

# **Notice of Privacy Practices**

This notice describes how information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

## **What is Protected Health Information?**

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

## **Understanding Your Health Record/Information**

Each time you visit 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
- ❖ A tool in educating health professionals
- ❖ A source of data for medical research
- ❖ A source of information for public health officials charged with improving the health of the nation
- ❖ A source of data for facility planning and marketing
- ❖ A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

## **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

## Your Health Information Rights

Your health record is the physical property of Nyack Hospital and its Business Associates, such as the Laboratory where your tests are performed or the Radiologist who reads your x-rays, or the Anesthesiologist who treats you in the operating room. The information contained in the record **however** 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
- ❖ Obtain a paper copy of the Notice of Privacy Practices upon request
- ❖ Inspect and obtain a copy of your health record
- ❖ Amend your health record
- ❖ Obtain an accounting of disclosures of your health information
- ❖ 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
- ❖

The 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 copy 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 Nyack Hospital maintains the protected health information.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision investigated. 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 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 or for notification purposes as described in this Notice of Privacy Practices. Your written request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician believes that it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be

restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment for you. With this in mind, please discuss any restriction you wish to request with your physician. You may request a Restriction of Health Information Form by contacting Health Information Services at extension 2527 or the Privacy Officer.

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

We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

**You may have the right to have your physician amend your protected health information.**

This means 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 deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your medical record.

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

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice electronically.

**Our Responsibilities**

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 written requests you may have to communicate health information by alternative means or at alternative locations.

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 issue a revised notice to the address you've supplied us.

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

### **Examples of Disclosures for Treatment, Payment and Health Operations**

*We will use your health information for treatment.*

For example: 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. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your 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.*

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

*We will use your health information for regular health operations.*

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 contracts with business associates. Examples include physician services in the emergency department, anesthesiology and radiology and services in our laboratory. 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. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Hospital Directory:** Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes while you are an inpatient in the hospital. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

**Communication with family:** 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.

**Research:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Funeral directors:** We may disclose health information to funeral directors 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.

**Fundraising:** We may contact you as part of a fund-raising effort.

**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.

**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.

**Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

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.

Effective Date: April 14, 2003

**For More Information or to Report a Problem**

If you believe your privacy rights have been violated, you can file a complaint with Nyack Hospital's Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

If have questions or would like additional information, you may contact:

Beth Slavis  
Director of Health Information Services & Privacy Officer  
845.348.2504  
[slavisb@nyackhospital.org](mailto:slavisb@nyackhospital.org)