

Massena Memorial Hospital

Notice of Privacy Practices

YOUR PRIVACY IS OUR PRIORITY

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.

Massena Memorial Hospital (MMH) takes the privacy of your health information seriously. We are required by Federal and State law to maintain the privacy of your health information and to provide you with this Notice of Privacy Practices outlining your rights and our legal duties with respect to using and disclosing your health information that is created or retained by MMH. You will be asked to sign an acknowledgement of receipt of the Notice.

If you have any questions about this notice, please contact Massena Memorial Hospital, Julie Zyzik, Privacy Officer, at 315-769-4371 or Sue Beaulieu, Compliance Officer, at 315-769-4217.

MMH's Legal Obligations

MMH is required by law to 1) protect the privacy of your health information: 2) provide you with a copy of this Notice of Privacy Practices which describes MMH's privacy practices and legal duties regarding your health information: 3) abide by the terms and conditions of the Notice currently in effect: and 4) notify you of a breach of unsecured protected health information

WHO WILL FOLLOW THIS NOTICE

This notice describes our hospital's practices and that of:

- Any health care professional authorized to enter information into your hospital chart.
- All departments and units of the hospital, including all hospital owned clinics (i.e., Kids Korner, Brasher Family Health Center, Surgical Group, Dialysis Center). This includes all employees, staff, and other hospital personnel.
- Any member of a volunteer group we allow to help you while you are in the hospital.

Understanding Your Health Record and Information

Each time you visit our healthcare center, a record of your visit is made. Typically, this record contains health information from you and is stored in a paper chart and/or in an electronic format. This is your legal medical record. This information, 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.

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

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We are permitted to use and disclose your health information for treatment, payment and healthcare operations purposes. The following is intended to provide examples of such uses and discloses, but is not meant to be a complete list. In addition, depending on the nature of the health information, such as HIV-related, genetic, and mental health information, we may be subject to stricter use and disclosure requirements under state law. We shall follow such requirements.

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.

➤ ***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 doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care

of you at the hospital. 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 dietician if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We may disclose medical information about you to people outside the hospital involved in your medical care after you leave the hospital, such as family members, clergy or others we use to provide services that are part of your care.

➤ ***For Payment***

We may use and disclose medical information about you so that the treatment and services you receive at the hospital 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 the hospital 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***

We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital 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 many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital 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. We 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.

Other Permitted Uses and Disclosures

We may make the following uses and disclosures of your health information without your authorization, to the extent such uses and disclosures comply with federal and state law:

➤ ***Appointment Reminders /Sign In Sheets:***

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital. In addition, we may use sign in sheets to enhance patient flow processes.

➤ ***Business Associates:*** There are some services provided by MMH through contracts with business associates. Examples include, but are not limited to, copying services for our medical records and billing services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job

that we've asked them to do. We require the business associate to appropriately safeguard your information with the diligence that we would.

➤ ***Treatment Alternatives***

We 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***

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

➤ ***Hospital Directory***

We may include certain limited information about you in the hospital directory while you are a patient at the hospital. 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. This is 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 of Your Care***

We 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. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

➤ ***As Required By Law***

We will disclose medical information about you when required to do so by federal, state, or local law.

➤ ***Massena Memorial Hospital Foundation***

We may release your name and address to the Massena Memorial Hospital Foundation for the purposes of fund raising. If you elect to opt out of this please contact: Massena Memorial Hospital Foundation 1 Hospital Drive, Massena New York 13662 in writing to opt out of receiving fundraising communications, or call 315-769-4602.

➤ ***Organ and Tissue Donation***

Consistent with applicable law, we may disclose health information to organizations engaged in the procurement, banking, or transplantation of organs and tissues.

SPECIAL SITUATIONS

➤ ***Workers' Compensation***

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries and illnesses.

➤ ***Public Health Risks***

We may disclose medical information about you for public health activities. Their 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;
- 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.
- serious threats to the health and safety of you and others in public.

➤ ***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 a dispute.

➤ ***Students***

Massena Memorial Hospital participates in a variety of educational programs and activities that support an interest in healthcare. Students enrolled in a formal healthcare educational program may participate in your care. Students not enrolled in a formal educational program may be allowed to shadow hospital staff providing your care.

➤ ***Law Enforcement***

We may disclose 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 a person’s agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the hospital; 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***
We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person to determine the cause of death. We may also release medical information about patients of the hospital 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.
- ***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 the institution 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.

Uses and Disclosures That Will Only Be Made With Your Written Authorization:

We will only make the following uses and disclosures with your written authorization:

- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute a sale of protected health information;
- Most uses and disclosures of psychotherapy notes; and
- Other uses and disclosures of health information not covered by this Notice, or the laws that apply to us. In those instances, we will only use and disclose your health information with your written authorization. You may revoke your authorization at any time by submitting a written request to our Privacy Officer at the address listed below. This revocation will not be applicable to the use and disclosures that we may have acted upon in reliance on your previously provided authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- ***Right to Inspect and Copy***
You have the right to inspect and receive a copy (in a paper or electronic format) of 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 Massena Memorial Hospital's Health Information Services Department. 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. If an electronic format is not available, you will be notified and a paper copy will be provided. 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 the hospital 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.

➤ ***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 the hospital.

To request an amendment, your request must be made in writing and submitted to Massena Memorial Hospital's Health Information Services Department. In addition, you must provide a reason that supports your request. Forms for this purpose are available in the Health Information Services Department.

We may deny your request for an amendment if it is not in writing or does not include a reason to support your 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 the hospital;
- is not part of the information which you would be permitted to inspect and copy;
- 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 the disclosures we made of medical information about you. Not included in the accounting of disclosures are disclosures related to: treatment, payment and health care operations. Certain other disclosures are not included in the list, including disclosures you authorized us to make; disclosures to the facility directory; disclosures made to you, or to your family and friends involved in your care; disclosures made to federal officials for national security purposes; disclosures made to correctional facilities; and disclosures made six years prior to your request.

To request this list or accounting disclosures, you must submit your request in writing to Massena Memorial Hospital's Health Information Services Department. Your request must state a time period which may not be longer than six (6) years and may not include dates before April 1, 2003. We may charge you for the cost 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/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 of 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 health information to a health plan (your health insurer) related to services or items we provide to you and you pay us for such services or items 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. If we do agree to a restriction, our agreement will be in writing and we will follow your request unless the information is needed to provide you emergency treatment or we terminate the agreement.

➤ ***We Are Not Required to Agree to Changes***

If we do agree, 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 Massena Memorial Hospital, attention Privacy Officer. 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 Confidentiality***

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 Massena Memorial Hospital, attention Privacy Officer.

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. Copies of this notice are located in registration areas. You may also ask us to give you a copy of this notice at any time.

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 notice in the

hospital. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an in-patient or out-patient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Office for Civil Rights (OCR). To file a complaint with the hospital, contact our Corporate Compliance Officer, Sue Beaulieu MSN, R.N. FACHE, at 315-769-4217, Privacy Officer, Julie Zyzik, RHIT, CHC, at 315-769-4371 or the Quality Management Office at 315-769-4320. To file a complaint with the OCR, send to:

*Office of Civil Rights
U.S. Department of Health & Human Services
26 Federal Plaza - Suite 3313
New York, New York 10278*

If you need help filing a complaint with the OCR, you may call 1-800-368-1019.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

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