

## **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.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

Centralus Health, Inc. (“Centralus Health”) understands that information about you and your health is personal, and we are committed to protecting your protected health information. We create a medical record of the care and services that you receive at Centralus Health or one of its affiliates. We need this record to provide you with quality care and comply with certain legal requirements. This Notice of Privacy Practices (“Notice”) apply to all records relating to your care generated by Centralus Health or one of its affiliates, whether made by Centralus Health personnel or your personal doctor. Your personal doctor, outside of Centralus Health, may have different policies or notices regarding that doctor’s use and disclosure of your protected health information created or maintained in that doctor’s office or clinic.

This Notice tells you about the ways in which we may use and disclose your health information. It also describes your rights with respect to your health information. We are required by law to: (i) maintain the privacy of your health information; (ii) provide you with this Notice describing our legal duties and privacy practices with respect to your health information; and (iii) follow the terms of the Notice that is currently in effect. State law may provide additional restrictions on the use and disclosure of certain information such as HIV/AIDS-related information, substance use disorder information, and mental health information. Centralus Health will follow any such requirements.

We reserve the right to change the terms of this Notice at any time and to make the new notice effective for health information we already have about you as well as any health information we receive about you in the future. A copy of the current notice will be posted on our website, [www.centralushealth.org](http://www.centralushealth.org), and made available upon request.

Additionally, for the privacy of our patients, residents and staff, we ask that you do not take photos or video of other patients, residents, or staff without their prior permission.

### **WHO FOLLOWS THIS NOTICE**

The terms of this Notice apply to Centralus Health’s affiliated covered entities, including, but not limited to Centralus Health, Inc., Arnot Health, Inc., Arnot Ogden Medical Center, The Ira Davenport Memorial Hospital, Inc., St. Joseph’s Hospital, Arnot Medical Services, PLLC, Cayuga Health System, Inc., Cayuga Medical Center at Ithaca, Inc., Schuyler Hospital, Inc., Cayuga Health Transport, LLC d/b/a Centralus Health Ambulance, Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services, Visiting Nurse Service of Ithaca and Tompkins County, Inc., Community Health and Home Care, Inc., Cayuga Medical Associates, P.C., CMA Medical Practice, PLLC, Cayuga Medicine Services, PLLC, Cayuga Physician Practice, PLLC, Cayuga Health Medical Services, PLLC, Ithaca Medical Services, PLLC, and Cayuga Medical Equipment, LLC.

Centralus Health and its affiliates' employees, medical staff, trainees, students, volunteers, and agents are required to follow the terms of this Notice. This Notice apply to all of the previously mentioned persons and entities at any site or location owned or operated by Centralus Health. In addition, these persons and entities may share protected health information with each other for treatment, payment or health care operation purposes as described in this Notice and as permitted by law.

## **USES AND DISCLOSURES OF YOUR HEALTH INFORMATION THAT DO NOT REQUIRE AN AUTHORIZATION**

Centralus Health may use or disclose your health information without your authorization as described in this section. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use or disclose protected health information will fall within one of these categories.

**Treatment:** We may use and disclose your protected health information to provide you with medical treatment or services. For example, we may share your health information with health care providers within and outside of Centralus Health who are involved in your care to coordinate your care or plan a course of treatment for you. This may include people or entities involved in your medical care after you leave Centralus Health, such as family members or others we use to provide services that are part of your care.

**Payment:** We may use and disclose your health information for purposes of receiving payment for treatment and services that you receive. For example, we may disclose information to your health insurance company about surgery you received at Centralus Health so your health insurance company will pay us or reimburse you for the surgery. We may also tell your health insurance company about a treatment you are going to receive to obtain prior approval or to determine whether your health plan will cover the treatment.

**Health Care Operations:** We may use and disclose your health information for our business operations. These uses and disclosures are necessary to operate Centralus Health and help ensure that our patients receive high quality care and that our health care providers receive superior education. For example, we may use and disclose your health information to conduct an evaluation of the treatment and services provided or to review staff performance.

**Health Information Exchanges:** We participate in initiatives to help facilitate the electronic sharing of our patients' health information, including, but not limited to, Health Information Exchanges (HIEs).

HIEs involve coordinated information sharing among HIE participants for purposes of treatment, payment, and health care operations. This means that with your consent, or in some circumstances, without your consent such as in the case of emergencies, we may share your health information with non-Centralus Health entities involved in your care (such as hospitals, doctors offices, pharmacies, or insurance companies) who participate in the HIE, or we may receive information they create or maintain about you so each of us can provide better treatment and coordination of your health care services.

**Hospital Directories:** If you are hospitalized, we may include certain limited information about you in our hospital directory, including your name, room number, general condition, and, if you wish, your religious affiliation. Unless you choose to have your information excluded from this directory, the information, excluding your religious affiliation, may be disclosed to anyone who requests it by asking for you by name. This information, including your religious affiliation, may also be provided to members of the clergy, even if they do not ask for you by name. If you wish to have your information excluded from this directory, please let a member of your care team know.

**Communicating with You:** We may use or disclose your health information to communicate with you about a number of important topics, such as your upcoming appointments, care, or treatment alternatives or other health-related services that may be of interest to you.

We may contact you at the email address, phone number (including via text message), or home address that you provide to us. If your contact information changes, it is important you let us know.

We recommend that you use secure electronic communications, such as MyChart, our patient portal, when you contact us. If you choose to communicate with us via unsecure electronic communications, such as regular email or text message, we may respond to you in the same manner in which the communication was received and to the same email address or phone number from which you sent your communication. Before using or agreeing to the use of any unsecure electronic communication to communicate with us, note that there are certain risks associated with such use, including interception of the message by others, misdirected messages, or storage of your information on devices that are not secure. By choosing to communicate with us via unsecure electronic communication, you are acknowledging and agreeing to accept these risks. Email and text communications are not a substitute for professional medical advice, diagnosis, or treatment and should never be used in a medical emergency.

**Fundraising:** We may contact you at times to donate to a Centralus Health fundraising effort. You have the right to opt-out of these fundraising communications. Any fundraising communication sent to you will include information on how you can opt-out of receiving similar communications in the future.

**Persons Involved in Your Care:** We may disclose your health information to a family member, friend, or any other person identified by you who is involved in your care or payment for care, unless you object. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may use our professional judgment to determine whether a disclosure is in your best interests. If your health information is disclosed to a family member, friend, or other individual involved in your care, we will disclose only information believed to be directly relevant to the person's involvement with your care or payment for your care. We also may disclose a limited amount of your health information to an entity authorized to assist in disaster relief efforts for the purpose of coordinating notification of your general condition or location to someone responsible for your care.

**Research:** We may use and disclose your health information as permitted by law for research. All research projects that Centralus Health conducts or participates in must be approved through a special review process.

**Business Associates:** We engage persons or entities outside of Centralus Health to perform certain services on our behalf, such as billing and legal services. These outside persons and organizations are referred to as “business associates”. At times, we may need to disclose your health information to our business associates to enable them to perform the services on our behalf. In such instances, we require these business associates and their subcontractors to appropriately safeguard your health information.

**Additional Uses and Disclosures:** We are permitted or required by law to make certain other uses and disclosures of your health information without your authorization. Subject to conditions specified by law, we may disclose your health information:

- for any purpose required by law;
- if required by a court or administrative order, subpoena, discovery request, or other legal process;
- to certain government agencies if we suspect child/elder adult abuse or neglect, or if we believe you are a victim of abuse, neglect, or domestic violence;
- for certain law enforcement purposes, including to identify or locate a suspect, fugitive, material witness, missing person or victim of a crime or to report a crime on our premises;
- for specialized government functions, such as protection of public officials, reporting to various branches of the armed services, or, if you are an inmate, to a correctional institute with lawful custody;
- for national security, intelligence, or protective services activities;
- for purposes related to your workers’ compensation benefits;
- for public health activities, such as required reporting of disease, injury, birth, and death, for required public health investigations, and to report adverse events or enable product recalls;
- to a government oversight agency conducting audits, investigations, inspections, and related oversight functions;
- to your employer when we have provided screenings and health care to you at their request for occupational health and safety;
- in emergencies, such as to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of another person or the public;

- to medical examiners, funeral directors, or coroners as necessary for them to carry out their lawful duties; and
- if necessary, to arrange for organ or tissue donation or transplant

## **USES AND DISCLOSURES OF YOUR HEALTH INFORMATION BASED ON A SIGNED AUTHORIZATION**

Except as generally outlined above, we will not use or disclose your health information for any other purpose unless you have signed a form authorizing the use or disclosure. If you provide us with written authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time; however, your revocation will not apply to uses and disclosures made in reliance on your authorization prior to your revocation.

Some examples of when a signed authorization form is required include:

- most uses and disclosures of psychotherapy notes;
- uses and disclosures for certain marketing purposes;
- disclosures that constitute a sale of your health information;
- uses and disclosures for certain research protocols; and
- as required by applicable privacy laws.

## **SPECIAL CONSIDERATIONS**

HIV/AIDS, genetic testing, substance use disorder, mental and behavioral health, and other sensitive treatment records, as well as records related to treatment you may have received as an emancipated minor, may have additional legal protections under federal and state laws.

Generally, we may not disclose such information unless you consent in writing, the disclosure is allowed by a court order, or in other limited, regulated circumstances.

## **YOUR RIGHTS**

**Restrictions on Use and Disclosure of Your PHI:** You have the right to request a restriction on certain uses and disclosures of your health information for treatment, payment, or health care operations. We are not required to agree to your request, but will attempt to accommodate reasonable requests when appropriate. You may request a restriction by submitting the appropriate form, which can be obtained by contacting Centralus Health's Privacy Office.

**Restrictions on Disclosures to Health Plans:** You have the right to request a restriction on certain disclosures of your health information to your health plan. We are required to honor such requests only when you or someone on your behalf, other than your health plan, pays for the health care items(s) or services(s) in full. Such requests must be made in writing and identify the services to which the restrictions will apply. You may request a restriction by submitting the appropriate form, which can be obtained by contacting Centralus Health's Privacy Office.

**Access to Your Health Information:** With certain exceptions, you have the right to inspect and obtain an electronic or paper copy of health information that we maintain about you. You may

readily access much of your health information without charge via MyChart, our patient portal. For additional information regarding MyChart, including sign-up information, please visit <https://cayugahealth.org/about/mychart>. You may also access your health information by submitting a request to our Health Information Management department or your Centralus Health affiliated physician's office. We may charge you for a copy of your medical records in accordance with set fees under federal and state law.

**Confidential Communications:** You have the right to request that we communicate with you through alternative means or at alternative locations, and we will accommodate reasonable requests. Such requests must be made in writing. The appropriate form can be obtained by contacting Centralus Health's Privacy Office.

**Amendments to Your Health Information:** You have the right to request an amendment, or change, to certain health information that we maintain about you that you think may be incorrect or incomplete. All requests for changes must be made in writing using our designated form, signed by you or your legal representative, and state the reason(s) for the request. Note that if we accept your request, we may not delete any information already documented in your medical record. We will, however, add the supplemental or corrective information via an addendum. If we deny your request, we will tell you why in writing and explain your rights. Our amendment request form can be obtained by contacting the facility where you received your care or Centralus Health's Privacy Office.

**Accounting of Disclosures of Your PHI:** You have the right to receive an accounting of certain disclosures made by us of your health information. Disclosures made for purposes of treatment, payment, or healthcare operations, or for certain other limited purposes, will not be included in the accounting. Requests must be made in writing and signed by you or your legal representative. We will provide the first accounting you request in any 12-month period for free. We will charge you a reasonable, cost-based fee for each subsequent accounting you request within a 12-month period. You may request an accounting by submitting the appropriate form, which can be obtained by contacting Centralus Health's Privacy Office.

**Breach Notification:** We are required to notify you in writing of any breach of your unsecured health information without unreasonable delay, but in any event, no later than 60 days after we discover the breach.

**Paper Copy of this Notice:** You have the right to obtain a paper copy of this Notice, even if you agreed to receive an electronic copy. A paper copy of our current notice is available at our registration areas. You can access an electronic version of our current notice on our website, [www.centralushealth.org](http://www.centralushealth.org).

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Centralus Health's Privacy Office (contact information below). You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. A complaint will not in any way affect the quality of care we provide you.

**CONTACT**

If you have questions about this Notice, or requests regarding privacy, please contact:

**Centralus Health's Privacy Office**

**Address: 101 Dates Drive, Ithaca NY 14850**

**Phone: 607-274-4494**

**Email: [clouey@cayugamed.org](mailto:clouey@cayugamed.org)**