

## YOUR RIGHTS PERTAINING TO YOUR PROTECTED HEALTH INFORMATION

**Right to Access.** You have the right to inspect and/or to obtain a copy of the health information pertaining to you except in certain limited circumstances. This includes the right to receive in an electronic format a copy of your health information that is maintained as part of an electronic health record and to have the electronic record transmitted directly to an entity or person designated by you. To request access to your protected health information, please contact our Privacy Officer, who is listed at the end of this notice. A reasonable fee may be charged to cover the costs of providing you with a copy of your protected health information as approved by state law.

We will try our best to provide your protected health information to you in the form or format requested by you if such form or format is readily available. If it is not, the information will be provided in readable hard copy form or such other agreed upon form. If you agree in advance, we may provide you with a summary or explanation of your protected health information. You must also agree in advance to pay the fee for preparation of such summary or explanation.

We may deny access to your protected health information in a limited number of instances. If we deny your request, you have the right to receive a timely written denial explaining the reasons for the denial. The written denial will also describe your right to review the denial and the procedures for filing a complaint. Your denial will be reviewed, without cost, by the appropriate Medical Record Access Committee appointed by the Commissioner of the New York State Department of Health.

**Right to Amend.** If you believe that health information contained in your medical and billing records maintained by us is incorrect or incomplete, you have the right to request that it be amended. To request an amendment, please write to our Privacy Officer and include the information you want changed and the reason for wanting this information changed.

We may deny your request for an amendment if your health information was not created by us (unless the originator of the health information is no longer available to act on your request); is not part of the medical and billing records kept by us; is accurate and complete; or would not be available to you for inspection. If we deny your request for amendment, we must provide you with a written denial explaining the reasons for the denial. You have the right to submit a written statement of disagreement. You may also file a complaint. If we prepare a written rebuttal, you will be provided a copy of the rebuttal.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain limited disclosures we made of medical information about you for purposes unrelated to treatment, payment or health care operations. To obtain this list you must submit your request in writing to the Privacy Officer. It must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. We may charge you

for the costs of providing the list but you may request one free accounting per year. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Restrict Uses and Disclosure.** We understand that there may be situations in which you do not want your protected health information used by or disclosed to others. You may request that the use and disclosure of your protected health information by us, within the Medical Center, for treatment, payment or health care operations, be restricted or limited.

We are not required to agree to the restriction or limitation. If we do agree to the restriction or limitation, we will follow your wishes except to the extent that use or disclosure may be necessary to provide you emergency treatment. If we must use or disclose protected health information in order to provide emergency treatment, we will request that the disclosed information not be further used or disclosed.

You may also request that we restrict disclosures to your health plan of any protected health information related to an item or service for which you or someone on your behalf, other than the health plan, paid us in full. If you make such a request we will not disclose such protected health information to your health plan as part of our payment or health care operations unless we are otherwise required to do so under the law.

To request that a restriction or limitation be placed on your protected health information, please write to our Privacy Officer. You may also write to the Privacy Officer to terminate a restriction or limitation. We may terminate a restriction or limitation by informing you of the termination. A termination will only be effective for protected health information created or received after you have been informed of the termination.

**Right to Request Confidential Communications.** You may request, in writing, to receive confidential communications regarding your protected health information by an alternative method or at an alternative location. For instance, if you wish to receive confidential communications by e-mail or at another address, such as at work or at a post office box, you may request it. We will not ask you to explain your reason for the request and will accommodate reasonable requests.

**TO REQUEST CONFIDENTIAL COMMUNICATIONS, PLEASE WRITE TO OUR PRIVACY OFFICER.**

**Right to be Notified in the Event of a Breach.** We are required to notify you in the event of a breach of your unsecured protected health information as soon as possible but no later than sixty (60) days after we discover the breach. Unsecured protected health information is information that is not deemed unreadable, unusable, or indecipherable using technology, such as encryption, or other means specifically approved by the Secretary of the U.S. Department of Health and Human Services.

Any required notice will include a description of the breach, the unsecured health information involved, steps you might take to protect yourself, a summary of our investigation, and how to contact us for more information.

## SPECIAL AUTHORIZATIONS

**HIV-related Information.** In accordance with New York State Public Health Law Article 27-F, HIV-related information (e.g., information related to HIV testing, test results, or HIV treatment) will only be disclosed upon completion of special written authorization. We may, however, disclose HIV related information in relation to your treatment, as part of public health activities, for disease prevention, and as otherwise permitted by law.

**Marketing.** We will not disclose your health information to a third party for marketing purposes without your specific authorization to do so. We may, however, provide you with marketing materials in a face to face encounter without your authorization. We may also communicate with you about treatment alternatives or other health related products and service that may be beneficial to you in relation to your treatment.

## COMPLAINT PROCEDURES

If you believe that your protected health information was used or disclosed unlawfully, or that any of your rights with respect to your protected health information were violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. If complaining to us, your complaint should be in writing and sent to our Privacy Officer. This is the same person you may contact with questions regarding any of the information contained in this notice.

**PLEASE BE ADVISED THAT NO ADVERSE ACTION WILL BE TAKEN AGAINST YOU FOR FILING A COMPLAINT.**

## RIGHT TO CHANGE NOTICE

We reserve the right to change this notice. We also reserve the right to make the revised or changed notice effective for medical information we already have about you and for information we may receive in the future. A current copy of this notice is always posted in the hospital, the skilled nursing facility and at each of our clinics, and you may find it on our web site at <http://www.alicehyde.com>.

You always have the right to obtain a paper copy of our current notice by contacting our Privacy Officer even if you have agreed to accept this notice electronically.

*Questions about this Notice? Please contact:*

**Privacy Officer**

133 Park Street, PO Box 729

Malone, NY 12953

Telephone: 518-483-3000



Alice Hyde Medical Center's

# Notice of Privacy Practices

Effective Date: Sept. 21, 2013

*Advanced medicine. Compassionate care.*



*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.*

**Privacy Officer**  
**518-483-3000**

**Alice Hyde Medical Center (the Medical Center) is strongly committed to protecting the confidentiality and security of your protected health information.**

This notice describes our privacy practices. Specifically, this notice describes:

1. how we will use or disclose medical information about you;
2. your rights with respect to your protected health information and how you may exercise your rights; and
3. the obligations we have regarding the use and disclosure of your protected health information.

The law requires that we maintain the privacy of your protected health information, provide you with notice of our legal obligations and privacy practices with respect to your protected health information, and follow the terms of the notice that is currently in effect.

If you have any questions or want further information about this notice, or anything contained in this notice, you should contact the Privacy Officer listed at the end of this notice.

## WHO WILL FOLLOW THIS NOTICE

All individuals who work for the Medical Center in our hospital, skilled nursing facility, outpatient clinics, and administrative offices will follow this notice. Examples of these individuals include employees (including employed physicians), persons we contract with who are authorized to access your protected health information, and volunteers that we permit to assist you.

## PROTECTED HEALTH INFORMATION

"Protected health information" is information, including demographic information, that relates to your past, present or future physical or mental health or condition; or to the provision or payment of your health care; and that either identifies you or reasonably could be used to identify you.

## USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION OR AN OPPORTUNITY TO OBJECT

**For Treatment.** We may use or disclose your protected health information for the purpose of providing medical treatment and services to you. For example, we may disclose your protected health information to other doctors, nurses, technicians, medical students or other personnel who are involved in treating and caring for you. We may also disclose information for treatment purposes to other providers who may be part of your medical care outside of the Medical Center and may require information about you that we have for your treatment.

**For Payment.** We may use and disclose health information about you so that the treatment and services you receive at the Medical Center may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reim-

burse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use or disclose your protected health information during the course of operating the Medical Center. For example, we may review our patients' medical information to ensure that quality treatment or services were provided to our patients. Also, in conducting training programs, your medical information may be given to students, trainees, or other practitioners being supervised to learn or improve skills. Specific health care operations also include:

**Appointment Reminders.** We may use and disclose your protected health information for the purpose of contacting you to remind you of an appointment you have for treatment or care.

**Treatment Alternatives and Other Health-Related Benefits or Services.** We may use and disclose your protected health information to provide you with information about treatment alternatives or for the purpose of contacting you to alert you of other health-related benefits or services that may be of interest to you.

**As Required by Law.** We will disclose your protected information when required to do so by federal, state or local law.

**Incidental Disclosures.** Subject to applicable law, we may make incidental uses and disclosures of protected health information. Incidental uses and disclosures are by-products of otherwise permitted uses and disclosures which are limited in nature and cannot be reasonably prevented.

**Public Health Activities.** Your protected health information may be disclosed to public health authorities authorized by law to collect and receive the information. For instance, the information may be disclosed for the purpose of: preventing, controlling, or monitoring disease, injury or disability; reporting birth and death; reporting child abuse or neglect; reporting adverse reactions to medications or products; providing notification of product recalls; providing notification to individuals exposed to a communicable disease or at risk of contracting and spreading a disease or condition; and evaluating work-related injuries or illness.

**Abuse, Neglect or Domestic Violence.** If it is reasonably believed that you are a victim of abuse, neglect or domestic violence, we are allowed to disclose your protected health information to government authorities, such as social or protective service agencies, that are authorized to receive reports on abuse, neglect and domestic violence.

**Health Oversight Activities.** We may disclose protected health information to agencies authorized by law to conduct health oversight activities.

**Legal Disputes.** We may disclose your protected health information as part of a court or government agency proceeding.

**Law Enforcement Officials.** We may disclose your protected health information to law enforcement officials as required by law.

**Coroners, Medical Examiners and Funeral Directors.** Your protected health information may be disclosed to coroners and medical examiners to identify the deceased, to determine the cause of death, or to conduct other duties authorized by law. We may also disclose your protected health information to a funeral director, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.

**Organ and Tissue Donation.** If you are an organ donor, we may disclose your protected health information to organ and tissue Medical Centers for the purpose of obtaining donations and transplantations.

**Prevention of Serious Threat to Health or Safety.** We may disclose your protected health information to prevent serious threat to the health and safety of a specific person or the general public. Use and disclosure may only be made if necessary and to someone reasonably able to prevent or lessen the threat.

**Specialized Government Functions.** In certain circumstances we may be required to disclose information about you to authorized governmental agencies for national security activities or for protective services for the President or other authorized persons.

**Workers' Compensation.** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

**Military and Veterans.** If you are a member of the Armed Forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

**Research.** We may use and disclose health information about you for research projects that are subject to a special approval process and the requirements of applicable law.

**Disclosures to the Secretary of the Department of Health and Human Services.** We must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the HIPAA regulations.

## WHERE YOUR AUTHORIZATION IS NOT REQUIRED BUT YOU HAVE THE OPPORTUNITY TO OBJECT PRIOR TO THE USE OR DISCLOSURE

**Family and Friends.** We may disclose your protected health information to a family member, other relative, close personal friend, or other person identified by you, who is involved in your care, or the payment of your care. The information disclosed must be relevant to the individual's involvement. We may also

disclose protected health information to notify a family member, or another person responsible for your care, of your location, general condition, or death. If you are unable to agree or object to such uses or disclosures of protected health information because of an emergency or because of your incapacity, we may exercise our professional judgment to determine whether the disclosure is in your best interest.

**Directory Use.** Your protected health information may be disclosed to maintain a directory of patients in our facility. Such information is limited to your name, your location within our facility, your general condition, and your religious affiliation. The information contained within this directory may be disclosed to members of the clergy, or to other individuals who ask for you by name. If you are unable to agree or object to such disclosure, we may disclose the information contained within the directory only if it is consistent with your prior expressed preference, and if we determine that it is in your best interest based upon our professional judgment.

**Fundraising.** We may use certain information (name, address, telephone number, dates of service, age and gender) to contact you in the future to raise money for Alice Hyde Medical Center. The money raised will be used to expand and improve the services and programs we provide the community.

If you do not wish to be contacted for fundraising efforts, please notify **Director of Community Relations, Alice Hyde Medical Center, 133 Park Street, Malone, NY 12953 by mail, by calling (518) 483-3000.**

## USES AND DISCLOSURES WHERE YOUR AUTHORIZATION IS REQUIRED

We will not use or disclose your protected health information for any purpose other than those identified in the previous sections without your specific written authorization. Most disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures that constitute the sale of your health information require your prior written authorization.

We may, however, provide you with marketing materials in a face to face encounter without your authorization or communicate with you about treatment alternatives or other health related products and services that may be beneficial to you in relation to your treatment.

**IF YOU GIVE US YOUR AUTHORIZATION TO USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION, YOU MAY REVOKE THE AUTHORIZATION, IN WRITING, AT ANY TIME. IF YOU REVOKE YOUR AUTHORIZATION, WE WILL NO LONGER USE OR DISCLOSE INFORMATION ABOUT YOU FOR THE REASONS COVERED BY YOUR WRITTEN AUTHORIZATION, EXCEPT TO THE EXTENT THAT WE HAVE ALREADY TAKEN ACTION IN RELIANCE ON YOUR AUTHORIZATION.**