

Updated by the Department of Community Relations  
at Schuyler Hospital  
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A Member of Cayuga Health System

# NOTICE OF PRIVACY PRACTICE

(Revised February 2018)

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schuylerhospital.org  
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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.

Schuyler Hospital is legally required to protect the privacy of your health information. This information is called "protected health information" or PHI for short. Health information includes any information, whether verbal or recorded, that can be used to identify you, and that information:

- a) is created or received by the Hospital; AND
- b) it relates to your past, present, or future physical or mental health condition, the provision of health care to you, or the payment for such health care.

We must provide you with this notice about our privacy practices. This notice explains how, when, and why we use and disclose your health information. With some exceptions, we may not use or disclose any more of your health information than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

We reserve the right to change this notice and our privacy practices at any time. Any changes will apply to the health information we already have. Before we make an important change to our policies, we will promptly change this notice. Each time you register as an outpatient, an Emergency Department patient, or a Primary Care patient, or you are admitted to the Hospital for treatment or health care services, a copy of the notice that is in effect at the time will be made available to you. In addition, you may request a copy of this notice by contacting the Hospital's Privacy Officer (607) 535-8639, ext. 2402.

a list. 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.

**3. THE RIGHT TO INSPECT AND RECEIVE COPIES OF HEALTH INFORMATION** - If you want to see your medical records, ask your doctor and/or the Director of Health Information Management at the Hospital. New York State law guarantees you the opportunity to inspect your medical records within 10 days of your request. If you want to have a copy of your medical records, you must submit a written request to the hospital.

**4. THE RIGHT TO AMEND OR UPDATE YOUR HEALTH INFORMATION** - You may ask us to amend your health information if you feel that information is incorrect or incomplete. To request an amendment, you must submit your request in writing to the Director of Health Information Management.

#### **HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you think that we may have violated your privacy rights, you may file a written complaint and send it to the Hospital's Privacy Officer, or to the Secretary of the Department of Health and Human Services. The Hospital will take no retaliatory action against you if you file a complaint about our privacy practices.

#### **WHO TO CONTACT REGARDING QUESTIONS ABOUT THIS NOTICE OR REGARDING HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact the Hospital's Privacy Officer at (607) 535-8639, ext. 2402.

### WHAT RIGHTS YOU HAVE REGARDING YOUR HEALTH INFORMATION

You have the following rights with respect to your health information:

**1. THE RIGHT TO REQUEST LIMITS ON USES AND DISCLOSURES OF YOUR HEALTH INFORMATION** - You have the right to ask that we limit the medical information. **We are not required to agree to your request.** To do so, you must make your request in writing to the Unit director or Department Head of the area maintaining your health information. In that request, you must indicate: a) what information you want to limit; b) whether you want to limit our use, disclosure, or both; and c) to whom you want the limits to apply (for example, disclosures to your spouse). We will consider your request, but we are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not, however, limit the uses and disclosures that we are legally required to make.

**2. THE RIGHT TO AN ACCOUNTING OF DISCLOSURES OF YOUR PHI** - You have the right request an "accounting of your disclosures". This is a list of the disclosures we made of your health information. This list will NOT include disclosures made for treatment or payment or to conduct health care operations; disclosures made directly to you, to your family, or in our Hospital directory reports; disclosures made incident to a use or a disclosure which is permitted by Federal Regulations; disclosures made pursuant to your authorization; disclosures to persons involved in your care; disclosures as part of a limited data set; disclosures made for national security purposes, or to corrections or law enforcement personnel, and disclosures made prior to April 14, 2003. To request this "accounting of disclosures" list, you must submit your request in writing to the Director of Health Information Management. The list we provide to you will contain the date of the disclosure, to whom the health information was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing such

### HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)

We use and disclose health information for many different reasons. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

**SECTION A** - We may use and disclose your health information for the following reasons:

**1. FOR TREATMENT** - We may disclose your health information to physicians, nurses, medical students, any other health care personnel who provide you with health care services or are involved in your care. For example, if you are being treated for a knee injury, we may disclose your health information to the Physical Rehabilitation Department in order to coordinate your care. In addition, we may discuss your health information with people outside of the Hospital who may be involved in your medical care after you leave Schuyler Hospital, such as family members, homecare providers, nursing home operators and others who provide services that are part of your care (see Section B, #2).

**2. TO OBTAIN PAYMENT FOR TREATMENT** - We may use and disclose your health information in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your health information to our Billing Department and to an insurance company or a third party to get paid for the health care services we provided to you. We may also provide your health information to our business associates, such as billing companies, claims processing companies, and other that process our health care claims.

**3. FOR HEALTH CARE OPERATIONS** - We may disclose your health information in order to run the Hospital. For, example, we may use your health information in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your information to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us.

- 4. WHEN A DISCLOSURE IS REQUIRED BY FEDERAL, STATE, OR LOCAL LAW, JUDICIAL OR ADMINISTRATIVE PROCEEDINGS, OR LAW ENFORCEMENT** - We make, for example disclosures when a law requires that we report health information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.
- 5. FOR PUBLIC HEALTH ACTIVITIES** - We report, for example, information about births, deaths, and various diseases, to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individuals death.
- 6. FOR HEALTH OVERSIGHT ACTIVITIES** - We will, for example, provide health information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
- 7. FOR PURPOSES OF ORGAN DONATION** - We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.
- 8. TO AVOID HARM** - In order to avoid a serious threat to the health or safety of a person or to the public, we may provide health information to law enforcement personnel or persons able to prevent such harm.
- 9. FOR SPECIFIC GOVERNMENT FUNCTIONS** - We may disclose health information of military personnel and veterans in certain situations. In addition, we may disclose health information for national security purposes, such as protecting the President of the United States or conducting intelligence operations.

- 10. FOR WORKERS COMPENSATION PURPOSES** - We may provide health information in order to comply with Workers' Compensation Laws.
- 11. FOR APPOINTMENT REMINDERS AND HEALTH RELATED BENEFITS OR SERVICES** - We may use health information to provide reminders or give you information about treatment alternatives, or other health care services or benefits we offer.
- 12. FOR FUNDRAISING ACTIVITIES** - We may use health information to raise funds for our organization. The money raised through these activities is used to expand and support the health care services and educational programs we provide to the community. If you do not wish to be contacted as part of our fundraising efforts, please contact the Executive Director of the Schuyler Health Foundation at (607) 210-1950.
- 13. FOR CARE PROVIDED TO INMATES** - We may release health information to the correctional institution or to law enforcement officials. This release would be necessary **a)** for the Hospital to provide you with health care; **b)** to protect your health and safety or the health and safety of others; or **c)** for the safety and security of the correctional institution.
- SECTION B** - You have the opportunity to object to uses and disclosures of health information for the following purposes:
- 1. FOR HOSPITAL DIRECTORIES** - Schuyler Hospital directory reports may include your name, location in the Hospital, general condition, and religious affiliation, for use by visitors who ask for you by name, and for use by clergy, unless you object.
- 2. FOR DISCLOSURES TO FAMILY, FRIENDS, OR OTHERS-** We may provide health information to a family member, friend, or another person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part.