

## 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.**

#### **You have the right to:**

- Inspect or get a copy of your paper or electronic health care record
- Request changes to your paper or electronic health care record
- Request a confidential means of communication
- Ask us to limit the information we share
- Get a list of those with whom we have shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy

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

#### **You have some choices in the way that we use and share information as we:**

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a facility directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

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

#### **We may use and share your information so that we can:**

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

➤ **See page 3 and 4 for more information on these uses and disclosures**



## 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 health care record

- You can ask to see or get an electronic or paper copy of your health care record and other health information we have about you. You must ask us in writing unless you are a resident of St. Camillus Health and Rehabilitation Center. If so, you can ask us verbally, and we will respond within one business day. The person to write to or ask is the Director of Medical Records.
- We will provide a copy of your health information records, subject to a few exceptions authorized by law, usually within 30 days of your request. We may charge a reasonable, cost-based fee of up to 75 cents per paper page.
- Sometimes, we may deny your request. If that happens, we will tell you why in writing and how you can ask that our decision be reviewed.

### Request changes to your health care record

- You can ask us to amend health information about you that you think is incorrect or incomplete. You must ask us in writing and give us your reasons why you think your health information should be changed. The person to write to is the Director of Medical Records.
- We may deny your request, and if we do, we will tell you why in writing within 60 days. We will also tell you how you can file a complaint with us or with the government.

### Request a confidential means of communication

- 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. You must ask us in writing, and your request must tell us how payment for your health care will be handled if we communicate with you through the method you are requesting. The person to write to is the Director of Medical Records.
- We will agree 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. You can also ask us not to share information with a family member or friend involved in your care. We don't have to agree to your request, and we cannot if it would affect your care. Even if we do agree to your request, we may still share information that is needed to provide you with emergency treatment, or if the law requires us to share your information.
- If you pay or someone else on your behalf pays for a service or health care item out-of-pocket in full, you can ask us not to share information about that service or item with your health insurer or health plan for the purpose of payment or our operations. We will agree unless a law, such as Medicare law, requires us to share your information with your payor.
- You must ask us to limit what we use or share in writing. The person to write to is the Director of Medical Records. Be sure to tell us what information you want to limit; whether you want to limit our use, disclosure, or both; and to whom you want the limits to apply.

### Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. You must ask us in writing. Make sure you tell us the time period. The person to write to is the Director of Medical Records.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures, such as disclosures to you, disclosures you asked us to make, listings in a facility directory, disclosures to people involved in your care, disclosures for national security or to law enforcement, or any disclosures we made before April 14, 2003.
- We will respond within 60 days. We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. We will let you know what the fee will be so that you can withdraw your request if you want.

### 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. The person to ask for a paper copy is the Director of Admissions. You can also get a copy on our web site: [www.st-camillus.org](http://www.st-camillus.org)

### Choose someone to act for you

- If you have given someone a health care proxy or if someone is your legal guardian, that person can exercise your rights and make choices about your health information to the extent allowed by New York State laws.
- We will check that 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 to us if you feel we have violated your rights. The person to talk or write to is the Privacy Officer.
- You can file a complaint with the U.S. Department of Health and 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you in any way for filing a complaint.

**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, tell us.

**You have the right to tell us not 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 facility 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 your written authorization:**

- Certain marketing purposes
- Sale of your health information
- Certain disclosures of psychotherapy notes

**In the case of fundraising:**

- We may contact you for fundraising efforts to benefit St. Camillus, but the information that we may use for fundraising purposes is limited to the following: demographic information relating to you (name, address, other contact information, gender, age, and birth date), health insurance status, dates of health care provided to you, department of service information, treating doctor, and outcome information.
- If we do contact you for fundraising, we will inform you that you can tell us not to contact you again for fundraising and how to tell us.

**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 health care professionals who are treating you, such as doctors, nurses, aides, technicians, trainees, therapists. We can also share your health information with health care facilities and professionals outside of our facilities, such as doctors, clinical labs, pharmacies, or home care agencies.
- We can also share your health information with family members, close personal friends, or others who are involved in your care or in payment for your care, but only to the extent they are involved.
- We can also use or share your health information to tell you about possible treatment alternatives, benefits, or services that we think might be of interest to you.

*Example: if your doctor orders physical therapy to improve your strength and walking abilities, our staff will need to share your health information with the physical therapist to coordinate services and develop a plan of care.*

**Run our organization**

- We can use and share your health information to operate our facilities and programs, improve your care, and contact you when necessary.
- We may also share your health information with outside companies that provide services for us. These might include billing companies, computer vendors, lawyers, and accountants. In those cases, we will have a contract with them to ensure that they protect your health information, too.

*Example: We may use health information about you to manage your treatment and services and to evaluate our staff. We can also contact you to follow up on care you received from us, to tell you test results, or to confirm an appointment with us or another provider.*

**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 can give information about you to your health insurance plan so it will pay for your services or so that it will approve the services you are to receive. We can also give information about you to a doctor so that the doctor can bill your health insurer.*

## 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 government oversight of health care services, public health, and research. We must 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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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### Help with public health and safety issues

- We can share health information about you for certain situations such as:
  - Reporting births or deaths
  - Preventing or controlling disease, injury, or disability
  - Helping with medical product recalls
  - Reporting adverse reactions to medications or problems with health care products
  - Reporting suspected abuse, neglect, or domestic violence, when required by law
  - Preventing or reducing a serious and imminent threat to anyone's health or safety

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### Participate in health care research

- In most cases, we need you to give us written permission to share your health information for research. We can use or share your information for health care research without your permission only if:
  - it is approved by an Institutional Review Board or a Privacy Board; or
  - it is necessary to prepare for research and none of your information will be removed from our facilities; or
  - the information relates only to individuals who have died, and the information is necessary for the research.

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### Comply with the law

- We will share information about you if state or federal laws require us to do so. As one example, we may be required to share information with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

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### Respond to organ and tissue donation requests

- We can share health information about you with organ procurement and tissue donation organizations, as allowed by New York State law.

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### Work with a medical examiner or funeral director

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

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### Comply with 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 for reasons such as:
    - to comply with a court order, subpoena, warrant, summons, or other lawful request
    - to identify or locate a suspect, fugitive, material witness, or missing person
    - if you have been or are suspected to be a victim of a crime and you agree to the disclosure, or we are unable to obtain your agreement because of your incapacity or another emergency
    - to report a death, we believe might have been caused by a crime
    - to report evidence of a crime committed at our facilities
    - to report a crime, including the location or victims of the crime, or the identity, description, or location of the individual who committed the crime
- With health oversight agencies for activities authorized by law, such as audits, investigations, inspections, or licensure and certification surveys
- For special government functions such as national security and presidential protective services
- If you are or were a member of the armed forces, we may use or disclose your health information as required by military and veterans' authorities.

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### Respond to lawsuits and legal actions

- We can share health information about you in response to an order issued by a court or by a state or federal government agency. We can also share your health information in response to a subpoena issued without a court order, but we ordinarily require assurances from the party seeking your information that reasonable efforts were made by them to inform you of the request, or that a protective order that prohibits them from using or sharing your information for any other reason has been issued by a court. The party receiving your information must also agree to return or destroy your information at the end of the lawsuit.

## Our Responsibilities

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- 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 compromised the privacy or security of your protected health 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 give us written permission to make a disclosure, you may change your mind at any time, but you must let us know in writing if you change your mind. Once you tell us that you have revoked your permission for disclosure, we will no longer use or share your health information for the reasons you told us that we could, but we will not take back what we have already shared.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://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 health information we have about you. The new notice will be available upon request, at our facilities, and on our web site. If we make a major change to this notice, we will tell you.

## Other Instructions for Notice

- This notice is effective as of December 16, 2013.
- The Privacy Officer can be reached at (315) 488-2951
- All the following providers are required to abide by this notice:
  - St. Camillus Health and Rehabilitation Center
  - Physical Medicine and Rehabilitation MSG, LLC. practice at St. Camillus facilities
- The St. Camillus health care providers listed above are part of an organized health care arrangement (OHCA) and share information with each other as necessary to carry out treatment, payment, and health care operations.