



A Higher Level of Care
Sponsored by the Sisters of St. Francis

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) takes the privacy of your protected health information ("PHI") seriously. We are required by law to maintain the privacy of your protected health information and to provide you with this Notice of Privacy Practices. We will abide by the terms of this Notice of Privacy Practices. 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
(315) 448 – 5756

DEFINITIONS:

SJHHC or St. Joseph's Hospital Health Center – represents St. Joseph's Hospital Health Center and its Affiliates.

Effective Date of This Notice: April 14, 2003 Rev. July, 2013

I. Who is responsible to follow this Notice:

1. Any healthcare professional authorized to enter information into your Hospital record.
2. All employees and personnel of SJHHC, including contracted or agency staff.
3. Any Physician involved in your care.

II. Our pledge regarding medical information:

St. Joseph's Hospital Health Center collects protected health information ("PHI") from you and stores it in a chart and / or on a computer. This is your legal 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 PHI. This notice will tell you about the ways in which we may use and disclose your PHI.

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

SJHHC uses and discloses your protected health information in many ways related to your treatment, payment for your care, and our health care operations. Some examples of how we may use or disclose your protected health information are listed below.

1. Treatment. We may use and/or disclose PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, medical students or other personnel who are involved in taking care of you. 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/or disclose PHI 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 protected health 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.

You have a right, however, upon written request to restrict a disclosure of protected health information to a health plan when the disclosure is for payment or healthcare operations and pertains to a healthcare item or service you have paid for out of pocket in full.

3. Other Health Care Operations. We may use and/or disclose your protected health information in order to support business activities, including, quality assessment and improvement, health care professionals' training and competencies. Examples could include review of treatment to evaluate staff or identify training needs, to review outcomes of care, or to send you a patient satisfaction survey.
4. Accrediting / Regulatory Bodies. We are surveyed by organizations such as the New York State Department of Health and other accrediting bodies who may have access to your protected health information to ensure that we are providing quality services.
5. Treatment Alternatives. We may use and/or disclose protected health information to tell you about or recommend possible treatment options or alternatives.
6. Appointment Reminders. We may use and/or disclose PHI 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/or disclose PHI to tell you about health-related benefits, services, or medical education classes.
8. Written Authorization Required. Written authorization is required for most uses and disclosures of psychotherapy notes. SJHHC also requires a valid written authorization for disclosures that would constitute a sale of (access to) PHI, e.g., when SJHHC is receiving remuneration (anything of value) for that access.
9. Facility Directory. We may list your name, where you are located in our facilities, your general medical condition (i.e. fair, stable, etc.) 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 unless you have instructed us not to do so. This information helps your family and friends visit you in the facility and know your general health condition. 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**
10. Individuals Involved in Your Care. We may disclose your protected 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 communicating with your family and others. **Refer to Section V**

11. Required by Law. We will disclose protected health information about you when required to do so by Federal, State or Local law.
12. Public Health & Safety. As required by law, we may disclose your protected health information to prevent a serious threat to your health and safety or health and safety of the public or another person. These disclosures 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 domestic violence
 - To notify people of recalls of products they may be using.
 - To the FDA for quality and safety of FDA regulated products.
13. Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with laws.
14. Judicial and Administrative Proceedings. We may disclose your PHI in the course of any administrative or judicial proceeding.
15. Law Enforcement. We may disclose your PHI 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.
 - A death we believe may be the result of criminal conduct.
 - Criminal conduct at SJHHC or its affiliated entities.
16. Coroners, Funeral Directors. We may disclose your PHI to coroners, medical examiners and funeral directors for the purposes of identity, determining a cause of death or as authorized by law.
17. Organ and Tissue Donation. We may disclose your PHI to organizations involved in procuring, banking or transplanting organs and tissues.
18. Research. We may disclose your PHI to researchers conducting research that has been approved by an Institutional Review Board or SJHHC's Privacy Board.
19. Specialized Government Functions. We may disclose your PHI for military, national security, prisoner and government benefits purposes. Note that disclosures for government benefits purposes are limited to health plans only.
20. Military and Veterans. If you are a member of the armed forces, we may disclose PHI about you as required by the military command authorities.
21. Worker's Compensation / Disability. We may disclose your PHI as necessary to comply with worker's compensation laws.
22. National Security and Intelligence Activities. We may disclose PHI about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

23. Correctional Facilities / Inmates. If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose PHI about you to the correctional institution or the law enforcement official.
24. Marketing. SJHHC may contact you to remind you that you have an appointment with a provider. In addition, SJHHC may contact you to tell you about or recommend possible treatment options or alternatives that may be of interest to you. SJHHC will require your written consent where SJHHC is being reimbursed to recommend a drug or biologic and that reimbursement would exceed the reasonable cost of the communication to you.
25. Fund-raising. We may contact you to participate in fund-raising activities. If you do not wish to be contacted for fundraising purposes, please contact the Hospital's Privacy Officer at 315-448-5756.
26. Change of Ownership. In the event that SJHHC is sold or merged with another organization, your protected 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 Protected Health Information**

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

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

1. Right to Request Restrictions. You may request that we limit the way we use and disclose your protected health information. You also have the right to request a limit on the protected health 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. 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: You must make your request in writing and submit it to our Health Information Management Services. Your request must include which information you want to limit, whether you want us to limit our use, disclosure or both and to whom you want the limits to apply. **Form "Request for Restrictions of Disclosures"**

2. Right to Request Confidential Communications. You may request confidential communications 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. We will accommodate all reasonable requests. You do not have to provide a reason, but the request must specify how or where you wish to be contacted . SJHHC is not required to agree to the Alternative Mean of Communications that you requested.

How to Request Confidential Communications. You must make your request in writing and submit it to our Health Information Management Services. Your request must include a description of the method by which you want to receive communications. **Form "Request for Confidential Channel of Communications"**

3. Notice of Breach of Unsecured Protected Health Information. You have the right to be notified following a breach of your unsecured PHI when it is determined that the breach compromises the security or privacy of the PHI.

4. **Right to Inspect and Copy.** You have the right to inspect and copy your protected health information. Usually, this includes medical and billing records, but does not include psychotherapy notes. You may be charged a fee for copying, mailing or other supplies associated with your request. SJHHC may deny your request in certain very limited circumstances. If you are denied access to protected 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 and Copy: You must make your request in writing and submit it to our Health Information Management Services. **Form “Request to Inspect or Copy Medical Records”.**

5. **Right to Amend.** You have a right to request that SJHHC amend your protected 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 Health Information Management Services. In addition you must include the reason that supports your request. **Form “Request for Amendment”**

6. **Right to an Accounting of Disclosures.** You have a right to request an accounting of certain disclosures of your protected health information. SJHHC is *not* required to account for all disclosures. An accounting of disclosures is a list of your medical information that SJHHC disclosed to another entity or individual. Your request must state a time period that may not be longer than the six previous years. You are entitled to one accounting within any 12-month period at no cost. If you request a second accounting within that 12-month period, there may be a charge for the cost of compiling the accounting. 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.

How to Request an Accounting of Disclosures. You must make your request in writing and submit it to our Health Information Management Service. **Form “Request for an Accounting of Disclosures”**

7. **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
(315) 448 – 5756

VI. Changes to this Notice of Privacy Practices

St. Joseph's Hospital Health Center reserves the right to change 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. Notice of changes to the privacy practices will be posted on the St. Joseph's Hospital Health Center internet site at www.sjhsyr.org.

VII. Complaints

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
(315) 448 – 5756

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>.

Individuals filing a complaint may be assured that they will not be retaliated against for filing a complaint.

DOCUMENT CONTROL TRACKING FILE

Title: Notice of Privacy Practices		Forms #:
Document Owner: Director of Corporate Compliance		Department: Corporate Compliance
Reviewed by the following:		
Network Medical Records Workgroup		Date: 2/07
Carol Triggs, Director		Date: 2/07
Alicia Alampi		Date: 2/07
Janis Kohlbrenner		Date: 2/07
Director, Corporate Compliance – Amy Rhone		Date: 7/13
Associate, Corporate Compliance – Susan Fiske		Date: 7/13
Administrative Approvals:		
Sandra Sulik, M.D. Vice President for Medical Affairs		AnneMarie W. Czyz, RN, MS Vice President for Clinical & Educational Services (CNO)
Additional Approvals:		
Education:		
<input checked="" type="checkbox"/> Monthly policy/procedure update	Dates: 9/13	
<input type="checkbox"/> Lecture	Dates:	
<input type="checkbox"/> Poster	Dates:	
<input type="checkbox"/> Online Inservice	Dates:	
<input type="checkbox"/> Other	Dates:	
Revisions: : 2/07 Editorial 1/11 No Changes 7/13 Significant changes from the HIPAA Omnibus rule of 1/23/13.		
List References: R = Research L = Literature N = National Guidelines E = Expert Opinion		
Original Date: 2/03	Reviewed/Revision Dates: 2/07 1/11 7/13	

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