

*Effective Date:* April 14, 2003

## **COMMUNITY MEMORIAL HOSPITAL**

### **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.**

Community Memorial Hospital is required by law to protect the privacy of your health information and to provide you with a copy of our Notice of Privacy Practices (“Notice”). This Notice describes the ways we will use and disclose your health information. This Notice also describes your rights and our obligations regarding the use and disclosure of your health information. A copy of our current Notice will always be posted in our reception area. You will also be able to obtain a copy of our current Notice by accessing our website at [www.communitymemorial.org](http://www.communitymemorial.org), calling our office at 315-824-6543 or asking for one at the time of your next visit. If you have any questions about this Notice or would like further information, please contact Director of Health Information Management/Performance Improvement at 315-824-6543.

#### **A. PURPOSE OF THIS NOTICE OF PRIVACY PRACTICES**

We are committed to protecting the privacy of information we gather about you while providing you health-related services. Some examples of protected health information are:

- Information about your health condition (such as a disease you may have);
- Information about health care services you have received or may receive in the future (such as an operation);
- Information about your health care benefits under an insurance plan (such as whether a prescription is covered);
- 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); and
- Other types of information that may identify who you are.

This Notice describes our health information privacy practices and compliance by:

- All health care professional, residents, students and graduate students of health care professional schools affiliated with the Hospital who are authorized to enter information into your medical record maintained by the Hospital;
- All Hospital employees in every department or unit of the Hospital having access to your medical information;

- Any member of a volunteer group we allow to help you while you receive services in the Hospital;
- All of the following Hospital-affiliated sites and locations listed below who have access to your medical information:
  - Family Health Center of Community Memorial Hospital at Cazenovia
  - Family Health Center of Community Memorial Hospital at Georgetown
  - Family Health Center of Community Memorial Hospital at Hamilton
  - Family Health Center of Community Memorial Hospital at Morrisville
  - Family Health Center of Community Memorial Hospital at Munnsville
  - Family Health Center of Community Memorial Hospital at Waterville
  - Community Wellness Center

And

- Certain members of the Hospital's Medical Staff who may be involved in your treatment at the Hospital or any of the above sites and locations:
  - CNY Anesthesia Group, P.C.
  - Hamilton Critical Care & Emergency Medicine Consultants, P.C.
  - Hamilton Physicians Group, P.C.
  - SJH Cardiology Associates, P.C.
  - Radiology Associates of New Hartford, P.C.

The Hospital and the Medical Staff members listed above are independent contractors. The Hospital does not assume any liability for any negligence or professional malpractice on the part of or committed by the Medical Staff members listed above.

The individuals and facilities listed above may share your medical information with each other as may be necessary to provide your treatment, for payment of your treatment or for purposes of Hospital operations.

## **B. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

### **1. Use and Disclosure for Treatment, Payment and Health Care Operations**

We may use your health information or share it with others in order to treat your condition, obtain payment for that treatment, or for the Hospital's health care operations. Below are examples of how your health information may be used for treatment, payment and health care operations.

**Treatment.** We may share your health information with doctors, nurses and other health care providers at the Hospital who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. A doctor at our Hospital may share your health information with another doctor inside our Hospital, or with a doctor at another hospital, to determine how to diagnose or treat you. Your doctor may also share your health information with another doctor to whom you have been referred for further health care.

**Payment.** We may use your health information or share it with others so that we obtain payment for your health care services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you. In some cases, we may share information about you with your health insurance company to determine whether it will cover your treatment. We might also need to inform your health insurance company about your health condition in order to obtain pre-approval for your treatment, such as admitting you to the Hospital for a particular type of surgery.

**Health Care Operations.** We may use your health information or share it with others in order to conduct our normal health care operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you.

## **2. Other Uses and Disclosures**

There are other special situations when we may use and disclose your health information. These uses and disclosures are outlined below.

**Appointment Reminders, Treatment Alternatives, Benefits and Services.** We may use your health information when we 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.

**Fundraising.** We may use information such as your name, address and the dates that you received treatment, in order to contact you to raise money to help us operate. We may also share this information with a charitable foundation that will contact you to raise money on our behalf. If you do not want to be contacted for these fundraising efforts, please write to Vice President of Administrative Services, Community Memorial Hospital, 150 Broad Street, Hamilton, NY 13346, or call 315-824-6083.

**Hospital Directory.** Unless you object, we will include your name, your location in our facility, your general condition (*e.g.*, fair, stable, critical, etc.) and your religious affiliation in our Hospital Directory while you are a patient in the Hospital. This directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy even if he or she doesn't ask for you by name.

**Friends and Family Involved In Your Care.** Unless you object or as otherwise instructed by you, or as authorized by law, we may share your health information with a family member, relative or close personal friend who is involved in your care or payment for that care. We may also notify a family member, personal representative or another person responsible for your care about your location and general condition here at the hospital, or about the unfortunate event of your death.

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

**Public Health Activities.** As authorized or required by law, we may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) and others so they may carry out their public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with medical products;
- To notify people of medical products, recalls, repairs or replacements;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

**Victims of Abuse, Neglect or Domestic Violence.** As authorized or required by law, we may release your health information to a public health or government authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, we may report your information to government officials if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. We will make reasonable efforts to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

**Health Oversight Activities.** As authorized or required by law, we may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. 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.

**Medical Product Monitoring, Repair and Recall.** We may disclose your health information to a person or company that is required by the Food and Drug Administration to: (1) report or track medical product defects or problems; (2) repair, replace, or recall defective or dangerous medical products; or (3) monitor the performance of a medical product after it has been approved for use by the general public.

**Lawsuits and Disputes.** As authorized or required by law, we may disclose your health information if we are ordered to do so by a court that is handling a lawsuit or other dispute.

**Law Enforcement.** As authorized or required by law, we may disclose your health information to law enforcement officials for the following reasons:

- To comply with court orders or laws that we are required to follow;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your consent because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interests;
- If we suspect that your death resulted from criminal conduct;
- If necessary to report a crime that occurred on our property; or
- If necessary to report a crime discovered during an offsite medical emergency (for example, by emergency medical technicians at the scene of a crime).

**To Avert A Serious Threat To Health Or Safety.** As authorized or required by law, we may use your health information or share it with others when necessary to prevent a serious 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).

**National Security and Intelligence Activities or Protective Services.** We may disclose your health information 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 you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers 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.** We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

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

**Organ and Tissue Donation.** In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

**Research.** In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your health information without your authorization if we obtain approval through a special process to ensure that research without your authorization poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly. We may also release your health information without your authorization to people who are preparing a future research project, so long as any information identifying you does not leave our facility. In the unfortunate event of your death, we may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our facility any information that identifies you.

## C. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

We want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.

### 1. Right to Inspect and Copy Records

You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to Director of Health Information Management, Community Memorial Hospital, 150 Broad Street, Hamilton, NY 13346. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. The standard fee is \$0.75 per page and must generally be paid before or at the time we give the copies to you.

We will respond to your request for inspection of records within 10 days. We ordinarily will respond to requests for copies within 30 days if the information is located in our facility, and within 60 days if it is located off-site at another facility. If we need additional time to respond to a request for copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

Under certain limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we do, we will provide you with a summary of the information instead. We will also provide a written notice that explains our reasons for providing only a summary, and a complete 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 us or with the Secretary of the Department of Health and Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

If you are a nursing home resident at Community Memorial Hospital, you may request to inspect your records either orally or in writing. We will respond to such requests to inspect records within twenty-four (24) hours.

### 2. Right to Request an Amendment of Records

If you believe that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please write to Director of Health Information Management, Community Memorial Hospital, 150 Broad Street, Hamilton, NY 13346. Your request must include the reason(s) why you think we should make the amendment. Ordinarily we will respond to your request within 60 days. If we need additional time to respond, we 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.

We may deny your request for an amendment if it is not in writing or does not include a reason for the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not a part of the medical information kept by or for the Hospital;
- Is not part of the health information which you would be permitted to inspect and copy; or
- Is accurate and complete based upon available documentation.

If we deny part of or your entire request for an amendment, we will provide a written explanation for the denial. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement, which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial we send you.

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

After April 14, 2003, you have a right to request an “accounting of disclosures” which is a list with information about how we have shared your information with others. The accounting, however, will not include:

- Disclosures we made to you;
- Disclosures we made with your written permission;
- Disclosures we made in order to provide you with treatment, obtain payment for that treatment, or conduct our normal health care operations;
- Disclosures made in the Hospital directory;
- Disclosures made to your friends and family involved in your care;
- 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.

To request this accounting, please write to Director of Health Information Management, Community Memorial Hospital, 150 Broad Street, Hamilton, NY 13346. Your request must state a time period for the disclosures you want us to include which may not be longer than six (6) years from the date of the request. You have a right to one accounting within every 12-month period for free. However, we may charge you for the cost of providing any additional accounting in that same 12-month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily we will respond to your request for an accounting within 60 days. If we need additional time to prepare the accounting you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting. In rare cases, we may have to delay providing you with the accounting without notifying you because a law enforcement official or government agency has legally directed us to do so.

#### **4. Right to Request Additional Restrictions**

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our Hospital's operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. For example, you could request that we not disclose information about a surgery you had. To request restrictions; please write to the Director of Health Information Management/Performance Improvement, Community Memorial Hospital, 150 Broad Street, Hamilton, NY 13346. Your request should include (1) what information you want to restrict; (2) whether you want to restrict how we use the information, how we share it with others, or both; and (3) to whom you want the restrictions to apply.

We are 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 we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

**5. Right to Request Confidential Communications** You have the right to request that we communicate with you about your medical matters in a more confidential way. For example, you may ask that we contact you at work instead of at home. To request more confidential communications, please write to Director of Health Information Management/Performance Improvement, Community Memorial Hospital, 150 Broad Street, Hamilton, NY 13346. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests. Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.

#### **6. Right to Request a Paper Copy of this Notice**

You have the right to request a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time even if you agreed to receive this Notice electronically. To obtain a paper copy of this Notice, contact Director of Health Information Management/Performance Improvement at 315-824-6543. You may also obtain a copy of this Notice from our website at [www.communitymemorial.org](http://www.communitymemorial.org) or by requesting a copy at your next visit to one of our facilities.

#### **D. AUTHORIZATION FOR USE AND DISCLOSURE OF YOUR HEALTH INFORMATION**

Other uses and disclosures of your health information not covered by this Notice or the laws that apply to us will be made only with your written permission. In those instances, we will provide you with a Hospital authorization to sign. You may revoke your authorization, in writing, at any time except to the extent we have already relied upon it. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your authorization.

Depending upon the nature of your health information, we may be required by law to comply with additional requirements prior to using or disclosing your health information. For example, use and disclosure of HIV-related, genetic and mental health information may need your specific permission.

#### **E. CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. The revised Notice will apply to all of your health information we have about you as well as any of your health information we receive in the future. We will post any revised Notice in our Hospital reception area. You will also be able to obtain your own copy of the revised Notice by accessing our website at [www.communitymemorial.org](http://www.communitymemorial.org) or calling our office at 315-824-6543 or asking for one at the time of your next visit to one of our facilities. The effective date of the revised Notice will always be located in the top right corner of the first page. We are required to abide by the terms of any Notice currently in effect.

#### **F. HOW TO FILE A COMPLAINT**

If you believe your privacy rights have been violated by the Hospital, you may file a complaint with us or with the Secretary of the Department of Health and Human Services (“DHHS”). To file a complaint with us, please contact Corporate Compliance Officer at 315-824-7016. If you want to file a complaint with DHHS please call us at (315) 824-7016 and we will provide you with the appropriate DHHS contact and address. No one will retaliate or take action against you for filing a complaint.