



Syracuse, New York

NOTICE OF PRIVACY PRACTICES *Effective Date: March 1, 2003 (Revised 04/08, 09/13, 8/17, 7/19, 6/21, 9/22, 9/24, 1/26)*

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.

Our Legal Obligations

Crouse Hospital is required by law to protect the privacy of your health information. We must provide you with a copy of this Notice which describes our legal duties and privacy practices and your rights concerning your health information. The following individuals at Crouse Hospital will follow this Notice when they provide services to you:

- Our medical staff, affiliated health professionals, and students;
- Our employees, personnel or representatives in every department having access to your health information;
- Our affiliates, including independent contractors having access to your health information.

Crouse Hospital and the above individuals may share your health information with each other as may be necessary to provide you treatment, for payment of your treatment, or to support our healthcare operations to the extent authorized by law.

Crouse Hospital is required to notify you of a breach of unsecured protected health information.

A copy of our current Notice is posted throughout our hospital's registration areas. You may also obtain a copy of our Notice at www.crouse.org, by contacting the Patient Access Department at (315) 470-7361, or by asking for one at the time of your next visit. If you have any questions about this Notice or would like further information, please contact:

The Privacy Officer at (315) 470-7477

IMPORTANT INFORMATION

General Consent

We will generally obtain your written consent to use and disclose your health information for treatment, payment or health care operations.

Specific Authorization

Uses and disclosures of your health information not covered by this Notice may require your specific authorization. For example, you may request that we release a copy of your health records to another person or entity by completing a Crouse Hospital Authorization Form.

You may cancel your consent or authorization at any time in writing, except to the extent we have already relied upon it. To cancel your consent or authorization, please write to:

HIPAA Privacy Officer Risk Management Crouse Hospital
736 Irving Avenue
Syracuse, NY 13210

Depending on the nature of your health information, we may be required to comply with additional laws. For example, use and disclosure of HIV-related, genetic, and mental health information and alcohol and substance abuse records may need your specific permission.

How Someone May Act on Your Behalf- you have the right to name a representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

How to Obtain a Copy of Our Notice (or a Revised Notice)- Crouse Hospital must abide by the terms of the Notice currently in effect, however, we reserve the right to change our privacy practices from time to time and to make the new Notice effective for all protected health information we maintain. If we do revise the Notice, we will post the revised Notice in our registration areas, and also post a copy at www.crouse.org so you will have an accurate summary of our practices. You have the right to a paper copy of our Notice. You may request a paper copy at any time, even if you have previously agree to receive this Notice electronically.

How to File a Complaint- If you believe an improper use or disclosure has occurred, or your privacy rights have been violated, you may file a complaint with us at:

Guest Services
Patient Experience Department
Crouse Hospital
736 Irving Avenue
Syracuse, NY 13210
(315) 470-7087

You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights. Crouse Hospital will not take action or retaliate against you for filing a complaint.

WHAT HEALTH INFORMATION IS PROTECTED

Crouse Hospital is committed to protecting the privacy of your health information. Some examples of protected health information are:

- Information about your health condition (such as a disease you may have);
- Information about health care services you have received or may receive in the future (such as an operation);
- Information about your health care benefits under an insurance plan (such as whether a prescription is covered);
- Geographic information (such as where you live or work);
- Demographic information (such as your race, gender, ethnicity, or marital status);
- Unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number); and other identifying information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

There are some situations when we do not need your specific written authorization before using your health information or sharing it with others. These situations are described below.

Treatment- We may use and disclose your health information to provide you with medical treatment and services. As an example of this, we may provide information to a provider to make available the use of a wheelchair or home oxygen to assist you during your recovery.

Crouse Hospital utilizes an electronic medical records system for medical imaging services called the PACS system (Picture Archiving Communication). Any medical imaging tests performed by Crouse (such as x-rays and CAT scans) are electronically stored on the PACS system. The PACS system also stores examinations done at other locations where Crouse Radiology Associates are the radiologists. Your physicians have Internet access to the films and reports. For example, an x-ray you had done at Crouse would be available to a physician who orders a test for you done at Crouse Radiology Associates' Brittonfield office. Crouse Hospital is associated with Crouse Medical Practice (CMP), also referred to as Internist Associates of Central New York, Crouse Hospital physicians may need to view my CMP medical records, including CMP's paper and electronic records, to provide care to me.

Medical students, residents and vendors may be involved in certain aspects of your treatment. They may work with Crouse Hospital providers and may access your information for treatment.

Payment- We may disclose your health information to your insurance company or a billing company to obtain payment for services. Your insurance company may require that we contact it with medical information to obtain prior authorization for certain services. We may also disclose your health information to obtain payment from third parties that may be responsible for payment, such as a family member.

Health Care (Business) Operations- We may use or disclose your health information in order to support our health care operations including quality improvement and teaching. For example, we may use health information in the training of medical students.

Appointment Reminders, Treatment Alternatives, Benefits and Services- We may contact you to remind you of an appointment or to tell you about possible treatment alternatives or health-related benefits and services.

Fundraising- We may use and disclose to the Crouse Health Foundation certain information (name address, telephone number, dates of service, age and gender) for the purpose of fundraising. *If you do not want to be contacted for our fundraising efforts*, you may opt out of these communications. If you do not want to receive fundraising communications, please call 315-470-7702.

Face-to-Face Communications and Promotional Gifts of Nominal Value- We may use your health information to engage in face-to-face communications with you regarding our products and services or to provide you with promotional gifts of nominal value.

Treatment Alternatives- We may contact you to provide you information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Hospital Directory/Friends and Family- We may keep your name, your hospital location and general medical condition in our directory to give to anyone who asks for you by name and clergy members. We may also give your religious affiliation to members of the clergy. If you do not want us to list this information in our directory, you must tell us that you object.

Emergencies or Public Need- We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent.

As Required By Law-We may use or disclose your health information when required to do so by Federal, State, or Local Law.

Public Health Activities- We may disclose your health information to authorized public health officials or agencies for the purpose of public health activities (or at the direction of a public health authority, to a foreign government agency working with such officials/agencies). These disclosures may include the following:

- To prevent or control disease
- To prevent injury or disability
- To prevent serious threat to your health and safety or the health and safety of the public or another person
- To report births or deaths
- To report child abuse or neglect

Health Oversight Activities- We may disclose your information to government agencies that monitor the operation of the health care system, government health care benefit programs such as Medicare and Medicaid, and compliance with laws.

Product Monitoring, Repair and Recall- We may disclose your information to an agency or individual who is required to report problems with drugs or other medical products. The information may be used to report, track, recall, replace or repair a defective or dangerous product or device or to monitor an approved product or device.

Lawsuits and Disputes- We may use or disclose your health information if we are ordered to do so by a court that is handling a lawsuit or other dispute.

Law Enforcement- We may disclose your health information to law enforcement officials to comply with laws that we are required to follow.

To the extent permitted by law, we may disclose your health information to law enforcement officials for the following:

- To assist with identifying or locating a suspect, fugitive, witness or missing person;
- To comply with a court order or subpoena and other law enforcement purposes;
- If you are a victim of a crime under certain circumstances;
- If we suspect that your death resulted from criminal conduct;
- If necessary to report a crime occurring on our premises; or in an emergency to report a crime.

Public Health and Safety- We may use or disclose your health information to prevent a serious threat to your health or safety, or the health or safety of others.

National Security and Intelligence Activities or Protective Services- We may disclose your health information to authorized officials who are conducting activities such as providing protective services to the President or other important officials or for national security activities.

Military and Veterans- We may disclose your health information to authorized military agencies for certain activities if you are a member of the US armed forces (including veterans). We may also release health information about foreign military personnel to foreign military authorities.

Inmates and Correctional Institutions- If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers for your or another's health and safety.

Coroners, Medical Examiners and Funeral Directors, Organ and Tissue Donation – In the event of your death, we may disclose your health information to a coroner or medical examiner to determine the cause of death. We may also release your information to funeral directors as necessary to carry out their duties. We may disclose your health information to organ donation organizations to determine whether donation or transplantation is possible.

Research- We may use or disclose your health information for research purposes under certain limited circumstances and when such use or disclosure does not pose a risk to your privacy.

Workers' Compensation- We may use or disclose your health information as Necessary to comply with workers' Compensation laws.

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:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures for marketing purposes;
- Uses and disclosures that would be considered a sale of health information; and other uses and disclosures not otherwise described in this Notice or covered by the laws that apply to us.

In these instances, we will provide you with an authorization form to sign. You may revoke the authorization at any time as indicated above under "Specific Authorization".

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

You have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate, help you control the way we use and share your information, or help the way we communicate with you about your medical matters.

Right to Inspect and Copy Records

You have the right to inspect and obtain a paper or electronic copy of your health information, including medical and billing records, for as long as we maintain your information. In certain circumstances, Crouse Hospital is authorized by law to deny your request.

To inspect or obtain a copy of your health information, please submit your request in writing to:

Release of Information Department
Crouse Hospital
736 Irving Avenue
Syracuse, NY 13210

Right to Amend Records

You have the right to request an amendment of your health information if you believe your record is incorrect or incomplete, as long as we maintain the information. Crouse Hospital has the right to deny the request if the information: was not created by us (unless the original health care provider is no longer available to amend the record); is not part of the information you have a right to inspect or copy; or is correct.

To obtain a ***Request for Amendment*** form, please write to address listed under “Right to Inspect and Copy Records”.

Right to an Accounting of Disclosures

You have a right to request an “accounting of disclosures” which identifies information we have shared with others. This does not include:

- Disclosures we made to you;
- Disclosures for treatment, payment or health care operation purposes;
- Disclosures made in the hospital directory;
- Disclosures made to your family and friends involved in your care and treatment;
- Disclosures made to federal officials for correctional institutions or law enforcement officers; national security and intelligence activities;
- Disclosure made about inmates
- Disclosures made six years prior to your request.

To request an ***Accounting of Disclosures***, please write to the address listed under “Right to Inspect and Copy Records”. You may obtain one accounting listing within every 12-month period without charge. We may charge for additional requests within the same 12-month period, but we will let you know in advance.

Right to Request Additional Privacy Protections

You have the right to request in writing that we further restrict the way we use and disclose your health information. You may also request that we limit how we disclose information about you to family or friends involved in your care. For example, you could request that we not disclose information about a surgery you had. Generally, Crouse Hospital is not required to agree to your request to restrict how we use and disclose your medical information. However, if you request Crouse Hospital to 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 as required by your health plan, 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 your health information is needed to provide you emergency care or we terminate the agreement.

To make a request for a ***Request for Special Privacy Protections*** form, see the address under “Right to Inspect and Copy Records”. Your request should include 1) what information you want to limit; 2) whether you want to limit how we use the information, how we share it with others, or both; and 3) to whom you want the limits to apply.

Right to Request Confidential Communications

You have the right to request in writing that we communicate with you about your medical matters by alternative means or at alternative locations. For example, you may ask that we contact you at work instead of at home.

To request a ***Confidential Channel Communication Request*** form, write to the address under “Right to Inspect and Copy Records”. Your request must specify how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through the alternative method or location. We will try to accommodate all reasonable requests.

THANK YOU

For choosing Crouse Hospital for your health care needs. If you would like to talk to someone about your care or services, please call:

Guest Services
Patient and Guest Relations Department
(315) 470-7087