



## NOTICE OF PRIVACY PRACTICES – Overview

By law, St. Joseph's Hospital Health Center must give you a copy of our Notice of Privacy Practices. This must be given to you only one time, when you first come into the hospital. The Notice of Privacy Practices tells you what your privacy rights are. It also tells you how we can use your health information. The Notice of Privacy Practices is very detailed, so we are also giving you this overview. This is a quick summary of what is in the Notice of Privacy Practices.

### **Your Rights:**

- You have the right to *request* to look at or copy your health information.
- You have the right to *request* to make changes to your health information.
- You have the right to *request* to have us tell you who we have given your health information to.
- You have the right to *request* that we do not give your health information to certain people.
- You have the right to *request* that we contact you at a different address or phone number that is private.

A form must be filled out for each of these requests. Your request will be reviewed, and could possibly be denied. In most cases you may ask us to reconsider our denial.

### **How we Can Use Your Health Information**

When it applies, St. Joseph's Hospital Health Center is allowed to use and / or release your health information for the following purposes:

- Treatment, Payment or other Health Care Operations
- To report to Accrediting or Regulatory agencies
- To tell you about Possible Treatment alternatives
- To send you limited information such as Appointment Re minder Cards
- To send you information about Health Related Benefits, Health Oversight Agencies or for Public Health purposes
- Listing you in our Facility Directory \*
- To provide information to Family, Friends, Personal Representatives involved in your care \*
- As Required by Federal, State or Local Law, for Law Enforcement Purposes or for Corrections purposes for Inmates
- For Judicial and Administrative Proceedings
- For Medical Examiners, Coroners or Funeral Directors
- For Organ and Tissue Donation and Research Purposes
- For purposes of the Military or National Security
- For Workers Compensation or Disability
- Marketing and Fundraising Purposes \*\*

\* Indicates an opportunity to request a Restriction

\*\* With appropriate Authorization

If you feel your privacy rights have been violated, you may complain to our Privacy Officer.

Privacy Officer  
St. Joseph's Hospital Health Center  
301 Prospect Ave  
Syracuse, New York 13203  
(315) 448-5111



## 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.**

St. Joseph's Hospital Health Center (SJHHC), is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at St. Joseph's Hospital Health Center, please contact:

Privacy Officer  
St. Joseph's Hospital Health Center  
301 Prospect Ave  
Syracuse, New York 13203

### Definitions

SJHHC – represents St. Joseph's Hospital Health Center, its Affiliates and members of the Organized Health Care Arrangement as described above.

For purposes of this Notice of Privacy Practices and for the compliance of the Privacy regulation of the Health Insurance Portability and Accountability Act, St. Joseph's Hospital Health Center has entered into an **Organized Health Care Arrangement** with the following medical practices: Anesthesia Group of Onondaga P.C.; Prospect Hill Emergency Care Physicians; St. Joseph's Cardiology; and Prospect Hill Radiology.

**Effective Date of This Notice: April 14, 2003**

### I. Who is responsible to follow this Notice:

1. Any healthcare professional authorized to enter information into your Hospital chart.
2. All employees, and staff of SJHHC.
3. Any Physician affiliated with SJHHC, who is involved in your care.

### II. Our pledge regarding medical information

St. Joseph's Hospital Health Center collects health information from you and stores it in a chart and / or on a computer. This is your medical record. The medical record is the property of SJHHC, but the information in the medical record belongs to you. We need this record to provide you with quality care and to comply with certain legal requirements. SJHHC is committed to protecting the privacy of your health information. This notice will tell you about the ways in which we may use and disclose your medical information.

### III. How St. Joseph's Hospital Health Center may Use or Disclose Your Health Information

The law permits St. Joseph's Hospital Health Center to use or disclose your health information for the following purposes:

1. Treatment. We may use medical information about you to provide you with medical treatment and 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. As an example of this, we may provide information to a vendor / provider in order to make available the use of a wheelchair or home oxygen to assist you during your recovery.
2. Payment. We may use and disclose medical information about you so that the care, treatment and services provided may be submitted to your insurance company / billing service for payment. Some insurance companies require that we contact them with medical information to obtain a prior authorization for services before they are provided to you. This enables us to submit a request for payment for these services after they are provided.
3. Other Health Care Operations. We may use or disclose your health information in order to support business activities, including, quality assessment and improvement, health care professionals training and competencies (for example, training of medical students). This will include disclosing your health information with a third party "Business Associates" who performs various activities on our behalf.
4. Accrediting / Regulatory Bodies. We are surveyed by the New York State Department of Health, the Joint Commission Accreditation of Health Care Organizations who may have access to your private health information to ensure that we are providing quality services. Outcome studies by Medicare and other entities may utilize this information to improve care and services provided to you.

5. 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.

6. Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at SJHHC or one of its' affiliates. SJHHC and its' affiliates will make every effort to not include more information than is necessary to notify you of your appointment.

7. 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.

8. Directory. We may list your name, where you are located in our facilities, your general medical condition and your religious affiliation in our directory. This information may be provided to members of the clergy. This information, *except your religious affiliation*, may be provided to other people who ask for you by name. If you do not want us to list this information in our directory and provide it to clergy and others, you must tell us that you object. **Refer to Section V, #1**

9. Individuals Involved in Your Care. We may disclose your health information to a family member, friend, your personal representative or another person who is involved in your medical care. We may also tell your family or personal representative about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others. **Refer to Section V, #1**

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

11. Public Health. As required by law, we may disclose your health information for public health activities. These disclosures generally include the following:

- To prevent or control disease.
- To prevent injury or disability.
- To preventing a serious threat to your health and safety or the health and safety of the public or another person.
- To report births and deaths.
- To report child abuse or neglect.
- To report domestic violence
- To notify people of recalls of products they may be using.
- To the FDA for quality and safety of FDA regulated products.

12. Health Oversight Activities. We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, licensure and other proceedings. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

13. Judicial and Administrative Proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.

14. Law Enforcement. We may disclose your health information if asked to do so by law enforcement officials up to and including:

- Responding to a court order, subpoena, warrant, summons or similar process.
- Identifying and locating a suspect, fugitive, material witness or missing person.
- Reporting on the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- Reporting a death we believe may be the result of criminal conduct.
- Reporting criminal conduct at SJHHC or its affiliated entities.

15. Medical Examiners, Coroners, Funeral Directors. We may disclose your health information to coroners, medical examiners and funeral directors for the purposes of identity, determining a cause of death or as authorized by law.

16. Organ and Tissue Donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

17. Research. We may disclose your de-identified health information to researchers conducting research that has been approved by an Institutional Review Board or SJHHCs Privacy Board. SJHHC will obtain your written authorization for information provided to researchers if it contains any individually identifiable elements that may be used to identify you, such as name, address or social security number.

18. Specialized Government Functions. We may disclose your health information for military, national security, prisoner and government benefits purposes. Note that disclosures for government benefits purposes are limited to health plans only.
19. Military and Veterans. If you are a member of the armed forces, we may disclose medical information about you as required by the military command authorities.
20. Worker's Compensation / Disability We may disclose your health information as necessary to comply with worker's compensation laws.
21. National Security and Intelligence Activities. We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
22. Inmates. If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose medical information about you to the correctional institution or the law enforcement official.
23. Marketing. We may contact you to give you information about other treatments or health-related benefits and services that may be of interest to you. You have the right to refuse receiving marketing communication. **Refer to Section V, #1**
24. Fund-raising. We may contact you to participate in fund-raising activities. You have the right to refuse participation in fund raising activities. **Refer to Section V, #1**
25. Change of Ownership. In the event that SJHHC is sold or merged with another organization, your health information / record will become the property of the new owner.

#### **IV. When St. Joseph's Hospital Health Center May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, SJHHC and its affiliates will not use or disclose your health information without your written authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

#### **V. Your Rights Regarding Your Health Information**

1. Right to Request Restrictions of Disclosures. You have the right to request a restriction or limitation on the medical information that we use or disclose about you for listing in our Facility Directory, treatment, payment or other health care operations. SJHHC is not required to agree to the restriction that you requested. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

How to Request Restrictions of Disclosures: You must make your request in writing and submit it to our Medical Records Department. Your request must include names and addresses of individuals who you do not want information disclosed to or for which purposes or activities. Form "Request for Restrictions of Disclosures"

2. Right to Request an Alternate Means of Communication. You have the right to receive your health information through a reasonable alternative means or at an alternative location. SJHHC is not required to agree to the Alternative Mean of Communications that you requested.

How to Request an Alternate Means of Communication. You must make your request in writing and submit it to our Medical Records Department. Your request must include an alternate address or phone number by which you want to receive communications. Form "Request for Alternate Means of Communications"

3. Right to Request to Inspect or Copy. You have the right to inspect and copy your health information. Usually, this includes medical and billing records, but does not include psychotherapy notes. SJHHC may deny your request 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 same person who denied your request. SJHHC will abide by the outcome of the review.

How to Request to Inspect or Copy: You must make your request in writing and submit it to our Medical Records Department. If you request a copy of the information, SJHHC may charge a fee for the costs of copying, mailing or other supplies associated with your request. Form "Request to Inspect or Copy Medical Records".

4. Right to Request an Amendment. You have a right to request that SJHHC amend your health information if you believe that it is incorrect or incomplete. You have a right to request an amendment for as long as the information is kept by SJHHC. SJHHC 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, SJHHC may deny your request if you ask us to amend information that:

- Was not created by SJHHC.
- Is not part of the information kept by SJHHC.
- Is not part of the information that you would be permitted to inspect and copy.
- Is accurate and complete.

How to Request an Amendment. You must make your request in writing and submit it to our Medical records Department. In addition you must include the reason that supports your request. Form "Request for Amendment"

5. Right to Request an Accounting of Disclosures. You have a right to request an "accounting of disclosures" of your health information. This is a list of your medical information as disclosed by SJHHC. SJHHC does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 & 5 (information provided to you), 6 (directory listings) and 17 (certain government functions) of Section I of this Notice of Privacy Practices.

How to Request an Accounting of Disclosures. You must make your request in writing and submit it to our Medical records Department. Form "Request for an Accounting of Disclosures"

6. **You have a right to a paper copy of this Notice of Privacy Practices.**

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact:

Privacy Officer  
St. Joseph's Hospital Health Center  
301 Prospect Ave  
Syracuse, New York 13203

#### **VI. Changes to this Notice of Privacy Practices**

St. Joseph's Hospital Health Center reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, SJHHC is required by law to comply with this Notice.

#### **VII. Complaints**

You may file a complaint with regards to the Privacy of your Health Information without fear of reprisal or retaliation. Complaints about this Notice of Privacy Practices or how SJHHC handles your health information should be directed to:

Privacy Officer  
St. Joseph's Hospital Health Center  
301 Prospect Ave  
Syracuse, New York 13203

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.