



SYRACUSE COMMUNITY HEALTH **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.

Purpose of this Notice

Syracuse Community Health (SCH) is required by federal and state law to maintain the privacy of your health information and to provide you with this Notice of Privacy Practices. This Notice tells you about the ways in which we may use and disclose your medical information. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information. We are required by law to:

- make sure that your medical information is protected;
- provide you a copy of this Notice describing our legal duties and privacy practices with respect to medical information about you;
- follow the terms of the Notice that is currently in effect; and
- notify you of a breach of unsecured protected health information.

If you have any questions regarding this Notice, please contact Syracuse Community Health's Privacy Officer at 315-476-7921.

Your Health Information Rights

Although your health record is the physical property of SCH, the information belongs to you. You have the following rights regarding the medical information we maintain about you:

- **Request a Restriction:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information to a family member about a surgery you had. You also have the right to restrict the disclosure of your health information to a health plan (your health insurer) related to services or items we provide to you and you pay us for such services or items we provide to you and you pay us for such services or items out-of-pocket in full, we must agree to your request, unless we are required by law to disclose the information. Please note: This restriction will apply only when requested and services are paid in full. Future services without a restriction request and for which no out-of-pocket payment is received will be billed per provider and health plan policy, which may include current provider notes that reference prior treatments or services previously restricted. To request

a restriction, you must make your request in writing to SCH. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply. We are not required to agree to your request. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment.

- **Request an Amendment:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend your medical information. To request an amendment, your request must be made in writing and submitted to SCH. In addition, you must provide a reason that supports your request. Please note, we may deny your request if you ask us to amend information that:
 - was not created by SCH;
 - is not part of the medical information kept by or for SCH;
 - is not part of the information which you would be permitted to inspect and copy; or
 - is accurate and complete in the record.
- **Request an Accounting of Disclosures:** You have the right to receive a list of the disclosures we have made of your medical information unless the disclosure was for treatment, payment, health care operations or if you authorized in writing the disclosure of your health information. Certain other disclosures are not included in the list, including disclosures you authorized us to make; disclosures made to you, or to your family and friends involved in your care; disclosures made to federal officials for national security purposes; disclosures made to correctional facilities; and disclosures made six years prior to your request. To request this accounting of disclosures, you must submit your request in writing to SCH. Your request must state a time period that may not be longer than the six previous years and may not include dates before June 1, 2014. SCH will provide you one accounting within any 12-month period at no cost. If you request a second accounting within that 12-month period, there will be a charge for the cost of compiling the accounting. 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.
- **Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only at home or only by mail. To request confidential communications, you must make your request in writing to SCH. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Visually Inspect and Receive a Copy: :** With certain exceptions, you have the right to visually inspect and/or receive a copy of your medical information. To inspect and/or to receive a copy of your medical information, you must submit your request in writing to Syracuse Community Health Attn: Medical Record at 891 S. Salina Street Syracuse, NY 13202. If you request a copy of the information, there is no fee for copies. We may deny your request to visually inspect and/or to receive a copy in certain limited circumstances. When access is granted for visual inspection, SCH will provide visual access to the requested PHI within 10 days after receiving the request. To receive a copy of your

medical records, a written Authorization for Release of Medical Information must be submitted to SCH's Medical Record Department. SCH will respond to the request within 15 days of request either by sending the requested information or an explanation of why it cannot be sent within that 15 days. SCH may have a one-time extension of 30 days provided that a written notice to the patient stating the reason for the delay and the expected date is sent prior to the expiration of the initial 30 days. If you are denied access to your medical information, you may request an appeal of such denial through the New York State Department of Health's website, health.ny.gov. If your medical information is maintained in an electronic health record, you also have the right to request that an electronic copy of your record be sent to you or to another individual or entity.

- **Receive a Notice of a Breach:** We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users.
- **Get a Paper Copy of this Notice of Privacy Practice Upon Request:** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. Copies of this Notice shall be available throughout SCH, or you may obtain a copy at our website.

SCH Responsibilities: SCH is required by law to:

- Maintain the privacy of our health information.
- Provide you with this notice to outline our legal duties and privacy practices with respect to information that we collect and maintain about you.
- Notify you of a breach of unsecured protected health information.
- Abide by the terms of this Notice.

How We will Use and Disclose Your Health Information

The following describes how we may use and disclose your health information for treatment, payment and healthcare operations. Not every type of use or disclosure is listed below, but the ways in which we use or disclose your information will be under one of these purposes. In addition, depending on the nature of the health information, such as HIV-related, genetic, and mental health information, we may be subject to stricter use and disclosure requirements under state law. We shall follow such requirements.

- **Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, or other personnel who are involved in your care. We may also share medical information about you with other SCH personnel or non-SCH providers, agencies or facilities in order

to provide or coordinate the different types of care you need. We also may disclose medical information about you to people outside SCH who may be involved in your continuing medical care such as other health care providers, transport companies, community agencies, and family members.

- **Payment:** A bill may be sent to you or an insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnoses, procedures and supplies used. In addition, we may also tell your insurer about a treatment that you are going to undergo in order to obtain prior approval or to determine if your insurer will cover the treatment.
- **Health Care Operations:** We may use your health information for our general business activities, to review the performance of SCH staff, for our cost-management activities, or for necessary legal services.
- **Regional Health Information Organization (RHIO):** SCH is a data-contributor with HealtheConnections (HeC), a centralized database for health information. According to New York State law, in order for a health care provider who is an authorized HeC user involved in your care to access your health information, you must sign a consent form. Without consent, SCH Authorized HeC users will not be able to access your information. If you have provided an affirmative consent choice to access previously, you do have the right to withdraw that consent by contacting SCH and completing a new consent form.

Uses and Disclosures of Information in Special Situations

We may use or disclose your health information in certain special situations as described below, without authorization, to the extent such uses and disclosures comply with federal and state law.

Treatment Alternatives: We may tell you about possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may contact you to tell you about benefits or services that may be of interest to you.

Fundraising Activities: We may contact you to provide information about SCH sponsored activities, including fundraising programs and events. In these instances, we only use contact information, such as your name, address and phone number and the dates you received treatment or services at SCH. You have the right to request that we not contact you for subsequent fundraising events.

News Gathering Activities: We may contact you or a family member when a news reporter has requested an interview with you. News reporters often seek interviews with patients injured in accidents or experiencing particular medical conditions or procedures. For example, a reporter working on a story about a new cancer therapy may ask whether any of the patients undergoing that therapy might be willing to be interviewed. In such cases, a member of our staff would contact you to discuss whether you want to participate in the

story. If you choose to participate in the interview, the staff member will obtain your written authorization to do so, and a copy of this authorization will be kept in your medical record.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose your medical information to anyone involved in your medical care, e.g., a friend, family member, personal representative, or any individual you identify. We may also give your medical information to someone who helps pay for your care. We may also tell your family or friends about your general condition and that you are in the hospital. We also may disclose the health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

Disaster Relief Efforts: We may disclose your medical information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. **As Required By Law:** We will disclose medical information about you when required to do so by federal or state law.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help stop or reduce the threat.

Organ and Tissue Donation: We may release your medical information to organizations that handle organ procurement or organ, eye or tissue transplantation.

Workers Compensation: We may use or disclose medical information about you for Workers' Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness

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

Public Health & Safety: As required by law, we may disclose medical information about you for public health purposes. These purposes generally include the following:

- preventing or controlling disease, injury or disability;
- reporting vital events such as births and deaths;
- reporting suspected child abuse or neglect;
- reporting adverse events or surveillance related to food, medications or defects or problems with products;
- notifying persons of recalls, repairs or replacements of products they may be using;
- notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;
- notifying the appropriate government authority if we suspect a patient has been the victim of abuse, neglect or domestic violence and make this disclosure as authorized or required by law.

Health Oversight Activities: We may disclose your medical information to governmental, licensing, auditing, and accrediting agencies as authorized or required by law.

Lawsuits and Other Legal Actions: In connection with lawsuits or other legal proceedings, we may, as authorized or required by law, disclose medical information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons or other lawful process.

Law Enforcement: If asked to do so by law enforcement, and as authorized or required by law, we may release your medical information:

- to identify or locate a suspect, fugitive, witness, or missing person;
- about a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death suspected to be the result of criminal conduct;
- about alleged criminal conduct at SCH; and
- in case of a medical emergency, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: In most circumstances, we may disclose your medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also disclose your medical information to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: As authorized or required by law, we may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized or required by law.

Protective Services for the President and Others: As authorized or required by law, we may disclose medical information about you to authorized federal officials so they may conduct special investigations or provide protection to the President of the United States, other authorized persons or foreign heads of state.

Inmates: If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution as authorized or required by law.

Incidental Uses and Disclosures: In order to ensure that communications essential to providing quality healthcare would not be hindered, incidental disclosures may occur. An example of this would be another person overhearing a confidential communication between providers at a nurse's station in the practice.

The following uses and disclosures of your medical information will only be made with your written permission: 1) most use and disclosures of psychotherapy notes; 2) Uses and disclosures of medical information for marketing purposes; and 3) Disclosure that would be considered a safe medical information.

State and federal law may provide additional restrictions on the use and disclosures of certain information, such as HIV/AIDS-related information, substance abuse treatment information and Mental health information. We will follow such requirements.

Other uses and disclosures of health information not covered by this Notice, or the law that apply to us, will be made only with your written permission. You may revoke your permission at any time by submitting a written request to our Privacy Officer. This revocation will not be applicable to the use and disclosure that we may have acted upon in reliance on your previously provided permission.

Changes to Syracuse Community Health's Privacy Practices and this Notice

We reserve the right to change SCH's privacy practices and this Notice. We reserve the right to make the revised Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice physically at various locations at SCH and electronically on the website. The Notice will contain the effective date on the first page in the top right-hand corner. In addition, you may request a copy of the current Notice in effect.

For More Information or to Report a Concern

If you have questions or would like additional information, you may contact the Privacy Officer as follow:

Privacy Officer
Syracuse Community Health
819 South Salina Street
Syracuse, NY 13202
(315) 476-7921

If you believe that your privacy rights have been violated, you can file a complaint with our privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with SCH, contact the Privacy Officer at the address or phone number listed above. You will not be retaliated against in any way for filing a complaint.

Original Date Effective Date: April 14, 2003