

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.

If you have any questions about this notice, please contact the Arnot Health Privacy Officer at (607) 737- 4469 or Director of Health Information Management (607) 737-4208.

I. WHO WILL FOLLOW THIS NOTICE?

This notice describes the privacy practices of Arnot Health. (AH). The four entities which make up AH are:

- Arnot Ogden Medical Center;
- Ira Davenport Memorial Hospital;
- St. Joseph’s Hospital; and
- Arnot Medical Services at all of its sites.

Each of the above AH entities will follow this notice, including:

- Any health care professional authorized to enter or view information into your AH medical record.
- All AH departments and units.
- Any member of a volunteer group we allow to help you while you are receiving care from AH.
- All employees, and other AH personnel or representatives.

II. OUR PLEDGE REGARDING MEDICAL INFORMATION:

AH understands that medical information about you and your health is personal and we are committed to protect medical information about you. We create a record of the care and services you receive at AH. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by AH, whether made by AH personnel or your personal doctor. Your personal doctor if outside of AH, may have different policies or notices regarding the doctor’s use and disclosure of your medical information created or maintained in the doctor’s office or clinic. This notice will tell you about the ways in which AH may use and disclose medical information about you, as well as your rights and certain obligations we have regarding the use and disclosure of medical information. State law may provide additional restrictions on the use and disclosure of certain information such as HIV/AIDS-related information and mental health information. AH will follow such requirements.

We are required by law to:

- make sure that medical information that identifies you is kept private;

- give you this notice of our legal duties and privacy practices with respect to your medical information;
- follow the terms of the notice that is currently in effect; and
- notify you of a breach of unsecured protected health information (PHI).

III. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. 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 of the ways we are permitted to use and disclose information will fall within one of the categories. AH entities covered by this notice will share medical information with each other as necessary to carry out treatment, payment, and health care operations to the extent authorized under law.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to AH personnel who are involved in taking care of you at AH and to other non-AH doctors, nurses, technicians, medical students, or other persons involved with your treatment. 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. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different AH departments may also share medical information about you in order to coordinate the different services you need, such as prescriptions, lab work, and x-rays. AH also may disclose medical information about you to people outside AH who may be involved in your medical care after you leave AH, such as family members, clergy, or others we use to provide services that are part of your care.

III. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU— Cont'd

- **For Payment.** AH may use and disclose medical information about you so that the treatment and services you receive at AH may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about surgery you received at AH so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** AH may use and disclose medical information about you for AH's operations. These uses and disclosures are necessary to run AH and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about our patients to decide what additional services AH should offer, what services are not needed, and whether certain new treatments are effective. AH may also disclose information to doctors, nurses, technicians, medical students, and other AH personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. AH may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- **Appointment Reminders.** AH may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care with AH.
- **Treatment Alternatives.** AH may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** AH may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** AH may use medical information about you to contact you in an effort to raise money for AH and its operations. We may disclose medical information to a foundation related to AH so that the foundation may contact you in raising money for AH. We only would release contact information, such as your name, address, phone number, and the dates you received treatment or services with AH. You have the right to request that AH does not contact you for fundraising efforts and opt out of receiving these communications by calling: AH Foundation at (607) 737-7004 or the Chief Privacy Officer at (607) 737-4469.
- **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a hospital patient, unless you object. If we are providing emergency medical care to you, we will offer you the opportunity to object as soon as you are able. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. We use the directory so your family, friends and clergy can visit you in the hospital and generally know how you are doing.
- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, AH may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in AH. In addition, we may disclose medical information about

III. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU— Cont'd

you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before AH uses or discloses medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave AH. .
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.
 We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested, and to the extent permitted by law.

IV. SPECIAL SITUATIONS

- **Law Enforcement.** To the extent authorized by law, we may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons, or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at AH; 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.

- **Coroners, Medical Examiners and Funeral Directors.** AH may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about AH patients to funeral directors as necessary to carry out their duties.

- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **Protective Services for the President and Others.** We may disclose medical information about you to authorize federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

- **Security Clearances.** We may use medical information about you to make decisions regarding your medical suitability for a security clearance or service abroad. We may also release your medical suitability determination to the officials in the

Department of State who need access to that information for these purposes.

- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for AH to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

V. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you. Please contact AH's Director of Health Information Management at (607) 737-4208 if you have questions about the following rights. The address to use to exercise these rights in writing is:

Arnot Health.
 Director of Health Information Management
 555 St. Joseph's Boulevard
 Elmira, NY 14901

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Director of Health Information Management, at the address above. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by AH will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

V. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU—Cont'd

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for AH. To request an amendment, your request must be made in writing and submitted to the Director of Health Information Management, at the address above. In addition, you must provide a reason that supports your request.
- We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the medical information kept by or for AH;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of disclosures we made of medical information about you. To request this list, you must submit your request in writing to the Director of Health Information Management, at the address above. Your request must state a time period which may not be longer than the six years prior to your request. Your request should indicate in what form you want the list (for example, on paper, electronically). 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 the 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.
- **Right to Request Restrictions.** 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, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. **Generally, we are not required to agree to your request to restrict how we use and disclose your medical information.** Except however, if you request we restrict the disclosure of your medical information to a health plan (your health insurer) related to services or items we provide to you and you pay us 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. For other restrictions we agree to, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Director of Health Information Management, at the address above. 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, for example, disclosures to your spouse.
- **Right to 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 can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Director of Health Information Management, at the address above. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** 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. If you agree to receive this notice electronically, you are still entitled to a paper copy. To obtain a paper copy of this notice, contact the Director of Health Information Management, at (607) 737-4208.

VI. CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed 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 (revised) notice at AH locations and on our Web site at: www.arnothealth.org. The notice will contain the effective date at the end of the notice. In addition, each time you register at or are admitted to AH for treatment or health care services as an inpatient or outpatient, upon your request we will offer you a copy of the current notice in effect.

VII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with AH by contacting the Privacy Officer at (607) 737- 4469, or the Director of Health Information Management at (607) 737- 4208. To better serve you, we ask that you put your complaint in writing and send to:

Arnot Health
Privacy Officer
600 Roe Avenue
Elmira, NY 14905

You may also complain to the Secretary of the US Department of Health and Human Services.

You will not be penalized or retaliated against for filing a complaint.

VIII. OTHER USES OF MEDICAL INFORMATION.

The following uses and disclosures of your medical information will only be made with your written permission:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of medical information for marketing purposes; and
- Disclosures that would be considered a sale of medical information.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will only be made with your written permission.

If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

AH will notify you by mail to your most recent address on record after a breach of unsecured PHI.

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