NOTICE OF PRIVACY PRACTICES OF
GOD’S LOVE WE DELIVER

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

In order to provide you with Medically Tailored Meal and Medical Nutrition Therapy services, God’s Love We Deliver must collect, create, maintain, and sometimes transmit protected health information (“PHI”) about you. God’s Love We Deliver is required by law to maintain the privacy of this information and we are committed to protecting your privacy. This Notice of Privacy Practices (this “Notice”) describes how God’s Love We Deliver uses and discloses your (“the client’s”) health information and explains certain rights you have regarding this information. God’s Love We Deliver is required by the Health Insurance Portability and Accountability Act (“HIPAA”) to provide you with this Notice and we will comply with its terms during the period when it is effective.

God’s Love We Deliver will maintain documentation required for HIPAA compliance for a minimum period of six (6) years from the date of the creation of the document or the date the document was last in effect, whichever is later. Documentation will be retained in the Client’s Record by the appropriate God’s Love We Deliver department based on the type and purpose of the documents and in otherwise in accordance with God’s Love We Deliver’s record retention policies.

How God’s Love We Deliver Uses and Discloses Your Health Information

The following is a list of the ways in which God’s Love We Deliver may use and disclose your health information. We will only use and/or disclose your health information for one or more of the purposes provided below. To help you better understand the types of uses or disclosures that fall within a particular category we have provided some examples. It is important to note that these examples are intended to help you understand what these categories mean and do not cover every type of use or disclosure within each category. As discussed later in this Notice, special rules may apply to our disclosure of especially sensitive health information.

1. Uses and Disclosures for Treatment, Payment, and Health Care Operations. We may use and disclose your health information for the following purposes:
a. **Medically Tailored Meal and Nutrition Services.** We may use and disclose health information about you to arrange for God’s Love We Deliver’s services to be provided by God’s Love We Deliver’s workforce members, including, but not limited to: Intake Specialists, Registered Dietitian Nutritionists, Delivery Drivers, Volunteers, and more. For example, if one of our dietitians is providing services to you, we may use health information relating to other health care services you have received that may be relevant to the dietitian’s treatment. Additionally, we may disclose information about your God’s Love services to personnel as authorized by your signed HIPAA Confidentiality Form.

b. **Payment.** We may use and disclose health information about you for our own payment purposes and to assist in the payment activities of health plans, other health care providers, governmental agencies, and additional funding pathways. For example, if your health plan has agreed to pay for meals we provide to you, we may disclose health information about you to obtain the appropriate amount of payment from your health plan.

c. **Health Care Operations.** We may use and disclose health information about you to carry out health care operations, which includes quality improvement activities, evaluating our own performance, and resolving any complaints or grievances you may have. For example, we may collect and review records to see whether we have provided you with appropriate, high-quality services.

d. **Appointment Reminders.** We may use and disclose your health information to remind you about appointments you have made to receive deliveries or to review or discuss your information with our Workforce Members.

e. **Treatment Alternatives and Benefits.** We may use and disclose your health information to tell you, verbally or in writing, about treatment alternatives or other health-related benefits and services that may be of interest to you.

f. **Third Party Associates.** We may engage third party vendors and other service providers to use and disclose your health information on our behalf for the purposes described above. These vendors and service providers are referred to as business associates. An example of a business associate is a billing company we hire to submit bills to your health insurer. We will not sell your health information without your authorization.

2. **Uses and Disclosures for Public Interest Purposes.** God’s Love We Deliver may use and disclose your health information for the following purposes:

   a. **As required by law.** We may use and disclose your health information as required by state, federal, or local law.
b. **For public health activities.** We may disclose your health information to public health authorities or other agencies and organizations conducting public health activities, such as preventing or controlling disease, injury or disability and reporting births, deaths, child abuse or neglect, domestic violence, potential problems with products regulated by the Food and Drug Administration, or communicable diseases.

c. **About victims of abuse, neglect, or domestic violence.** We may disclose your health information to an appropriate government agency if we believe you are a victim of abuse, neglect, or domestic violence and you agree to the disclosure or if the disclosure is required or permitted by law. We will let you know if we disclose your health information for this purpose unless we believe that letting you know would place you at risk of serious harm or we believe that a person who usually receives information from us on your behalf is responsible for the abuse, neglect, or domestic violence.

d. **For health oversight activities.** We may disclose your health information to health oversight agencies for oversight activities authorized by law such as audits, investigations, inspections, and licensing surveys.

e. **For judicial and administrative proceedings.** We may disclose your health information in the course of any judicial or administrative proceeding in response to an appropriate order of a court or administrative body.

f. **For law enforcement purposes.** We may disclose your health information to a law enforcement official for a legitimate law enforcement purpose such as: identifying or locating a suspect, fugitive, or missing person; complying with a court order, subpoena or administrative request; providing information about a victim of a crime or reporting a death that may be the result of a crime.

g. **For research.** We may use or disclose your health information for research purposes, such as studies comparing the benefits of alternative treatments received by our members or investigations into how to improve our enrollment and education procedures. We will use your information for research purposes only if you have provided consent.

3. **Disclosures to Individuals Involved in Your Care.** We may disclose your health information to a family member, close friend, or healthcare provider involved in your receipt of God’s Love Services. We will disclose your health information to these individuals only if you have provided authorization or if we advise you that we will do so and you do not object.

4. **Marketing and Sale of Health Information.** We will not use or disclose your health information for marketing purposes without your written authorization. In addition, we will not sell your health information without your authorization.

   a. **Information Subject to Stricter Laws.** Certain sensitive health information may be subject to privacy laws that are more restrictive than HIPAA and could prohibit some of the uses and disclosures described above in this Notice. This sensitive health information may include, among others, HIV, mental health records, and substance abuse treatment programs. We will not disclose this sensitive information without your written authorization except as permitted by the laws governing this information. You may contact God’s Love We Deliver’s Privacy Officer at compliance@glwd.org or (212) 294-8100 if you want more information about how these stricter laws protect your health information.

   b. **Psychotherapy Notes.** We will generally not have access to any psychotherapy notes about you, and never expressly have access without your written authorization or in the event you are not able to provide written authorization, from an authorized party: i.e. Healthcare Proxy or a healthcare provider who has been authorized by you on a HIPAA form. If we obtain any of these records, we will not use or disclose them except as permitted by your authorization or applicable law.

**Obtaining Your Authorization for Other Uses and Disclosures.**

God’s Love We Deliver will not use or disclose your health information for any purpose not specified in this Privacy Notice unless we obtain your prior written authorization. If you give us your authorization, you may revoke it at any time, in which case we will no longer use or disclose your health information for the purpose you authorized, except to the extent we have relied on your authorization in providing services. We may not refuse to enroll or continue to provide services to you if you decide not to sign an authorization form. To revoke your consent please send an email to: compliance@glwd.org

**Your Rights Regarding Your Health Information**

You have the following rights regarding your health information:

1. **Right to Inspect and Copy.** You have the right to inspect or request a copy of health information about you that we maintain and that we may use in making decisions about your services. Your request should describe the information you want to review and the format in which you want to review it; for example, receive paper copies, or get the information in an electronic form. If we maintain your records in electronic form and you request an electronic copy, we will provide an electronic copy to you. We may refuse to allow you to inspect or obtain copies of this information in certain limited cases. You may ask to inspect or obtain copies of your information by writing to God’s Love We Deliver’s Privacy Officer at 166 Avenue of the Americas New York, NY 10013 or
2. **Right to Request Amendments.** You have the right to request changes to any health information we maintain about you if you state a reason why this information is incorrect or incomplete. We do not have to agree to make the changes you request. If we do not believe the changes you requested are appropriate, we will notify you in writing how you can have your objection to our decision included in our records. You may request changes to your health information by writing to God’s Love We Deliver’s Privacy Officer at 166 Avenue of the Americas New York, NY 10013 or compliance@glwd.org.

3. **Right to an Accounting of Disclosures.** You have the right to receive a list of certain types of disclosures of your health information that have been made by God’s Love We Deliver. The list will not include disclosures made for certain purposes, such as disclosures for treatment, payment or health care operations or disclosures you authorized in writing. Your request should specify the time period for which you want this list, which can be no longer than six years prior to the date of your request. You may request a list of disclosures by writing to God’s Love We Deliver’s Privacy Officer at 166 Avenue of the Americas New York, NY 10013 or compliance@glwd.org.

4. **Right to Request Restrictions.** You have the right to request restrictions on the ways in which we use and disclose your health information for treatment, health care operations, or disclose this information to organizations or individuals who are involved in your care. You may request a restriction on the use or disclosure of your health information by writing to God’s Love We Deliver’s Privacy Officer at 166 Avenue of the Americas New York, NY 10013 or compliance@glwd.org.

5. **Right to Request Confidential Communications.** You have the right to ask us to send health information to you in a different way or at a different location if you believe that you may be endangered by our ordinary form of communication. For example, if you are afraid that someone living with you may open mail we send you and harm you as a result, you can ask us to send your mail to a relative's, friend’s, case manager’s or employer's address. You must state in your request that you believe you will be endangered by our ordinary form of communication but you do not have to explain why you believe this is the case. Your request should also specify where and/or how we should contact you. We will accommodate all reasonable requests. You may ask us to send health information to you in a different way or at a different location by writing to God’s Love We Deliver’s Privacy Officer at 166 Avenue of the Americas New York, NY 10013 or compliance@glwd.org.

6. **Breach Notification.** You have the right to be notified by us in the event of a breach of your unsecured health information. A breach is an improper use or disclosure of your health information that compromises its security. Information is considered unsecured if
it is not encrypted or otherwise made unreadable in accordance with standards adopted by the federal government. If there is a breach, we will notify you as soon as reasonably possible after we discover the breach, but in no event more than 60 days after discovery.

7. Right to Paper Copy of Notice. If you have received this Notice electronically, you have the right to receive a paper copy at any time. You may obtain a paper copy of this Notice by writing to the Privacy Officer at 166 Avenue of the Americas New York, NY 10013 or compliance@glwd.org. You may also print out a copy of this Notice by going to our website at https://www.glwd.org/

Complaints

If you believe your privacy rights have been violated, you may file a complaint with God’s Love We Deliver or the Secretary of the U.S. Department of Health and Human Services (“HHS”). You may file a complaint with God’s Love We Deliver by writing to God’s Love We Deliver’s Privacy Officer at compliance@glwd.org or calling (212) 294-8100. You will not be retaliated against by God’s Love We Deliver for filing a complaint. You may file a complaint with HHS through any of the methods described at the following HHS website: https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html.

Changes to this Notice

God’s Love We Deliver may change the terms of this Privacy Notice at any time. If we change the terms of this Privacy Notice, the new terms will apply to all of your health information, whether created or received by God’s Love We Deliver before or after the date on which the Notice is changed. We will notify you of changes to this Privacy Notice by uploading the newest Privacy Notice to our website at https://www.glwd.org/ and upon request only, mail a paper copy directly to you.

Additional Information

If you have any questions or would like additional information about this Notice or God’s Love We Deliver’s privacy practices, please contact God’s Love We Deliver’s Privacy Officer by email at compliance@glwd.org or by phone at (212) 294-8100.

Effective Date

This Notice of Privacy Practices is effective as of 05/01/2024.