

## **NOTICE OF HEALTH INFORMATION 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.**

### **A. Understanding Your Health Record/Information**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment;
- Means of communication among the health professionals who contribute to your care;
- Legal document describing the care you received;
- Means by which you or a third party can verify that services billed were actually provided;
- A tool in educating health professionals;
- A source of data for medical research;
- A source of information for public health officials charged with improving public health;
- A source of data for facility planning and marketing; and
- A tool with which we can access 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; and
- Make informed decisions when authorizing disclosure to others.

### **B. Purpose of Our Notice of Privacy Practice:**

PACE CNY is committed to preserving the privacy and confidentiality of the health information that we create and/or maintain for you. We are required to implement policies and procedures to safeguard the privacy of your health information. This Notice of Health Information Privacy Practices (the "Notice") provides information to you regarding our privacy practices and applies to all of your health information created and/or maintained at PACE CNY. This Notice describes the ways we may use or disclose your health information and our obligations concerning such use and disclosures, and describes your rights concerning the use and disclosure of your health information. State law may provide additional restrictions on the use and disclosure of certain

information such as HIV/AIDS-related information and mental health information. We will follow such requirements. You may obtain a current copy of the Notice by contacting PACE CNY's Privacy Officer at (315) 413-3126 or by visiting PACE CNY's website at [www.pacecny.org](http://www.pacecny.org). The practices described in this Notice, including any future revisions that we may make to the Notice, will be followed by:

- Any health care professional authorized to enter information into your medical record maintained by PACE CNY;
- All employees, staff, students and other service providers who have access to your health information at PACE CNY;
- Any member of a volunteer group we allow to help you while you receive services from PACE CNY; and
- Any Loretto-affiliated corporate entity listed below that is subject to this Notice:
  1. Loretto Residential Health Care Facility
  2. The Nottingham Residential Health Care Facility
  3. The Nottingham Retirement Community, Inc.
  4. Loretto Geriatric Community Residences
  5. Loretto Adult Community, Inc.
  6. Loretto Buckley Landing Corporation
  7. Churchill Manor, Inc.
  8. Loretto Independent Living Services, Inc.
  9. Loretto Health Support

**C. Uses and Disclosures with Your Authorization:**

The following uses and disclosures of your protected health information will only be made with your written authorization:

1. Uses and disclosures of protected health information for marketing purposes;
2. Disclosures that would be considered a sale of protected health information; and
3. Any other use and disclosure not provided for in this Notice (meaning, except as described in this Notice, we will use and disclose your protected health information only with your written authorization).

In those instances where your prior approval for the use and disclosure of your health information is necessary, we will provide you with PACE CNY's Authorization form for you to sign. As a covered Health Plan, PACE CNY may condition enrollment or eligibility for benefits based on receipt of a signed Authorization prior to enrollment if (1) the Authorization is not for use in obtaining psychotherapy notes; and (2) the Authorization is sought for determination of your eligibility for the program. You may revoke an Authorization in writing at any time. If you revoke an Authorization, we will no longer use or disclose your health information for the purposes covered by that Authorization, except where we have already relied on the Authorization.

#### **D. Your Health Information Rights:**

Although your health record is the physical property of PACE CNY, the information belongs to you. You have the following rights listed below concerning your medical information. To exercise these rights, you may be required to put your request in writing to: Privacy Officer, PACE CNY, 115 Creek Circle, East Syracuse, NY 13057. If you have any questions please call PACE CNY's Privacy Officer at (315) 413-3126.

**The Right to Access Your Personal Health Information:** You have the right to inspect and obtain a copy of your medical or billing records or other written information that may be used to make decisions about your care. In most cases, we may charge a fee of seventy-five (\$.75) cents per page for our costs in copying and mailing your information. Your request must be made in writing. We may deny your request to inspect and copy your health information in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed.

**The Right to Request Restrictions:** You have the right to request restrictions on our use or disclosure of your health information for treatment, payment, or health care operation. This includes the right to submit a written request limiting the degree of information disclosed and the persons to whom information is disclosed. You also have the right to request restrictions on the health information we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care.

We will grant requests to restrict the use and disclosure of your protected health information if they are reasonable and can be accommodated. A written agreement detailing the accepted restrictions will be signed by you and us. If we agree to accept your requested restrictions, we will comply with your request except as needed to provide you emergency treatment. We are not required to agree to your request.

**The Right to Request Amendment:** You have the right to request an amendment of your health information maintained by PACE CNY for as long as the information is kept by us. Your request must be made in writing and must state the reason for the requested amendment.

We may deny your request for amendment if the information (a) was not created by PACE CNY, unless the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by or for PACE CNY; (c) is not part of the information to which you have a right to access; or (d) is already accurate and complete, as determined by PACE CNY.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

**The Right to Request an Accounting of Disclosures:** You have the right to request an accounting of certain disclosures of your health information. This is a listing of disclosures made by PACE CNY or by others on our behalf, but does not include

disclosures for treatment, payment and health care operations, disclosures made pursuant to your Authorization, and certain other exceptions.

To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning on or after April 14, 2003 that is within six years from the date of your request. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

**Right to Request Confidential Communications:** You have the right to request confidential communications from us about your health care information by reasonable alternative means, in a certain way or at alternative locations (for example, by mailing information to you at a Post Office Box instead of your home address). Your request must be in writing.

**Right to a Paper Copy of this Notice:** You have a right to receive a paper copy of this Notice and to ask us for a copy of this Notice at any time.

**E. PACE CNY's Responsibilities:**

PACE CNY is required to:

- Provide you with this Notice as to our duties and privacy practices with respect to the potential health information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we are unable to agree to a restriction or other request;
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations;
- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information;
- Notify an affected individual and/or legal representative of a breach of unsecured protected health information;
- Train our personnel concerning privacy and confidentiality;
- Implement a sanction policy to discipline those who breach privacy, confidentiality or our policies with regard to your health information; and
- Mitigate (lessen the harm of) any breach of privacy or confidentiality.

We reserve the right to change our privacy practices and to make the new changes effective for all protected health information we maintain. Should our privacy practices change, we will have the revised Notice available for you at our facilities. You may request a copy of the revised Notice at any time by contacting PACE CNY's Privacy Officer at (315) 413-3126. We will also post the revised Notice on our website at: [www.pacecny.org](http://www.pacecny.org)

## **F. Examples of Disclosures for Treatment, Payment and Health Care Operations**

The following describes how we may use and disclose your health information for treatment, payment and health care operations. Not every type of use or disclosure is listed below, but the ways in which we use or disclose your information will be under one of these purposes.

*We will use your health information to determine eligibility for enrollment. For example:* Information will be obtained and recorded by the members of the interdisciplinary team during your initial assessment. This information will be used in determining enrollment eligibility.

*We will use your health information for treatment. For example:* Information obtained by a nurse, physician or other member of the interdisciplinary team will be recorded in your medical record and used to determine the course of your treatment. Your physician will document in your record his/her expectations of the members of the interdisciplinary team. Members of the interdisciplinary team will record the actions they took and their observations. This allows all members of the team, including the physician to know how you are responding to treatment.

We will also provide contracted health care providers with copies of various reports that should assist him/her in treating you upon referral by your physician.

*We will use your health information for payment. For example:* Under certain circumstances we may receive a bill for services that one or more of our contracted providers have rendered to you. The information on or accompanying those bills may include information that identifies you, as well as your diagnosis, procedures and supplies used. We may request health information from those contracted providers in order to give approval prior to providing reimbursement for those services provided to you.

*We will use your health information for health care operations. For example:* Members of our medical staff, our risk or quality improvement manager, or members of our quality improvement team may use information in your medical record to assess the care and outcomes in your case and others like it. This information will then be used in our effort to continually improve the quality and effectiveness of the health care and service we provide. We may also use or disclose your health information to perform other administrative, educational, quality assurance and business functions.

## **G. Other Uses or Disclosures**

We may also use and disclose your health information in the situations described below.

*Business Associates:* There are some services provided in our organization through contracts with other parties (“business associates”). Some examples of our business associates include vendors that provide us with medical equipment and supplies, radiology services, pharmaceutical services, laboratory services, copy services, and medical record storage companies. Sometimes we may need to disclose your health

information to our business associate so that they can perform the job we have asked them to do on our behalf. In such situations, we will require the business associate to appropriately safeguard your information.

*Notification:* We may use or disclose your health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition.

*Individuals Involved in Your Care:* Unless you object, we may disclose health information about you to a family member, friend or other person you identify, including clergy, who is involved in your care.

*Research:* We may use or disclose your health information for research purposes if the privacy aspects of the research have been reviewed and approved, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure of your health information for research purposes.

*Union:* To the extent required or authorized by law, we may disclose your health information for union business such as arbitrations and grievances related to staff injuries associated with the care of residents.

*Fundraising:* We may use or disclose your information to contact you as part of our fundraising activities. You have the right to request not to receive fund-raising materials and communications from us.

*Food and Drug Administration (FDA):* We may disclose to the FDA your health information relative to adverse events with respect to food, supplements, product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

*Workers' Compensation:* To the extent required or authorized by law, we may disclose your health information in connection with the workers' compensation program when your health condition arises out of a work-related illness or injury.

*Public Health:* As required or authorized by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

*Law Enforcement:* We may disclose your health information for law enforcement purposes as required or authorized by law, to report criminal activity, or in response to a valid subpoena, court order, warrant, summons, or other similar process.

*Students in Health Care:* We may allow students to review your medical records for the purpose of fulfilling educational requirements.

*Chief Executive Officer:* We may disclose your health information to the chief executive officer or members of PACE CNY's governing body to fulfill his/her/their duties necessary to monitor the quality of resident care.

*Continuity of Care:* We may disclose your health information to hospitals, physicians, or other healthcare providers to provide you continuity of care related to your treatment and other health care services.

*Federal Department of Health and Human Services (DHHS):* Under the privacy standards we must disclose your health information to DHHS as necessary for DHHS to determine our compliance with Federal Privacy Laws and Regulations.

*Memorial Service Announcements:* We may disclose your name for the purpose of memorial service announcements.

*Photos:* We may take photographs of participants for identification purposes needed for patient care.

*Emergencies:* We may use and disclose your health information as necessary in emergency situations.

*Judicial and Administrative Proceedings:* As required or authorized by law, we may disclose your health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process; efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.

*Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations:* We may release your health information to a coroner, medical examiner, funeral director, or, if you are an organ donor, to an organization involved in the donation of organs and tissue, to allow such individuals to carry out their responsibilities.

*Disaster Relief:* We may disclose your health information to a disaster relief organization as may be necessary in times of emergency.

*Military, Veterans and other Specific Government Functions:* If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities. We may disclose your health information for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.

*Health Oversight Agencies:* We may disclose your health information to a health oversight agency for activities required or authorized by law, such as audits, investigations, inspections and licensure actions or for activities involving government oversight of the healthcare system. These oversight activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws. As a condition of admission/enrollment, we will require you to

sign a release permitting the disclosure of your health information to Medicare, Medicaid, and the state administering agency for these purposes.

*Education/Research:* Under controlled circumstances, your health information may be shared with other health care organizations looking into the PACE program. Such individuals will be required to sign a confidentiality statement.

#### **H. For More Information or to File a Complaint**

If you have questions and would like additional information, you may contact PACE CNY's Privacy Officer at (315) 413-3126.

If you believe your privacy rights have been violated, you can file a complaint with PACE CNY by calling the PACE CNY Privacy Officer at (315) 413-3126, or with the Office of Civil Rights, U.S. Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza – Suite 3312, New York, NY 10278, Voice Phone (800) 368-1019, Fax (212) 264-3039, TDD (800) 537-7697. There will be no retaliation for filing a complaint.