

# Notice of Privacy Practices

**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.**

This Notice is being provided to you on behalf of Nyack Hospital. We are required by law to protect the privacy of your health information and supply you with a notice of our privacy practices.

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## **What is protected health information?**

Protected Health Information is any individually identifiable patient information related to your past, present or future health care or medical condition that may be used to identify you that is maintained electronically or on paper. We are committed to protecting your health information. Some examples of protected health information include information indicating that you are a patient of or receiving health-related services at our facilities, information about your health condition, genetic information, or information about your health care benefits under an insurance plan, each when combined with identifying information, such as your name, address, social security number or phone number.

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## **Understanding Your Health Record/Information**

Each time you visit the Hospital, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
  - Better understand who, what, when, where, and why others may access your health information
  - Make more informed decisions when authorizing disclosure to others
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## **Your Health Information Rights**

Your health record is the physical property of our Providers and its Business Associates, such as the Laboratory where your tests are performed, the Radiologist who reads your x-rays, or the Anesthesiologist who treats you in the operating room. The information contained in the record, *however*, belongs to you. You have the right to:

- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or at alternative Request a restriction on certain uses and disclosures of your information
- Obtain a paper copy of the Notice of Privacy Practices upon request
- Inspect and obtain a copy of your health record
- Amend your health record
- locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

### **You have the right to inspect and copy your protected health information.**

This means you may inspect and obtain a copy of protected health information about you that is contained in your medical record for as long as we maintain the protected health information. This also includes the right to receive in an electronic format a copy of protected health information about you 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 so long as we can readily produce such information in the form requested. Otherwise we will cooperate with you to provide a readable electronic form and format as agreed.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision investigated. Please contact our Privacy Officer if you have questions about access to your medical record.

**You have the right to request a restriction of your protected health information.**

You may request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. You may also request a restriction on our use or disclosure of your protected health information to carry out our treatment, payment, or health care operations. Your written request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request and in some cases the restriction you request may not be permitted under law. If we believe that it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If we do agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment for you. With this in mind, please discuss any restriction you wish to request with your treating physician.

You may request a Restriction of Health Information Form by contacting Health Information Services at extension 2527 or the Privacy Officer.

**You have the right to request and to receive confidential communications from us by alternative means or at an alternative location.**

We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

**You may have the right to request an amendment of your protected health information.**

This means you may request an amendment of protected health information about you in your medical record for as long as we maintain this information. Your request should include the reasons why you think we should and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your make the amendment. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us medical record.

**You have the right to receive an accounting of disclosures we have made of your protected health information.**

This means you have a right to request an “accounting of disclosures, which is a list with information about how we shared your health information with others. To obtain a request form for an accounting of disclosures, please write to the Privacy Officer. You have the right to receive one list every 12 month period for free. However, we may charge you for the cost of providing any additional lists in that same 12 month period.

**You have a right to be notified in the event of a breach.**

We are required to notify you if there is a probable compromise of your unsecured protected health information no later than sixty (60) days after we discover the breach. Any required notice will include

a description of what happened, the type of information involved, steps you might take to protect yourself, a brief description of the investigation into the breach, mitigation of harm to you and protection against further breaches and how to contact us for more information.

**You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.**

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## **Our Responsibilities**

Our Providers are required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable written requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will issue a revised notice to the address you have supplied us.

Unless otherwise permitted by law, we will not directly or indirectly receive remuneration in exchange for your protected health information unless we receive an authorization from you that includes a specification that your protected health information may be exchanged for remuneration.

We will not otherwise use or disclose your health information without your authorization, except as described in this notice.

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## **How We May Use and Disclose Your Health Information without Your Written Authorization**

### **We will use your health information for treatment.**

For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent healthcare provider with copies of various

reports that should assist him or her in treating you.

We may also contact you to provide appointment reminders.

**We will use your health information for payment.**

For example: A bill may be sent to you or your health insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. In some cases, we may share information about you with your health insurance company to determine whether it will cover your treatment.

**We will use your health information for regular health operations.**

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

**Business Associates:** We may disclose your health 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, or we may share your health information with an accounting firm or law firm that provides professional advice to us. 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. If our business associate discloses your health information to a subcontractor or vendor, the business associate will have a written contract to ensure that the subcontractor or vendor also protects the privacy of the information.

**Hospital Directory:** Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes while you are an inpatient in the hospital. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

**Communication with Family:** If you do not object, health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person’s involvement in your care or payment related to your care.

**Coroners, Medical Examiners and Funeral Directors:** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

**Organ Procurement Organizations:** Consistent with applicable law, we may disclose health

information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**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 established by law.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. **Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

**Proof of Immunization:** We may disclose proof of a child's immunization to a school, about a child who is a student or prospective student of the school, as required by State or other law, if a parent, guardian, other person acting in loco parentis, or an emancipated minor, authorizes us to do so, but we do not need written authorization.

**Emergencies or As Required By Law.** We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you. We may use or disclose your health information if we are required by law to do so, and we will notify you of these uses and disclosures if notice is required by law.

**Victims of Abuse, Neglect or Domestic Violence.** We may release your health information to a public health authority authorized to receive reports of abuse, neglect or domestic violence.

**Health Oversight Activities.** We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facilities. 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.

**Lawsuits and Disputes.** We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute. We may also disclose your information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute, but only if required judicial or other approval or

necessary authorization is obtained.

**To Avert A Serious And Imminent Threat To Health Or Safety.** We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us 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 we determine that you escaped from lawful custody (such as a prison or mental health institution).

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**FUNDRAISING:** We may use or disclose your demographic information, including, name, address, other contact information, age, gender, and date of birth, dates of health service information, department of service information, treating physician, outcome information, and health insurance status for fundraising purposes. With each fundraising communication made to you, you will have the opportunity to opt-out of receiving any further fundraising communications. We will also provide you with an opportunity to opt back in to receive such communications if you should choose to do so.

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## **REQUIREMENT FOR WRITTEN AUTHORIZATION**

There are certain situations where we must obtain your written authorization before using your health information or sharing it, including:

**Marketing.** We may not disclose any of your health information for marketing purposes if we will receive direct or indirect financial remuneration not reasonably related to our cost of making the communication.

**Sale of Protected Health Information.** We will not sell your protected health information to third parties. The sale of protected health information, however, does not include a disclosure for public health purposes, for research purposes where we will only receive remuneration for our costs to prepare and transmit the health information, for treatment and payment purposes, for the sale, transfer, merger or consolidation of all or part of our operations, for a business associate or its subcontractor to perform health care functions on our behalf, or for other purposes as required and permitted by law.

If you provide us with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it. To revoke a written authorization, please write to the Privacy Officer at our medical group. You may also initiate the transfer of your records to another person by completing a written authorization form.

**Use and Disclosures Where Special Protections May Apply.** Some kinds of information, such as HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information, are considered so sensitive that state or federal laws provide special protections for them. Therefore, some parts of this general Notice of Privacy

Practices may not apply to these types of information. If you have questions or concerns about the ways these types of information may be used or disclosed, please speak with your health care provider.

**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.

**Mental Health Records:** New York Mental Hygiene Law requires that all clinical records of a facility licensed by the Office of Mental Health (“OMH”) or the Office for People With Developmental Disabilities (“OPWDD”) remain confidential and limits the disclosure of such information to specific circumstances. We will only disclose your mental health treatment records from our OMH or OPWDD licensed programs in accordance with your specific authorization or as otherwise permitted by law.

**Substance Abuse Treatment Records:** Federal law protects the confidentiality of alcohol and drug abuse treatment records. We will only disclose such records with your specific written authorization or as otherwise permitted by law.

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### **For More Information or to Report a Problem**

If you believe your privacy rights have been violated, you can file a complaint with **the** Corporate Compliance Privacy Officer at Nyack Hospital at:

Jennifer Morris  
Chief Compliance and Privacy Officer  
Phone: (845) 348-2034  
Email: [morrisj@nyackhospital.org](mailto:morrisj@nyackhospital.org)

There will be no retaliation for filing a complaint.

If you are not satisfied with the response from the Corporate Compliance Privacy Officer, you may also file a complaint with the Secretary of Health and Human Services at:

**Region II: New York**  
Office of Civil Rights  
U.S. Department of Health and Human Services  
Jacob Javits Federal Building  
26 Federal Plaza, Suite 3312  
New York, NY 10278  
Phone: (212) 264-3313  
Fax: (212) 264-3039