

# Notice of Privacy Practices

*Eastern Niagara Hospital*

*Effective: September 23, 2013*

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

## **Please review this Notice carefully!**

Eastern Niagara Hospital is required by law to provide you with this Notice of its legal duties and privacy practices with respect to protected health information. This Notice explains how the Hospital, including its Medical Staff, uses and discloses health information - for your treatment and care, for payment of your health care, to operate the Hospital, and for other purposes that are permitted by New York State or by federal law.

Additional detail describing or explaining the elements in this Notice is readily accessible at the registration or service desks throughout the Hospital. If you have any questions about this Notice, please contact our **Privacy Officer in Administration at 716-778-5071, extension 4251.**

**Your Rights as a Patient** - You have a right to the privacy of health information that contains information that may identify you. This "protected" information may include demographic information such as your phone number or address. It may relate to your past, present or future physical or mental health or condition, and related health care services. You have the right to -

- Request restrictions on certain uses and disclosures of your protected information. The Hospital may not be able to agree to the restriction because restricting the information may harmfully affect your health care, payment for your healthcare, or some other aspect of your health care. However, the Hospital must agree to your request to restrict disclosures of your medical information to a health plan if the disclosure is for the purpose of obtaining payment for your health care [or other operations of the Hospital and is not otherwise required by law] and we have been paid in full for the treatment related to the medical information you have asked us not to disclose.
- Receive confidential communications where reasonable.
- Inspect and copy your protected health information. If the requested protected health information is maintained electronically and you request an electronic copy, we will provide access in an electronic format, if it is readily producible, or if not, in a readable electronic form and format mutually agreed upon.
- Amend your protected health information.
- Receive an accounting of your protected health information.
- Receive a paper copy of this Notice or of any previous notice by contacting our Privacy Officer in Administration.

To request restrictions, request confidential communications, inspect and copy protected health information, request an amendment, or request a list of accounting of disclosures, your request must be made in writing and submitted to our Privacy Officer in Administration.

**Complaints:** If you believe that the Hospital has violated your health information privacy rights, you may complain to our Privacy Officer or to the U.S. Secretary of Health and Human Services. If you wish to file a complaint, please contact our Privacy Officer for assistance. The Hospital will not retaliate in any fashion for filing a complaint.

**The Hospital's Duties** - The Hospital is required by law to maintain the privacy of your protected health information and to abide by the terms in this Notice. We may change this notice at any time as the law, our practices or our policies change. Any new Notice will be effective for all protected health information that we maintain at the time of the Notice.

**Breach Notification:** We must notify you if we have reason to believe your unsecured medical information has been compromised due to unauthorized acquisition, access, use or disclosure.

**Examples of How Your Protected Health Information is Used or Disclosed** -The use or disclosure of your protected health information by the Hospital is described by, but not limited to, the following examples including involvement of a business associate of the hospital.

**Treatment:** The Hospital uses and discloses your protected health information with the physicians, nurses, technicians, assistants, consultants, and any other related care giver or administrative service as we are providing or managing or coordinating your treatment as an inpatient, or as a patient in one of our clinics or outpatient programs. For example, a physician treating you for an injury may consult with another physician about your overall condition. In certain cases for your safety and for quality health care, your name may be placed on a door, a board, a drawer or cabinet, a container, or a sign-in sheet.

We will use your name in a copy of the census sheet at our front desk, unless you object. Often family or friends contact the Hospital asking about a patient's condition. If you do not wish certain members of your family or acquaintances to know of your admission or your condition, please let us know so that we can reasonably protect your privacy.

**Payment:** The Hospital uses and discloses your protected health information, as needed, to obtain payment for your health care services including processing charges, claims and payments; eligibility or coverage verification; managed care and utilization management activities. 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.

**Healthcare Operations:** The Hospital may use or disclose as needed your protected health information in order to support our business activities including budgeting and financial management, marketing and fundraising, quality assurance and peer review, management and training of our workforce, Medical Staff operations and credentialing. For example, we may use your protected health information to review our treatment and services and to evaluate the performance of our Medical Staff in caring for you.

**Appointment Reminders:** The Hospital may use and disclose your protected health information to contact you to remind you that you have an appointment for treatment or medical care.

**Treatment Alternatives:** The Hospital may use or disclose protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services:** The Hospital may use and disclose protected health

information to tell you about health-related benefits or services that may be of interest to you.

**Research:** The Hospital may disclose your protected health information to researchers when their research has been approved by an Institutional Review Board or a similar privacy board that has reviewed the research proposal and established protocols to protect the privacy of your protected health information.

**As Required By Law:** The Hospital will disclose protected health information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety:** The Hospital may use or disclose protected health information about you when necessary to prevent a serious and imminent threat to your health or safety or to the health or safety of the public or another person. Under these circumstances, the Hospital will only disclose protected health information to someone who is able to help prevent or lessen the threat.

**Organ and Tissue Donation:** If you are an organ or tissue donor, the Hospital may release your protected health information to an organ procurement organization.

**Public Health Risks:** The Hospital may disclose protected health information about you for public health activities such as:

- To prevent or control disease, injury or disability;
- To report vital events, such as births and deaths;
- To report child abuse or neglect;
- To report certain events to the Food and Drug Administration (FDA) including information about defective products or problems with medications;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate governmental authority if we believe you have been a victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- To report to New York State mandated registries.

**Health Oversight Activities:** The Hospital may disclose protected health 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.

**Judicial and Administrative Proceedings:** The Hospital may, upon certain conditions, disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal, a subpoena, discovery request, or other lawful process.

**Law Enforcement:** The Hospital may release protected health information if asked to do so by a law enforcement official for law enforcement purposes when:

- A court order, subpoena, warrant, summons or similar process requires us to do so;
- The information is needed to identify or locate a suspect, fugitive, material witness or missing person;

- We report a death that we believe may be the result of criminal conduct;
- We report criminal conduct occurring on the premises of our facility;
- We determine that the law enforcement purpose is to respond to a threat of an imminently dangerous activity by you against yourself or another person;
- The disclosure is otherwise required by law.

***Coroners, Medical Examiners and Funeral Directors:*** The Hospital may provide protected health information about you to a coroner or medical examiner. We may also disclose protected health information about you to funeral directors as necessary to carry out their duties.

***Military and Veterans:*** If you are a member of the armed forces, we may release protected health information about you as required by military command authorities to assure the proper execution of a military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

***National Security and Intelligence Activities:*** The Hospital may release protected health 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 protected health 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; (3) for the safety and security of the correctional institution; or (4) for law enforcement on the premises of the correctional institution.

***Workers' Compensation:*** The Hospital may disclose protected health information about you to comply with the state's Workers' Compensation Law related to a specific claim.

**Uses and Disclosures With Your Authorization** - The Hospital must obtain your written authorization for other uses and disclosures of your protected health information, unless otherwise permitted or required by law. For example, most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, including subsidized treatment communications, and disclosures that constitute a sale of protected health information require your written authorization. You may revoke your authorization, at any time in writing, except to the extent that the Hospital has taken an action in reliance on your authorization.

**Special Circumstances Where Your Authorization May Not Be Possible or Necessary** - There are special circumstances described in law where your protected health information may be used or disclosed without your authorization or consent.