

**NOTICE OF PRIVACY PRACTICES  
FOR PROTECTED 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 IT CAREFULLY.**

*If you have any questions or wish to receive additional information about the matters covered by this Notice of Privacy Practices, please contact the Privacy Officer at (315) 462-9561. We have an obligation to protect the confidential medical information we maintain about you and are required by law to inform you of your rights and explain ways we may use and disclose your information. We are required to abide by the terms of this Notice of Privacy Practices (this “Notice”).*

When we use the word “we” it means Clifton Springs Hospital & Clinic, its affiliates, medical professionals, and other parties who assist us in our business. Your doctor and other health care providers may use a different Notice and Policy regarding the use and disclosure of your medical information in their offices. They are independent professionals and we explicitly disclaim any responsibility or liability for their actions or omissions. We reserve the right to change the terms of this Notice at any time. The revised Notice will apply to all Protected Health Information (PHI) we have received or created in the past as well as all PHI we receive or create in the future. A current copy of the Notice will be posted in the Registration areas. If this Notice of Privacy Practices has been changed since your last visit, we will provide a copy of the current Notice at your next visit. Additionally, you may obtain a copy of the current Notice by viewing our web page at [www.CliftonSpringsHospital.org](http://www.CliftonSpringsHospital.org), request that one be sent to you in the mail, asking for one when you are at your next visit or contacting the Privacy Officer.

Your PHI consists of all individually identifiable information we create or receive which relates to your past, present, or future physical or mental health condition, as well as payment for health care services rendered or to be rendered to you.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR WHICH  
YOUR CONSENT OR AUTHORIZATION IS NOT REQUIRED.

Treatment: We may use your PHI to provide medical treatment or services to you. We may disclose PHI about you to any doctors, nurses, technicians, health care students, or other personnel involved in your care. *For example, a doctor treating you for a broken arm may need to know if you have high blood pressure because high blood pressure may alter the medication the physicians may give to you. In addition, the doctor may need to tell the dietitian if you have high blood pressure so you will be given appropriate meals.* Departments of this hospital may share your PHI to schedule tests and procedures you may need (for example, prescriptions, laboratory tests and x-rays). We also may disclose any portion of your PHI to health care facilities if you need to be transferred from Clifton Springs Hospital & Clinic to another hospital, a nursing home, a home health provider, a rehabilitation center, or any other type of health care facility. We also may disclose your PHI to people outside of this facility that are involved in your care after you leave here. This might include people such as family members, pharmacists, or other health care professionals.

Payment: We may use and disclose PHI about you in order to obtain payment for services and treatments rendered or to be rendered and received by this facility with an insurance company or a third party. *For example, we may give your health plan information about a surgery or procedure you received so your health plan will make payment to us for the services rendered.* We also may tell your health plan about a treatment you are going to undergo in order to attain prior approval from your plan to cover payment for that treatment.

Health Care Operations: We may use and disclose your PHI for our routine operations, such as for peer review, risk management, performance improvement, and compliance (for licensure, accreditation or certification requirements). *For example, we may disclose your PHI to physicians on our Medical Staff who review treatment of patients.* We may disclose information to health care professionals such as doctors, nurses, technicians, health care students, and other professionals responsible for reviewing or for educational purposes. We may combine medical information about numerous patients in an effort to decide what services we should offer, and whether new

services are cost-effective, and how our facility compares with others. We may remove identifying data from this medical information so others may use it to study health care and health care delivery without learning your identity. We may disclose information to other health care providers involved in your treatment or care to authorize them to carry out the work of their facility or to receive payment. *For example, we may provide information about you to an ambulance company that was involved in your transportation so that the ambulance company may receive payment for their services.*

Activities of Our Affiliates: Your PHI may be used or disclosed by our affiliates in connection with your treatment.

Activities of an Organized Health Care Arrangement in Which We Participate: For certain activities we may disclose information about you to health care providers participating in our arrangement, such as a Physician-Hospital relationship. Such disclosures would be made in combination with our services, your treatment under a health plan arrangement, and other activities of arrangements we participate in.

Health Related Benefits and Services: We may use and disclose your PHI to inform you about health-related products or services that this facility offers, other providers participating within a health care network that we are affiliated with, any potential treatment options and/or alternatives, or any other health-related benefits and/or services that you may be interested in. We may use and disclose your PHI to contact you to remind you of an appointment for medical care or treatment.

Fundraising Activities: We may use or disclose your PHI for the purposes of raising funds on behalf of Clifton Springs Hospital & Clinic. We may disclose information such as your name, address, telephone number, age, gender and the dates you received treatment so you may be contacted in fund raising efforts. If you do not wish to be contacted for fund raising purposes, please contact Clifton Springs Hospital & Clinic Foundation Inc., in writing at, 2 Coulter Road, Clifton Springs, New York 14432.

Directory: We may include, with your permission, certain information about you in our directory while you are a patient within this facility. This information may include your name, room number, general condition, and your religious affiliation. Directory information may be released to people who ask to visit you and/or be informed of your general health. Your religious affiliation may be given to a member of the clergy, such as

a priest or rabbi, even if they do not ask for you by name. Your decision is not final and may be changed at anytime.

Individuals Involved in Your Health Care: We may also release your PHI to the person you named in your Health Care Proxy or Durable Power of Attorney for Health Care, or to a friend or family member who is your personal representative (they are empowered under state or other law to make any or all of your health-related decisions). We may give information to someone who helps pay for your care. In addition, we may disclose your PHI to an entity assisting in disaster relief efforts so that your family can be notified about your condition.

Public Health: We may disclose your PHI as required by law for public health purposes for the following list, including but not limited to:

- Prevent or control disease, injury or disability
- Report births and deaths
- Report suspected child or adult abuse, violence, or neglect (Any such disclosure will be made (1) to the extent it is required by law, (2) to the extent that the disclosure is authorized by statute or regulation and Clifton Springs Hospital & Clinic believes the disclosure is necessary to prevent serious harm to you or other potential victims or (3) if you agree to the disclosure.)
- Report reactions to medications and any problems with products used
- Notify people of recalls of products in public circulation
- Notify a person who may have been exposed to a communicable disease or may be at risk for getting or spreading a disease or condition among the public

Food and Drug Administration: We may disclose your PHI to a person subject to the jurisdiction of the Food and Drug Administration (“FDA”) for the purpose of activities related to the quality, safety or effectiveness of FDA regulated products.

Health Oversight Activities: We may disclose your PHI to a federal or state agency for health oversight activities, including but not limited to: audits, inspections, investigations, and the licensure of this facility and of the providers who treated you at Clifton Springs Hospital & Clinic. These activities are necessary for the government to

monitor this facilities compliance with the laws it adheres to, the health care system, as well as government programs and compliance with civil rights laws.

Law Enforcement: This facility may disclose your PHI for law enforcement purposes upon the request of a law enforcement official under certain conditions and as required by law.

Lawsuits and Disputes: We may disclose your PHI in response to a court order, a search warrant, a subpoena or summons issued by a judicial officer or an administrative request. We also may disclose your PHI in response to a request for information for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, in response to a request about an individual that is suspected to be a victim of a crime, if under limited circumstances, that we are not able to obtain your consent. If the information relates to a death we believe may have resulted from criminal conduct or if the information constitutes evidence of criminal conduct that occurred on our premises, we may alert law enforcement of the commission and nature of a crime, the location and victims of the crime and the identity, or description and location of the perpetrator of the crime. We may also disclose PHI for judicial administration proceeding, as required by law.

Coroners, Medical Examiners and Funeral Directors: We may disclose your PHI to an authorized medical examiner, coroner, or funeral director for the purpose of identifying you, determining a cause of death or other duties authorized by law. We may disclose your PHI to a funeral director, consistent with all applicable laws, in order to allow the funeral director to carry out his or her duties.

Organ and Tissue Donation: If you are an organ donor, we may release your PHI to organizations that handle organ procurement, facilities that participate in eye or tissue transplantation, or to an organ donation bank. This release is carried out as it is deemed necessary to aid in the organ or tissue donation and transplant process.

Medical Research: With your consent, we may use and disclose your PHI for research purposes under specific provisions. In addition, most research projects are approved through our Institutional Review Board. **NOTE:** The law does allow some research to be conducted using your PHI without requiring your authorization.

Serious Threat to Health or Safety: We may disclose your PHI, in a manner which is consistent with applicable laws, if the disclosure is necessary to prevent or lessen a serious threat to health or safety or the information is necessary to apprehend an individual.

Military and Veterans Activities: We may, if you are a member of the United States or foreign Armed Forces, disclose your PHI as required by military command authorities.

National Security and Intelligence Activities: We may also disclose your PHI to authorized federal officials so they may maintain national security activities, carry out security procedures, intelligence, counter-intelligence, and provide protection to the President, foreign heads of state, and other such personnel.

Inmates or Individuals in Custody: If you are an inmate of a correctional facility or under the custody of a law enforcement official, we may release PHI about you to that correctional facility or to other law enforcement officials.

Worker's Compensation: We may disclose your PHI as authorized by, and in compliance with, laws relating to worker's compensation and other similar programs. These programs provide benefits to those who sustain work-related injuries or illnesses.

Business Associates: There are numerous services provided to Clifton Springs Hospital & Clinic through contracts with business associates. Some of these services include but are not limited to consultants, medical transcriptionists, lawyers, accountants, third-party billing firms, television, and copy services. Each of our business associates are required to sign a contract that safeguards your PHI.

Minors: If you are a minor, under 18 years of age, we will comply with New York state laws regarding minors. Certain types of your PHI may be released to your parent or legal guardian but only if such a release is required or permitted by law.

Other uses and disclosures of your PHI: Any use or disclosure of your PHI that is not listed above will be made only with your written authorization. You have the right to revoke your authorization at any time, except to the extent that we have already used or disclosed your PHI in reliance on your authorization.

Required by Law: We will disclose PHI about you when required to do so by Federal, State, or Local law.

**Note: New York State Law provides additional protection for certain types of health information, including information related to alcohol and/or drug abuse, mental health and AIDS/HIV, and may limit whether and how we may disclose your information to others.**

#### YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding the PHI we maintain about you:

Right to Restriction of Use and Disclosure: You have the right to request that we restrict the PHI we use and disclose in carrying out treatment, payment and health care operations. You also have the right to restrict the PHI we disclose to a family member, other relative or any other person identified by you, which is relevant to such person's involvement in your treatment or payment for your treatment. WE ARE NOT OBLIGATED TO AGREE TO ANY RESTRICTION THAT YOU REQUEST. If we agree to a restriction, however, we may only disclose your PHI in accordance with that restriction, unless the information is needed to provide emergency health care to you. You also have the right to request that a limit be put on the amount of PHI that we disclose to anyone involved in your care or in the payment of your care (i.e. family member, friend).

If you wish to request a restriction on the use and disclosure of your PHI, please send a written request to the Privacy Officer which specifically sets forth (1) whether you are restricting the use or the disclosure of your PHI; (2) what PHI you wish to limit; and (3) to whom you wish the limits to apply (i.e., your spouse). We will not ask why you are requesting the restriction. The Privacy Officer will review your request and notify you whether or not we agree to your requested restriction.

Right to Confidential Communications: You have the right to request that you receive communications of your PHI from us in a specific way or at a specified location. We will accommodate all reasonable requests. Any requests need to be in writing and directed to the Privacy Officer.

Right to Access, Inspect, and Copy: You have the right to inspect and obtain a copy of the PHI that may be used in your care. This includes the information in your medical and billing records, however, this does not include psychotherapy notes.

To inspect or request a copy of your PHI, you must submit a request in writing to the Health Information and Compliance Department at Clifton Springs Hospital & Clinic, 2 Coulter Rd., Clifton Springs, New York 14432 (**Attention:** Release of Information Specialist). If you request a copy of your PHI, we may charge a fee for the costs we incur in making and sending you those copies.

We also may deny your request to access, inspect, or receive a copy of your PHI under specific and limited circumstances. If your request is denied, you have the right to have your denial reviewed. The person(s) conducting the review will not be the same as the person who originally denied your request. We will comply with the outcome of the final review.

Right to Amend: If you feel that the PHI contained within your medical records is incorrect or that it's incomplete, you may ask us in writing to amend the information. However, you must provide a reason to support your request. We will notify you if your request cannot be fulfilled for any reason.

We may deny your request if it does not contain a reason that supports the requested amendment. Additionally, we may deny your request to have your PHI amended if we determine that (1) the information was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) the information is not part of a designated record set; (3) the information is not available for your inspection; or (4) the information is accurate or complete.

Right to an Accounting of Disclosures of Your Protected Health Information:

You have the right to request a listing of certain disclosures of your PHI made by us. This list is not required to include all of the disclosures that we may have made. Disclosure for treatment, payment, or operations, or disclosures made before April 14, 2003, or disclosures made to you or which you authorized, and other such disclosures are not required to be listed. We also may limit this list of disclosures to six (6) years worth of information that will not include any transactions prior to April 14, 2003.

To request an accounting of the disclosures of your PHI made by us, please send a written request to the Privacy Officer. Your written request must state the format in which you want the accounting (i.e. hard copy, electronically) and the period for which you wish to receive an accounting. We will provide you with one free accounting,

however, if you request additional accountings you may be charged. We will inform you of the fee for each accounting in advance and will allow you to modify or withdraw your request in order to reduce or avoid the fee.

Right to Obtain a Copy of this Notice: You have the right to request and receive a paper copy of this Notice of Privacy Practices at any time by accessing our web site at [www.CliftonSpringsHospital.org](http://www.CliftonSpringsHospital.org) or by writing the Privacy Officer and requesting one.

#### CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as for any information we receive in the future. We will post the current Notice within our facility as well as on our web site at [www.CliftonSpringsHospital.org](http://www.CliftonSpringsHospital.org). Additionally you may receive a copy at your next visit or by writing the Privacy Officer.

#### COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with the Complaint Officer at (315) 462-9561 or the Secretary of Health and Human Services. To file a complaint with us please contact the Complaint Officer in writing at Clifton Springs Hospital & Clinic, 2 Coulter Road, Clifton Springs, New York 14432. All complaints must be made within 180 days after the alleged violation occurred or within 180 days of when you knew or should have known of the alleged violation.

**You will not be denied care or discriminated against for filing a complaint.**

If you have any questions regarding this Notice, please contact our Privacy Officer at (315) 462-9561.

EFFECTIVE DATE: April 14, 2003