



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 the following notice carefully.

“YOUR PROTECTED HEALTH INFORMATION”

What is protected health information? Protected Health Information is any individually identifiable patient information that is maintained electronically or on paper by Montefiore Nyack Hospital. Montefiore Nyack Hospital is committed to protecting your health information.

Understanding Your Health Record/Information

Each time you visit Montefiore Nyack Hospital, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- tool in educating health professionals
- source of data for medical research
- source of information for public health officials charged with improving the health of the nation
- source of data for facility planning and marketing
- tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

About This Notice

Your privacy is very important to us, and we are committed to protecting health information that identifies you. This Notice will tell you about the ways we may use and disclose your Health Information.

This Notice applies to care and treatment you receive at the institutions that are part of the Montefiore Health System, which includes Montefiore Medical Center, Burke Rehabilitation Hospital, Crystal Run Healthcare Physicians LLP, Montefiore Mount Vernon Hospital, Montefiore New Rochelle Hospital, Montefiore Nyack Hospital, Schaffer Extended Care Center, St. Luke's Cornwall Hospital, Highland Medical, P.C., and White Plains Hospital, and by the Medical Staff at these institutions.

How We May Use and Disclose Health Information About You

We will use your health information for **Treatment**.

We may disclose health information to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you.

For example: A doctor treating you for a broken leg may need to know if you have diabetes, because diabetes may slow the healing process. Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you.

We may also disclose your Health Information to your primary care physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from this hospital.

We will use your health information for **Payment**.

We may use and disclose health information so that we may bill for treatment and services you receive at Montefiore Nyack Hospital and can collect payment from you, an insurance company or another third party.

For example: We may need to give your health insurance plan information about your treatment in order for your health plan to pay for treatment. We also may tell your health insurance plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. We may need to give health information to a collection agency to help collect an overdue bill and we may disclose an outstanding debt to a credit reporting agency.

We will use your health information for regular healthcare **Operations**.

We may use and disclose health information for health care operations purposes. These are necessary to make sure that all of our patients receive quality care and for our operation and management purposes.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and inpatient setting, anesthesiology, radiology and laboratory services. This may also include Business Associates used to collect payment, for Patient Safety and Quality Improvement, and for organizations such as Health Information Exchange, E-Prescribing Gateways, and Regional Health Information Exchanges that provide data transmission of Protected Health Information. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. Please note that all of our Business Associates are obligated, under contract with us, to protect the privacy of your health information and are not allowed to use or disclose any health information other than specified in our contract.

Hospital Directory: Unless you notify us that you object, we will use your name, location in the facility, and religious affiliation for directory purposes while you are a patient in the hospital. Religious information will only be provided to members of the clergy. Your location will be provided to anyone who asks for you by name. You have a right to "Opt Out" of our Hospital Directory, but in doing so, anyone who inquires about you will be told that you are not being treated in our facility.

Communication with Family and Friends Involved in Your Care: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. We also may notify your family about your location, general condition, or death.

Research: We may disclose information to researchers when their research has been approved by our

Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Coroners, Medical Examiners or Funeral Directors: We may disclose health information to a coroner, medical examiner or funeral director consistent with applicable law to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. You have a right to opt out of any Marketing Communications.

Fundraising: We may contact you as part of a fund-raising effort. You have a right to opt out of any fundraising communications and your decision will have no impact on your treatment or payment for services at Nyack Hospital. The money raised will be used to expand and improve the services and programs we provide to the community.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. These activities generally include disclosures to: report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals. This release would be necessary for the institution to provide you with care; to protect your health and safety or the health and safety of others; and for the safety and security of the correctional institution.

Law Enforcement: We may disclose health information for law enforcement purposes for the following reasons: in response to a court order, subpoena, summons, or warrant; regarding a victim of a crime under certain limited circumstances; limited information to identify or locate a suspect, fugitive, material witness, or missing person; about a death we believe may be the result of a criminal act; criminal conduct on our property; and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Health Oversight Activities: Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public. All other uses and disclosures will require your written authorization before we can release any information.

Special Protections for HIV, Alcohol and Substance Abuse, Mental Health, and Genetic Information: Special privacy protections apply to HIV-related information, alcohol and substance abuse information, mental health information, and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you may contact the Privacy Officer for more information about the protections.

Other Uses of Health Information: Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. This includes most uses and disclosures of psychotherapy notes, unless the disclosure is required by law and for other limited purposes. It also includes disclosure of your health information that would constitute a "sale" of the information, and includes use

and disclosure of your health information for marketing purposes. You may revoke your permission at any time by

submitting a written request to the Privacy Officer.

Your Health Information Rights

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others

Although your health record is the physical property of Montefiore Nyack Hospital, the information contained in the record belongs to you. According to part II, Article 45 of Federal Regulations Parts 160 – 164, you have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- obtain a paper copy of the notice of information practices upon request
- inspect and obtain a copy of your health record as provided for in 45 CFR 164.524
- amend your health record as provided in 45 CFR 164.528
- obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and receive a copy of your protected health information.

This means you may inspect and obtain a copy of protected health information about you that is contained in your medical record for as long as Montefiore Nyack Hospital maintains the protected health information. Note that this information will not be released to you or your designee until we have received authorization in writing from you. We may charge you a fee for the costs of copying, mailing, or other supplies associated with your request. Upon request, we will provide you with an electronic copy of the health information that we maintain electronically. Please contact our Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information.

You have a right to request a restriction or limitation on the health information we use or disclose for treatment, payment, or health care operations. You may request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your

request, except for certain disclosures to health plans if you have paid out-of-pocket in full for any services provided at Montefiore Nyack Hospital, and you ask us not to disclose that Health Information to your health plan. We will honor the request, except where we are required by law to make a disclosure.

You have the right to request and to receive confidential communications from us by alternative means or at an alternative location.

You have the right to request that we communicate with you about medical matters in a more confidential way or at a certain location. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests. We will not request an explanation from you as to the basis for the request. Please make this request in writing to the Privacy Officer.

You may have the right to have your physician amend your protected health information if you disagree with the documentation.

If you believe that health information we have is incorrect or that important information is missing, you may ask us to correct the records? This request, along with your reason, must be submitted in writing, to the Privacy Officer at the address provided at the end of

this notice. You may request an amendment of protected health information about you in your medical record for as long as we maintain this information. In certain cases, we may deny your request for an amendment if we determine that the record is accurate.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

You have the right to request a list of other persons or organizations to whom we have disclosed your Health Information. The list does not include information about certain disclosures, including those made to you or authorized by you, or disclosures for treatment, payment

or operations. This right applies to all disclosures described in this Notice of Privacy Practices.

You have the right to notification of a breach of your health information.

If there is improper access, use or disclosure of your Health Information that meets the legal definition of a "Breach" of your health information, we will notify you in writing.

You have the right to obtain a paper copy of this notice.

You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. You may obtain a copy of this Notice on our website: montefiorennyack.org

Our Responsibilities

Montefiore Nyack Hospital is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

Changes to This Notice

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a copy of the current Notice at each Montefiore Nyack Hospital inpatient unit, physician office, outpatient location and issue a revised notice on the Montefiore Nyack Hospital Website at montefiorennyackhospital.org.

We will not use or disclose your health information without your written authorization, except as described in this notice.

For More Information or to Report a Problem

If you believe your privacy rights have been violated, you may file a complaint with Montefiore Nyack Hospital or with the Secretary of Health and Human Services, Office of Civil Rights at (800) 368 – 1019 or by email at <http://www.hhs.gov/ocr/office/index.html>. You will not be penalized for filing a complaint.

To file a complaint with Montefiore Nyack Hospital, contact our Privacy Officer at 845-348-2947 or call the Compliance Hotline at 888-568-8548 or file directly on the Compliance Hotline Web Portal: <https://montefiorennyackhospital.alertline.com>

Effective: 04/03

Revised: 02/16, 12/17, 04/18, 09/18, 06/2019

Reviewed: 08/15