



RES HOME CARE

# **NOTICE OF PRIVACY PRACTICES**

Clients Name: \_\_\_\_\_  
(PRINT)

**RES Home Care**

**ACKNOWLEDGEMENT OF RECEIPT**

*I have received a copy of RES Home Care's Notice of Privacy Practices.*

\_\_\_\_\_  
Signature of Consumer or Personal Representative

\_\_\_\_\_  
Print Name of Consumer or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority

*RES Home Care*  
**NOTICE OF PRIVACY PRACTICES**

Amended and Effective Notice Date: August 26, 2013

**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. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, OR IF YOU REQUIRE MORE INFORMATION, PLEASE CONTACT OUR HIPAA COMPLIANCE OFFICER AT THE CONTACT INFORMATION AT THE END OF THIS NOTICE.**

*RES Home Care*, we understand that your medical information about you and your health is personal. Our agency is committed to protecting your medical information. We are required by federal and state laws to maintain the privacy of your Protected Health Information (PHI) and to give you this notice explaining our privacy practices with regard to that information. This notice explains your rights and our legal obligations regarding the privacy of your PHI.

RES Home Care includes its staff providing services, employees, trainees, students, volunteers, and business associates) along with other agencies that jointly perform treatment, payment activities and/or health care operations within RES Home Care. You may obtain additional copies of this Notice by writing to RES Home Care at 1461 Lakeland Ave. Suite 12 Bohemia, NY 11716 or logging on to our website at [www.reshomecareli.com](http://www.reshomecareli.com).

Protected Health Information is information that individually identifies you. It may be used and disclosed by your physician, our staff, another health care provider, your health plan, your employer, or a healthcare clearing house that relates to (1) your past, present, or future physical conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

When RES Home Care uses or discloses PHI it is required to abide by this Notice (or amended Notice in effect at the time of the use or disclosure of PHI).

**WHO WILL FOLLOW THIS NOTICE?**

RES Home Care provide health care to Consumers jointly with physicians and other health care professionals and organizations. The privacy practices described in this notice will be followed by:

- Any health care professional who treats you as Consumer RES Home Care's facilities;
- All employees, medical staff, trainees, students or volunteers at any of RES Home Care's locations;
- All employees, medical staff, trainees, students or volunteers in the practice offices and other health care practitioners employed by RES Home Care ("Faculty Practice Offices"), or other facilities that are part of an organized health care arrangement performing treatment, payment or health care operations RES Home Care;
- Any business associates of RES Home Care (as defined in this Notice).

**PROTECTED HEALTH INFORMATION OR PHI**

RES Home Care are committed to protecting the privacy of information gathered about you while providing health-related services. This includes any information that may identify you in connection with your health care. Some examples of Protected Health Information are:

- information about your health condition (such as medical conditions and test results you may have);
- information about health care services you have received or may receive in the future
- information about your health care benefits under an insurance plan
- geographic information (such as where you live or work);
- demographic information (such as your race, gender, ethnicity, or marital status);
- unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number);
- biometric identifiers, such as fingerprints;
- Full face photographs.

## **USE AND DISCLOSURE OF YOUR HEALTH INFORMATION**

### **1. Treatment, Payment and Health Care Operations**

RES Home Care and its staff, other health care professionals and professional trainees may use your PHI or share it with others to the extent that such information is necessary in order to treat your medical condition, obtain payment for that treatment, and carry out RES Home Care's normal health care operations. Your PHI may also be shared with affiliated RES Home Care and health care providers so that they may jointly perform certain treatment, payment activities and health care operations. It is RES Home Care's practice to request your written consent for disclosures to insurance companies. Below are further examples of how your information may be used without your specific authorization.

**Treatment.** RES Home Care may share your PHI with caregivers who are involved in your care, and they may in turn use that information or share it with others outside RES Home Care in order to treat you. In addition, with your consent RES Home Care may share your PHI with health care practitioners or facilities that need to know with respect to your treatment outside of RES Home Care. RES Home Care also may contact you to provide you with appointment reminders or information about treatment, which may be of interest to you. While RES Home Care will take reasonable steps to safeguard the privacy of your PHI, certain disclosures of your PHI may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your PHI. These "incidental disclosures" are permissible.

**Communication Barriers.** RES Home Care may use and disclose your health information if it is unable to obtain your consent because of substantial communication barriers, and believes you would want RES Home Care to treat you if it could communicate with you.

**Payment.** RES Home Care may use your PHI or share it with others so that it can obtain payment for health care services RES Home Care provides to you. For example, RES Home Care may share information about you with your health insurance company in order to obtain reimbursement after you have been treated, or determine whether it will cover your treatment. RES Home Care might also need to inform your health insurance company about your health condition. In addition, RES Home Care may share your PHI with other health care providers so that they can obtain payment for services they provide to you.

**Health Care Operations.** Home Care may use or disclose your PHI in order to conduct its health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that RES Home Care delivers to you. For example, RES Home Care may use your PHI to evaluate the quality and competence of its staff. RES Home Care may also use your PHI to educate students and trainees in health-related professions. Other examples of health care operations include legal, accounting and transcription services which may be performed through contracts with outside organizations designated as Business Associates. All such contracts will include assurances that the Business Associate also protects the privacy of your PHI. In addition, RES Home Care may share your health information with other health care providers who have provided services to you in order for them to conduct certain business activities such as activities designed to improve the quality of care, conduct training programs, and to evaluate the experience and performance of its staff.

**Appointment Reminders, Treatment Alternatives, Benefits and Services.** In the course of providing treatment to you, we may use your health information to contact you with a reminder that you have an appointment for treatment or services at our facility. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

**Business Associates.** RES Home Care may disclose your information to contractors, agents and other business associates who need the information in order to assist us with obtaining payment, or carrying out our business operations. For example, we may share your health information with a billing company that helps us to obtain payment from your insurance company. Another example is that we may share your health information with an accounting firm or law firm that provides professional advice to us about how to improve our health care services and comply with the law. If we do disclose your health information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information.

#### **Family and Friends Involved In Your Care**

RES Home Care may disclose your PHI to a family member, personal friend or any other person identified by you provided that you are present for, or otherwise available prior to the disclosure, you have the capacity to make your own health care decisions, you have been given an opportunity to object to the disclosure and have not done so. If you are not present, you are incapacitated, or in an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests, provided that we only disclose information that is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose PHI to disaster relief organization in order to notify (or assist in notifying) such family members or friends of your location, general condition or death. Information may also be shared with a legally authorized Personal Representative, such as the parent or guardian of a minor, a health care agent, DNR surrogate, or court appointed guardian with health care decision making authority. However, portions of the medical record relating to sexual activity, sexual conduct, tests for sexually transmitted diseases, contraception, family planning or abortion will not be accessible to the parent or guardian of a minor unless specific written authorization from the minor Consumer is received, except as otherwise provided in this Notice.

### **As Required By Law**

RES Home Care may use your PHI and share it with others, as required by law. For example, RES Home Care will disclose information if required to do so pursuant to a court order.

### **Psychotherapy Notes**

Psychotherapy notes receive stronger protection than other protected health information under the HIPAA privacy rule because of their potential sensitivity. Psychotherapy notes are defined as the notes of a mental health professional which document or analyze the contents of a counseling session and which are stored separately from the rest of the medical record. Except in certain limited circumstances, use or disclosure of psychotherapy notes is permissible only if the patient signs a separate authorization that encompasses only psychotherapy notes and no other PHI.

Psychotherapy notes exclude:

- Medication prescription and monitoring
- Counseling session start and stop times
- Modalities and frequencies of treatment furnished
- Results of clinical tests
- Any summary of diagnosis, functional status, treatment plan, symptoms, prognosis, or progress to date

### **Public Health Activities**

RES Home Care may disclose your PHI to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, RES Home Care may share your PHI with government officials that are responsible for controlling disease, injury or disability. RES Home Care may also disclose your PHI to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if the law permits it to do so.

**Victims of Abuse, Neglect or Domestic Violence.** RES Home Care may release your PHI to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, RES Home Care may report your information to government officials if RES Home Care reasonably believes that you have been a victim of abuse, neglect or domestic violence. RES Home Care will make every effort to obtain your permission before releasing this information, but in some cases RES Home Care may be required or authorized to act without your permission.

**Health Oversight Activities.** RES Home Care may release your PHI to government agencies authorized to conduct audits, investigations, and inspections of the agency. These government agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

**Judicial and Administrative Proceedings.** RES Home Care may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

**Law Enforcement.** RES Home Care may disclose your PHI to law enforcement officials for the

following reasons:

- To comply with a court order, grand jury subpoena or administrative subpoena that is legally enforceable;
- To report certain types of wounds or physical injuries if required to do so by law;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person, provided that only limited PHI will be disclosed;
- You are the victim of a crime and: (1) RES Home Care has been unable to obtain your consent because of an emergency or your incapacity; (2) law enforcement officials represent that they need this information immediately to carry out their law enforcement duties; and (3) in RES Home Care's professional judgment disclosure to these officers is in your best interests;
- In the event of your death, RES Home Care suspects that your death resulted from criminal conduct;
- It is necessary to report a crime that occurred; or
- It is necessary to report a crime discovered by RES Home Care when providing care.
- It is necessary for four groups of mental health professionals (i.e., physicians, psychologists, registered nurses, and licensed clinical social workers), in the exercise of their reasonable professional judgment, to make a report as soon as practicable to county mental health officials if an individual for whom they are providing mental health treatment is "likely to engage in conduct that will cause serious harm to self or others." Upon receiving a 2 Section 9.46 report, if the county mental health official agrees with the mental health professional's determination, he or she will then report "non-clinical identifying information" to the New York State Division of Criminal Justice Services (DCJS). DCJS will then determine whether the person possesses a firearms license and, if so, will notify the appropriate local licensing official, who must suspend or revoke the license as soon as practicable. The person must surrender such license and all firearms, rifles, or shotguns to the licensing officer, but if the license and weapons are not surrendered, police and certain peace officers are authorized to remove all such weapons.
- Once the conditions for making a report are met, the law requires the mental health professional to report to the county Director of Community Services, or designee. If the county mental health official agrees with the determination, a report is then made to DCJS. Because these disclosures are required in the law (once the conditions for reporting are met) the mandated reports can legally be made without requiring the person's consent. Under 45 CFR § 164.512(a), the HIPAA Privacy Rule permits disclosures of protected health information without the authorization or consent of the individual to the extent that such disclosure is "required by law" and the disclosure complies with the requirements of that law.

**To Avert A Serious Threat To Health Or Safety.** RES Home Care may use your PHI or share it with others as necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public. RES Home Care may also disclose your PHI to law enforcement officers if you tell RES Home Care that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling), or if RES Home Care determines that you escaped from lawful custody (such as a prison or mental health institution). For waiver participants, information regarding Serious Reportable Incidents will be discussed with team members, Department of Health, and family

members, as necessary.

**National Security and Intelligence Activities or Protective Services.** RES Home Care may disclose your PHI to Authorized Federal Officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

**Military and Veterans.** If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

**Inmates and Correctional Institutions.** If you are an inmate or a law enforcement officer detains you, RES Home Care may disclose your PHI to the prison officers or law enforcement officials if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

**Workers' Compensation.** RES Home Care may disclose your PHI to the extent legally required for workers' compensation or similar programs that provide benefits for work-related injuries.

**Coroners, Medical Examiners and Funeral Directors.** In the event of your death, RES Home Care may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. RES Home Care also may release this information to funeral directors as necessary to carry out their duties.

**Organ and Tissue Donation.** In the event of your death, RES Home Care may disclose your PHI to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether you are a candidate for organ or tissue donation under applicable laws.

**Research.** In most cases, RES Home Care will ask for your written authorization before using your PHI or sharing it with others in order to conduct research. However, under some circumstances, RES Home Care may use and disclose your PHI without your authorization if RES Home Care obtains approval through a special process to ensure, among other things, that research without your authorization poses minimal risk to your privacy and could not reasonably be performed without waiving your consent. Under no circumstances, however, would RES Home Care allow researchers to use your PHI publicly. RES Home Care also may release your PHI without your authorization to people who are preparing a future research project, so long as any information identifying you does not leave the agency. In the event of your death, RES Home Care may share your PHI with people who are conducting research using the information of deceased persons, as long as they agree not to remove from the agency any information that identifies you.

### **Completely De-Identified or Partially De-Identified Information**



RES Home Care may use and disclose your PHI if RES Home Care has removed any information that has the potential to identify you so that the health information is “completely de-identified.” RES Home Care also may use and disclose “partially de-identified” PHI about you if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified PHI will not contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address or license number).

**Incidental Disclosures.** While we take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other patients in the treatment area may see, or overhear discussion of your health information.

## **USE AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION**

**1. Use or Disclosure with Your Authorization.** For any purposes other than the ones described in this Notice RES Home Care may only use or disclose PHI when you give RES Home Care your authorization on RES Home Care’s authorization form. For instance, you will need to execute an authorization form before RES Home Care can send your PHI to your life insurance company or to the attorney representing the other party in litigation in which you are involved.

**2. Special Authorization.** Confidential HIV-related information (for example, information regarding whether you have ever been the subject of an HIV test, have HIV infection, HIV-related illness or AIDS, or any information which could indicate that you have ever been potentially exposed to HIV) will not be used or disclosed to any person without your specific written authorization, except to certain other persons who need to know such information in connection with your medical care, and, in certain limited circumstances, to public health or other government officials (as required by law), to persons specified in a court order, to insurers as necessary for payment for your care or treatment, or to public authorities in order to contact persons with whom you have had sexual contact or have shared needles or syringes (in accordance with a specified process set forth in New York State law). Federal regulation requires special authorization with respect to the disclosure of substance abuse treatment records.

**3. Marketing and/or Fundraising Communications.** RES Home Care must obtain your written authorization prior to using your PHI to engage in marketing activities. RES Home Care can, however, provide you with marketing materials in a face-to-face encounter, without obtaining your authorization RES Home Care may also give you a promotional gift of nominal value. In addition, RES Home Care may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings. Further, RES Home Care may use or disclose PHI to identify health-related services and products that may be beneficial to your health and then contact you about the services and products, or RES Home Care may describe to you the products, services or staff of RES Home Care. You have the right to opt-out of sharing your PHI

for Marketing and/or Fundraising communications.

## **YOUR RIGHTS TO ACCESS AND CONTROL YOUR PHI**

### **1. Right to Inspect and Receive Copies of Records**

You, or your legally authorized representative, have the right to inspect and obtain a copy of any RES Home Care records that are used to make decisions about your care and treatment, and any billing records, for as long as RES Home Care maintains this information. To inspect or obtain a copy of any of these records, you must submit a request in writing to RES Home Care 1461 Lakeland Ave. Suite 12 Bohemia, NY 11716. If you request a copy of the information, RES Home Care or RES Home Care may charge a fee for the costs of copying, mailing or other supplies RES Home Care uses to fulfill your request. The fee, at the time of the publication of this Notice, is \$0.75 per page and must generally be paid before or at the time RES Home Care gives the copies to you. A waiver of the fee may be given in certain circumstances, upon the approval of the President. If records are maintained electronically, you can request an electronic copy, if it is readily producible, or if not, in a readable electronic form and format as agreed by you and RES Home Care.

RES Home Care will respond to your request for inspection of records within 10 days. RES Home Care ordinarily will respond to requests for copies within 30 days if the information is located in the facility and within 60 days if it is located off-site. If RES Home Care needs additional time to respond to a request for copies, RES Home Care will notify you in writing within the time frame above to explain the reason for and expected duration of the delay.

Under certain very limited circumstances, RES Home Care may deny your request to inspect or obtain a copy of your record. If so, RES Home Care will provide you with a summary of the information instead; or if RES Home Care has reason to deny only part of your request RES Home Care will provide to you access or copies of the other parts of the record. RES Home Care will provide a written notice that explains its reasons for providing only a summary or limited portion of the records requested, and a 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 RES Home Care or with the Secretary of the Department of Health and Human Services.

**Note.** A parent or legal guardian of a minor may be denied access to certain portions of the minor's medical record (for example, records relating to venereal disease, abortion, or care and treatment to which the minor is permitted to consent himself, such as HIV testing, sexually transmitted disease diagnosis and treatment, chemical dependence treatment, prenatal care, contraception and/or family planning services).

### **2. Right to Amend Records**

If you believe that the health information RES Home Care has about you is incorrect or incomplete, you may ask RES Home Care to amend the information. You have the right to request an amendment for as long as the information is kept in RES Home Care records. To request an amendment, please write to the Compliance Officer. Your request should include the reasons why you think RES Home Care should make the amendment. Ordinarily RES Home Care will respond to your request within 60 days. If RES Home Care needs additional time to

respond, RES Home Care will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

RES Home Care denies part of or your entire request, RES Home Care will provide a written notice that explains the 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 RES Home Care's decision, you will have an opportunity to submit a statement explaining your disagreement, which RES Home Care will include in your records. The written denial notice also will include information on how to file a complaint with RES Home Care or with the Secretary of the Department of Health and Human Services.

### **3. Right to an Accounting of Disclosures**

You have a right to request an "accounting of disclosures" made within the last 6 years but not prior to April 14, 2003, which is a list with information about certain disclosures of your PHI that RES Home Care or RES Home Care has made to others. An accounting of disclosures will not include:

- Disclosures RES Home Care made to you or to your personal representative;
- Disclosures made pursuant to your written authorization;
- Disclosures RES Home Care made for treatment, payment or health care operations;
- Disclosures made to your friends and family involved in your care or payment for your care;
- Disclosures that were incidental to permissible uses and disclosures of your PHI;
- Disclosures that do not directly identify you;
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures about inmates to correctional institutions or law enforcement officers; or
- Disclosures made before April 14, 2003.

The accounting of disclosures may be obtained by writing to the Compliance Officer. Your request must state a time period for the disclosures you want included. RES Home Care may charge you for the cost of providing more than one accounting of disclosures in any 12-month period. RES Home Care will notify you of any such charge prior to fulfilling your request.

Ordinarily RES Home Care will respond to your request for an accounting within 60 days. If RES Home Care or RES Home Care needs additional time to prepare the accounting you have requested, RES Home Care or RES Home Care will notify you in writing about the reason for and expected duration of the delay. If required to do so by a government agency RES Home Care will withhold certain disclosures from the accounting.

### **4. Right to Request Additional Privacy Protections**

You have the right to request that RES Home Care restrict its use and disclose of your PHI for purposes related to treatment, payment or health care operations. You may also request that RES Home Care limit how it discloses information about you to family or friends involved in your care or payment for your care. For example, you may request that RES Home Care withhold information about services you received. To request restrictions write to the Privacy Officer. Your request should include (1) what information you want to limit; (2) whether you want to limit how RES Home Care may use the information, how RES Home Care shares it with others,

or both; and (3) to whom you want the limits to apply.

RES Home Care is not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. However, if RES Home Care does agree RES Home Care will be bound by its agreement unless the information is needed to provide you with emergency treatment or comply with the law. Once RES Home Care has agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, RES Home Care will also have the right to revoke the restriction as long as RES Home Care notifies you before doing so; in other cases, RES Home Care will need your permission before RES Home Care can revoke the restriction.

#### **5. Right to Request Confidential Communications**

You have the right to request that you receive PHI by alternative means of communication or at alternative locations. For example, you may ask that RES Home Care contact you at work instead of at home. To make such a request, write to the Privacy Officer. RES Home Care will not ask you the reason for your request, and RES Home Care will try to accommodate all reasonable requests.

#### **6. Right to Request Restriction on Certain Disclosures**

You have the right to request that certain disclosures are restricted to your health plan, if the disclosure is purely for carrying out payment or health care operations, and the requested restriction is for services paid out-of-pocket.

7. **Right to Get Notice of a Breach**: You have the right to be notified upon a breach of any of your unsecured PHI.

RES Home Care reserve the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains. The most current notice will be posted in the waiting area, as well as on the website.

#### **How to File a Privacy Complaint with the Office for Civil Rights**

If you are not satisfied with RES Home Care's response to your privacy complaint or otherwise wish to file a privacy complaint with the Secretary of Health and Human Services ("HHS"), the HIPAA privacy regulations require your complaint to:

- Be in writing, either on paper or electronically;
- Name the person or organization that is the subject of the complaint, and describe the acts or omissions that you believe violate the HIPAA privacy regulations; and
- Be filed within 180 days of when you knew or should have known that the act or omission you are complaining of occurred (unless you show good cause why the Secretary of HHS should waive the time limit and the Secretary does waive it).

Send your complaint to either the Office for Civil Rights ("OCR") regional office listed below or to the OCR headquarters. The addresses are:

- **OCR Headquarters**  
Office for Civil Rights

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

Or call (202) 619-0257, or call toll free (877) 696-6775 or go to the website of the Office for Civil Rights, [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/), for more information. There will be no retaliation against you for filing a complaint.

➤ **Region II: New York**

Regional Manager  
Jacob Javits Federal Building  
26 Federal Plaza, Suite 3312  
New York, NY 10278  
Telephone: 800-368-1019  
Fax: 212-264-3039  
TDD: 800-537-7697

If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone by calling 631-732-4794 X115. You have the right to request a paper copy of this Notice at any time even if you have agreed to receive this Notice electronically. A copy of this Notice may also be found on our website.