word “you” in this notice, we also mean your personal representative. Depending on your circumstances and in accordance with state law, this may be your guardian, involved parent, spouse, or adult child, or your advocate.

- You have the right to review your health/clinical information and obtain a copy. Not including psychotherapy notes, records regarding incident reports and investigations and information compiled for use in court or administration proceedings. Your request to review your information should be put in writing.

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- If we deny your request to see your health/clinical information, you have the right to request a review of that denial. A professional chosen by CPN who was not involved in denying your request will review the record and decide if you may have access to the record. Denials will be explained in writing.
- You have the right to ask CPN to change or amend your health/clinical information that you believe is incorrect or incomplete. We may deny your request in some cases, for example, if the record was not created by CPN or if after reviewing your request, we believe that the record is accurate and complete. If we approve the request for amendment, we will change the health information and inform you of that action and tell others that need to know about the change in the PHI.
- You have the right to request a list of the disclosures CPN has made of your health/clinical information. We will not, however, keep or provide you with a list of certain disclosures, for example, disclosures made for treatment, payment and health care operations, or disclosures made to you or made to others with your permission. This list of disclosures will also not include disclosures made for national security or intelligence purposes, to law enforcement officials or correctional institutions, or disclosures made before April, 2003.
- You have the right to ask that we limit how we disclose or use your protected health information (PHI). We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.
- Based on the requirements of the Health Information Technology for Economic and Clinical Health (HITECH) Act CPN will comply with your request to restrict information if the information is to be sent to a health plan for payment or health care operations purposes and the disclosure relates to products or services that were paid for solely out-of-pocket (unless the disclosure is otherwise required by law).
- Under the HITECH Act you have the right, if CPN maintains an electronic health record of your information, to request access to the information in an electronic format or have the information transmitted electronically to a designated recipient.
- Under the HITECH Act you may receive an accounting of routine disclosures of PHI if the PHI is maintained in an electronic health records system, for the three year period prior to the date of the request.

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- You have the right to request that CPN communicates with you in a way that will help keep your information confidential.
- You have the right to receive a paper copy of this notice. You may ask CPN staff to give you another copy or you may obtain one from our website at <http://ucpn.org>.
- To request access to your health/clinical information or to request any of the rights listed here, you may contact the Medical Records Supervisor at 516-378-2000, ext. 266.

### CPN's Responsibilities for your Health Information

CPN is required by law to:

- Maintain the privacy of your information;
- Give you this notice of our legal duties and practices concerning the health information we have about you.
- Follow the rules in this notice. CPN will use or share information about you only with your permission except for the reasons explained in this notice. We will inform you if we make changes to our privacy practices in the future. If significant changes are made, CPN will give you a new notice and post a new notice on our website at <http://ucpn.org>.

### How CPN Uses and Discloses Health Care Information

CPN may use and disclose health/clinical information without your permission for the purposes described below. For each of the categories of uses and disclosures, we explain what we mean and offer an example. Not every use or disclosure is described, but all the ways we will use or disclose information will fall within these categories.

- **Treatment:** CPN will use your health/clinical information to provide you with treatment and services. We may disclose health/clinical information to doctors, nurses, psychologists, social workers, Qualified Intellectual Disabilities Professional (QIDP), residential staff and other CPN personnel, volunteers or interns who are involved in providing you care. For example, involved staff may discuss your health/clinical information to develop and carry out your individualized service plan (ISP). Other CPN staff may share your medical tests, respite care, transportation, etc. We may also need to disclose your health/clinical information to your care coordinator and other providers outside of CPN who are responsible for providing you with the services identified in your ISP or to obtain new services for you.
- **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services at one of our programs.

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- **Payment:** CPN will use your health/clinical information so that we can bill and collect payment from you, a third party, an insurance company, Medicare or Medicaid or other government agencies. For example, we may need to provide the NYS Department of Health (Medicaid) with information about the services you received in our facility or through one of our HCBS waiver programs so they will pay us for the services. In addition, we may disclose your health/clinical information to receive prior approval for payment of services you may need. Also, we may disclose your health/clinical information to the US Social Security Administration, or the Department of Health to determine your eligibility for coverage or your ability to pay for services.
- **Health Care Operations:** CPN will use health/clinical information for administrative operations. These uses and disclosures are necessary to operate CPN programs and residences and to make sure all consumers receive appropriate, quality care. For example, we may use health/clinical information for quality improvement to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to clinicians and other personnel for on the job training. We will share your health/clinical information with other CPN staff for the purposes of obtaining legal services through CPN Counsel's office, conducting fiscal audits and for fraud and abuse detection and compliance throughout Division of Quality Development and Support. We will also share your health/clinical information with CPN staff to resolve complaints or objections to your services. We may also disclose health/clinical information to our business associates who need access to the information to perform administrative or professional services on our behalf.
- **Public Relations/Fund Raising/Grants:** CPN may use health/clinical information in summary format to describe the scope of agency services for public relations, fund raising and/or grant applications. For example, a grant application may ask for the organization to describe the nature of individuals served by a specific CPN program. Such information would describe the general population served and not disclose individual information of a person. Any need to disclose individualized information for public relation funding or grant purposes would not be disclosed unless specific authorization from the person is obtained. Under the HITECH Act, you have the right to opt-out of future fundraising communications. Any opt-out elected will be treated as revocation of any prior authorizations.

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

In addition to treatment, payment and health care operations, CPN will use your health/clinical information without your permission for the following reasons:

### **WHEN WE ARE REQUIRED TO DO SO BY FEDERAL OR STATE LAW:**

- For public health reasons, including prevention and control of disease, injury or disability, child abuse or neglect, reactions to medication or problems with products, and to notify people who may have been exposed to a disease or are at risk of spreading the disease;
- To report domestic violence and adult abuse or neglect to government authorities if you agree of if necessary, to prevent serious harm;
- For health oversight activities, including audits, investigations, surveys and inspections and licensure. These activities are necessary for government to monitor the health care system, government programs, and compliance with civil rights laws.

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- For judicial and administrative proceedings, including hearings and disputes. If you are involved in a court or administrative proceeding we will disclose health/clinical information if the judge or presiding officer orders us to share the information.
- For law enforcement purposes, in response to a subpoena or other legal process, to identify a suspect or witness or missing person, regarding a victim of a crime, a death, criminal conduct at the facility and in emergency circumstances to report a crime;
- Upon your death, to coroners or medical examiners for identification purposes or to determine cause of death and to funeral directors to allow them to carry out their duties;
- To organ procurement organizations to accomplish cadaver, eye, tissue or organ donations in compliance with state law;
- For workers compensation, to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.
- For research purposes when you have agreed to participate in the research an Institutional Review Board or Privacy Committee has approved the use of the health/clinical information for the research purposes.
- To prevent or lessen a serious and imminent threat to your health and safety or the health and safety of others.
- To authorized federal officials for intelligence and other national security activities authorized by law or to provide protective services to the President and other officials.
- To correctional institutions or law enforcement officials if you are an inmate and the information is necessary to provide you with health care, protect your health and safety or that of others, or for the safety of the correctional institution.
- To governmental agencies that administer public benefits if necessary to coordinate the covered functions of the programs.

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

CPN may disclose health/clinical information to the following persons if we tell you we are going to use or disclose it and you agree or do not object:

- To family members and personal representatives who are involved in your care if the information is relevant to their involvement and to notify them of your condition and location; or
- To disaster relief organizations that need to notify your family about your condition and location should a disaster occur.

### **Authorization Required for All Other Uses and Disclosures**

- For all other types of uses and disclosures not described in this Notice, CPN will use or disclose health/clinical information only with a written authorization signed by you or an authorized personal representative that states who may receive the information, what information is to be shared, the purpose of the use or disclosure and an expiration for the authorization. Written authorizations are always required for use and disclosure of psychotherapy notes and for marketing purposes.



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Note: If you cannot give permission due to an emergency, CPN may release health/clinical information in your best interest. We must tell you as soon as possible after releasing the information. This notification will be made in writing. You may revoke your authorization at any time. If you revoke your authorization in writing, we will no longer use or disclose your health/clinical information for the reasons stated in your authorization. We cannot, however, take back disclosures we made before you revoked and we must retain health/clinical information that indicates the services we have provided to you.

### **Notice of Breach of Health Information**

Breach means the acquisition, access, use or disclosure of protected health information in violation of the HIPAA privacy rule that compromises the security or privacy of the information. The phrase "compromises the security or privacy of health information" means poses a significant risk of financial, reputational or other harm to the individual.

If a breach occurs and we determine that the breach poses significant harm to the individual, we will provide written notice to the individual affected as described below. In order to determine whether the breach poses significant harm to the individual, we will perform a fact-based risk assessment that includes consideration of the following factors: (i) who or what type of entity received access to the information; (ii) steps taken to mitigate harm, such as obtaining satisfactory assurances (e.g., a confidentiality agreement) from the recipient that the information will not be further used or disclosed, or will be destroyed; (iii) if the information was returned prior to it being accessed for an improper purpose; and (iv) the nature, type and amount of information used or disclosed.

#### A. Notice to the Individual

The required notice will be sent without unreasonable delay and in no case later than 60 calendar days after discovery of a breach. A breach will be treated as discovered by us as of the first day on which the breach is known to us. The notice will be written in plain language and will contain the following information: (i) a brief description of what happened, the date of the breach, if known, and the date of discovery; (ii) the type of PHI involved in the breach; (iii) any precautionary steps the individual should take; (iv) a description of what we are doing to investigate and mitigate the breach and prevent future breaches; and (v) contact information for us, including a toll-free telephone number, e-mail address, website or postal address.

The notice will be sent by first-class mail or by email, if the individual has specified a preference for communication by email. If contact information for the individual in question is insufficient or out-of-date, we may contact the individual by telephone or other permissible alternate method of communication.

Finally, if the notification is of an urgent nature because of possible imminent misuse of unsecured health information, we may contact the individual by telephone or other means, as appropriate, in addition to the written or other forms of notice.

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### B. Notice to the Media

In the event of a breach affecting more than 500 residents of a State or jurisdiction, we will, without unreasonable delay and in no case later than 60 calendar days after discovery of the breach, notify prominent media outlets serving the State or jurisdiction.

### C. Notice to HHS

For breaches affecting fewer than 500 individuals, we are required to maintain an annual log of such breaches and provide a copy of such log to HHS within 60 days of the end of the calendar year. For breaches affecting 500 or more individuals, we are required to notify HHS at the same time notice is provided to the individual.

### D. Law Enforcement Delay

Following a breach, we may delay transmission of any of the required forms of notice if we are informed by a law enforcement official that such notice would impede a criminal investigation or cause damage to national security.

### Changes to this Notice

We reserve the right to change this notice. We reserve the right to make changes to terms described in this notice and to make the new notice terms effective to all health/clinical information that CPN maintains. We will post the new notice with the effective date in our facilities. In addition, we will offer you a copy of the revised notice at your next scheduled service-planning meeting.

### Complaints

If you believe your privacy rights have been violated:

- You may file a complaint with the CPN Corporate Compliance Officer at 380 Washington Avenue, Roosevelt, NY 11575, 516-378-2000. Or, you may contact the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, DC 20201, 877-696-6776.
- You may file a grievance with the Office of Civil Rights by calling 866-OCR-PRIV or (866) 627-7748, or (886) 788-4989 (TTY).

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

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Dear Patient/Relative/Guardian:

Each year the CPN Article 28 Clinic invites you to complete an opinion questionnaire. We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All completed questionnaires are reviewed by the clinic's administration for program trends and plans for corrective action.

All that is required is a circle around the number which indicates how well you think we are doing in the areas listed. Please answer all questions to the best of your ability. Feel free to make remarks in the comment section. All responses will be kept anonymous, however, if you would like additional follow-up, please include your name, telephone number and hours to be contacted.

If you require assistance in completing this questionnaire or have any questions, please feel free to call me at 516-378-2000, ext. 285.

Please keep in mind that your feedback is invaluable to us if we are to continue to provide the highest quality of care and services. Thank you for your anticipated participation.

Sincerely,

Ellen Naidus  
Director, Clinical Services

**Cerebral Palsy Association of Nassau County, Inc.**  
**380 Washington Avenue Roosevelt, New York 11575**

**Article 28 Clinic Service Questionnaire**

(Optional) Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Date: \_\_\_\_\_

<b>*Please circle how well you think we are doing in the following areas:</b>	<b>GREAT</b>	<b>OK</b>	<b>POOR</b>
<b>Ease of getting care:</b>			
Ability to get an appointment	3	2	1
Hours CPN are open	3	2	1
Prompt return on calls	3	2	1
<b>Waiting:</b>			
Time in waiting room	3	2	1
Time in exam room	3	2	1
Waiting for tests to be performed	3	2	1
Waiting for test results	3	2	1
<b>Staff: Physician, Physician Assistant, Nurse, Medical Assistant</b>			
Listens to you	3	2	1
Explains what you want to know	3	2	1
Spends enough time with you	3	2	1
<b>Facility:</b>			
Neat and clean	3	2	1
Ease of finding where to go	3	2	1
Privacy	3	2	1
The likelihood of referring our services to someone	3	2	1
<b>Comments:</b>			

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Fortunoff Treatment and Rehabilitation Center

Consumer's Bill of Rights

As a consumer of the Fortunoff Treatment and Rehabilitation Center of the Cerebral Palsy Association of Nassau County, Inc. you have the right to:

1. Receive services without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin or sponsor;
2. Be treated with consideration, respect and dignity including privacy in treatment;
3. Be informed of the services available at the center;
4. Be informed of provisions for off-hour emergency coverage, if available;
5. Be informed of the charges, eligibility for third party reimbursement and, when applicable, the availability of free or reduced cost care;
6. Receive an itemized copy of your account statement, upon request;
7. Obtain complete and current information concerning your diagnosis, treatment and prognosis in terms that you can be reasonably expected to understand;
8. Receive information from your treating physician necessary to give informed consent prior to the start of any non-emergency procedure or treatment or both;
9. Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of such action;
10. Refuse to participate in experimental research;
11. Voice grievances and recommend changes in policies and services to the Center's staff, the administration of Cerebral Palsy Association of Nassau County, Inc. and the New York State Department of Health, Central Islip Office Court House Corporate Center, 320 Carlton Avenue, Suite 500 - 5th Floor, Central Islip, NY 11722, (631) 851-4300, without fear of reprisal;
12. Express complaints about the care and services provided to you and have the Center investigate such complaints including violations of ethical conduct;
13. Privacy and confidentiality of all information and records pertaining to your treatment;
14. Approve or refuse the release or disclosure of the contents of your medical record to any health care practitioner and/or health care facility except as required by law or third party payment contracts;  
Access your medical record pursuant to the provision of Section 18 of the Public Health Law.

September 25, 1999

A division of Cerebral Palsy Association of Nassau County, Inc.  
Licensed and Accredited by the New York State Department of Health  
and the Commission on the Accreditation of Rehabilitation Facilities (CARF)