

Notice of Privacy Practices

Your Information.

Your Rights.

Our Responsibilities.

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.

Ellenville Regional Hospital (ERH) is required by law to protect the privacy of health information that may reveal your identity and to provide you with a copy of this notice that describes the health information privacy practices of our hospital, its medical staff and affiliated health care providers that jointly provide health care services with our hospital. Besides being the law, we believe that protecting your privacy is simply the right thing to do.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

> See page 2 for more information on these rights and how to exercise them

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> See page 3 for more information on these choices and how to exercise them

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

> See pages 3 - 5 for more information on these uses and disclosures

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see, or get an electronic, or paper copy of, your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- You can also ask for a detailed version of our privacy notice.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Dept. of Health & Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

DID YOU KNOW THAT YOU CAN ACCESS YOUR RECORDS ANYTIME BY USING OUR PATIENT PORTAL?

If you are not already signed up for our Patient Portal,
please call the hospital’s Patient Registration department , at (845) 647-6400 ext 300, to do so.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

continued on next page



How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - * Preventing disease
 - * Helping with product recalls
 - * Reporting adverse reactions to medications
 - * Reporting suspected abuse, neglect, or domestic violence
 - * Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Dept. of Health and Human Services if it wants to see that we're complying with federal privacy law.

Organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - * For workers' compensation claims
 - * For law enforcement purposes or with a law enforcement official
 - * With health oversight agencies for activities authorized by law
 - * For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site www.ernhy.org.

Who Will Follow This Notice?

- Any health care professional that treats you in any department of the Hospital.
- All employees, medical staff, trainees, students or volunteers at the Hospital.
- Any of our Business Associates. Business Associates are contractors, agents & others, 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.*



Additional Rules as Prescribed by NYS

- Records concerning the treatment of an infant patient for venereal disease or the performance of an abortion operation upon such infant patient shall not be released or in any manner be made available to the parent or guardian of such infant. . ."
- Provider may deny access to all or part of the information and may grant access to a prepared summary of the information if, after consideration of all the attendant facts and circumstances, the provider determines that the request to review all or a part of the patient information can reasonably be expected to cause substantial and identifiable harm to the subject or others which would outweigh the person's right of access to the information
- If a parent requests information concerning a child over 12 years old, the practitioner may notify the child and if the child objects to disclosure, may deny the request
- Provider may deny access to all or part of the information and may grant access to a prepared summary of the information if, after consideration of all the attendant facts and circumstances, the provider determines that disclosure would have a detrimental effect on the provider's professional relationship with an infant, or on the care and treatment of the infant, or on the infant's relationship with his or her parents (18(3)(d)(i), 18(2)(c)).
- The provider may impose a reasonable charge, not to exceed costs and not to exceed 75¢ per page, but release of records cannot be denied solely because of inability to pay
- Provider must permit visual inspection within 10 days & furnish a copy within a reasonable time if the provider has space available to permit visual inspection, or must provide a copy within 10 days if the provider does not have space available to permit inspection.
- Individual may challenge the accuracy of information and may require that a brief written statement prepared by the individual concerning the challenged information be inserted into the medical record
- "No person who obtains confidential HIV related information in the course of providing any health or social service or pursuant to a release of confidential HIV related information may disclose or be compelled to disclose such information, **except to:**
 - "an authorized agency in connection with foster care or adoption of a child"
 - "an employee or agent of the division of parole"
 - "an employee or agent of the division of probation and correctional alternatives or any local probation dept"
- "A physician may disclose confidential HIV related information pertaining to a protected individual to a person (known to the physician) authorized pursuant to law to consent to health care for a protected individual when the physician reasonably believes that: (1) disclosure is medically necessary in order to provide timely care and treatment for the protected individual; and (2) after appropriate counseling as to the need for such disclosure, the protected individual will not inform a person authorized by law to consent to health care; provided, however, that the physician shall not make such disclosure if, in the judgment of the physician: (A) the disclosure would not be in the best interest of the protected individual; or (B) the protected individual is authorized pursuant to law to consent to such care and treatment"
- Information required to be collected and maintained under PHL §§ 2805-j, 2805-k and reports required to be submitted under PHL § 2805-l and any incident reporting requirements imposed upon diagnostic and treatment centers shall be kept confidential and shall not be released except to DOH or under PHL § 2805-k(4).

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

If you have any questions about this notice, or would like further information, please contact:

Corporate Compliance Officer
Ellenville Regional Hospital
845.647.6400 x 400
compliance@erhny.org