

HUDSON RIVER HEALTHCARE 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.

In order to provide you with high-quality health care services, Hudson River HealthCare (HRH) collects, creates and maintains health information about you. We are required by law to maintain the privacy of this information. This Notice of Privacy Practices describes how we use and disclose your health information, and explains certain rights you have regarding this information. We are required by law to provide you with this Notice and we will comply with its terms during the period when it is in effect.

What Information We Protect

We protect any information that identifies you or could be used to identify you that relates to your health, your treatment or your health insurance benefits. Your name, address and other basic identifying information is protected even if unaccompanied by information about your health, treatment or benefits.

How We Use and Disclose Your Health Information

The following is a list of the ways that we may use and disclose your health information. We will use and disclose your health information only for one of the reasons on this list. In certain cases we provide examples of the types of uses or disclosures that fall within a particular category. These examples are intended to help you understand what these categories mean; they do not cover every type of use or disclosure within each category. In addition, special rules may apply to certain types of sensitive health information.

1. Treatment, Payment and Health Care Operations. We may use and disclose your health information with your general consent to carry out treatment, payment and health care operations. We generally obtain your consent when we treat you for the first time. This is a broad consent that, in contrast to a written authorization, does not specifically describe each particular use and disclosure of your health information and does not automatically expire on a particular date. We will not obtain your consent, however, to use or disclose your health information in a medical emergency or for the public interest purposes described in Section 3 of this Notice.

(a) *Treatment.* We may use and disclose your health information to treat you or to assist other health care providers from whom you are receiving health care services. For example, two health care professionals at HRH who are treating you may share information with one another to coordinate their treatment. Likewise, if you are admitted to a hospital, we may provide the hospital with information about the services we have provided you to assist the hospital in delivering appropriate care.

(b) *Payment.* We may use and disclose your health information to obtain payment for our services or to assist other health care providers with their payment activities. For example, we may submit claims for reimbursement to the Medicaid or Medicare program or to a private insurer that is providing you with health insurance coverage.

(c) *Health Care Operations.* We may use and disclose health information about you to carry out general business and health care operations. These operations include quality improvement activities, evaluating the performance of our health care practitioners and resolving any complaints or grievances you may have. For example, we may allow a consulting nurse to review your medical chart as part of a program designed to identify whether you have received all recommended preventive services. We may also use and disclose your health information to assist other health care providers and health plans in performing certain health care operations, such as quality assessment and improvement, reviewing the competence and qualifications of health care providers and conducting fraud detection or compliance.

(d) *Appointment Reminders.* We may use and disclose your health information to remind you about appointments you have made to receive health care services or to encourage you to make such appointments.

(e) *Treatment Alternatives.* We may use and disclose your health information to tell you about treatment alternatives or other health-related benefits and services that may be of interest to you.

(f) *Fundraising.* We may use and disclose limited information about you to ask if you would like to make a donation to support HRH's programs. When doing so, we will use or disclose only basic demographic information, such as your name, address and the dates you received services from us, and not information about your health or treatment. We will not send you further fundraising solicitations if you tell us not to contact you for this purpose.

2. Family Members and Friends. We may share information about you with family members or friends assisting you in obtaining treatment or benefits, but only if you do not object. In these cases, we will share only the information that is necessary for the family member or friend to assist you. We may also notify a family member or friend about your general condition or your death. In some cases, we will share information with a disaster relief organization such as the Red Cross that is assisting with notification efforts.

3. Public Interest Purposes. We may use and disclose your health information without your consent or written authorization for certain public interest purposes permitted or required by law:

(a) *As required by law.* We may use and disclose your health information as required by state, federal or local law.

(b) *For public health activities.* We may disclose your health information to public health authorities or other agencies and organizations conducting public health activities, such as preventing or controlling disease, injury or disability and reporting births, deaths, child abuse or neglect, potential problems with products regulated by the Food and Drug Administration or communicable diseases.

(c) *About victims of abuse or neglect.* We may disclose your health information to an appropriate government agency if we believe you are a victim of abuse or neglect and you agree to the disclosure or the disclosure is required or permitted by law. We will let you know if we disclose your health information for this purpose unless we believe that letting you know would place you at risk of serious harm or we believe that a person who usually receives information from us on your behalf is responsible for the abuse or neglect.

(d) *For health oversight activities.* We may disclose your health information to health oversight agencies for oversight activities authorized by law such as audits, investigations, inspections and licensing surveys.

(e) *For judicial and administrative proceedings.* We may disclose your health information in the course of any judicial or administrative proceeding in response to an appropriate order of a court or administrative body.

(f) *For law enforcement purposes.* We may disclose your health information to a law enforcement official for a legitimate law enforcement purpose such as: identifying or locating a suspect, fugitive or missing person; complying with a court order, subpoena or administrative request or reporting a death that may be the result of a crime.

(g) *About deceased individuals.* We may disclose your health information to a coroner or medical examiner for purposes such as identifying a deceased person or determining a cause of death. We may also disclose your health information to a funeral director as necessary to assist such a person in carrying out his or her duties.

(h) *For organ, eye or tissue donations.* We may disclose your health information to organ procurement organizations and similar entities for the purpose of assisting them in organ, eye or tissue donation or transplantation activities.

(i) *For research.* We may use or disclose your health information for research purposes, such as studies comparing the benefits of alternative treatments received by our patients. We will use or disclose your health information for research purposes only with the approval of our Institutional Review Board (IRB), which must follow a special approval process. Before permitting any use or disclosure of your health information for research purposes, our IRB will balance the needs of the researchers and the potential value of their research against the protection of your privacy.

(j) *To avert a serious threat to health or safety.* We may use or disclose your health information to prevent or lessen a serious and immediate threat to your health or safety or to the health or safety of another person or the general public. We will disclose your health information for this purpose only to someone who may be able to prevent or lessen this type of threat.

(k) *For specialized government functions.* We may use or disclose your health information to provide assistance for certain types of government activities. If you are a member of the armed forces of the United States or a foreign country, we may disclose your health information to appropriate military authorities as they deem necessary.

to carry out military missions. We may also disclose your health information to federal officials for lawful intelligence or national security activities and for the purpose of providing protective services to the President of the United States and other officials. In addition, if you are in the custody of a correctional institution or law enforcement official, we may disclose your health information to that institution or official for certain purposes.

(l) *For workers' compensation.* We may use or disclose your health information as permitted by the laws governing the workers' compensation program or similar programs that provide benefits for work-related injuries or illnesses.

4. Special Treatment of Sensitive Information. The policies described above do not always apply to certain types of sensitive health information. We will use and disclose sensitive health information for more limited purposes as described below:

(a) *HIV/AIDS Information.* We will not disclose any information related to HIV or AIDS without a written authorization from you that specifically references the nature of this information, except as permitted under Article 27-F of the New York Public Health Law.

(b) *Mental Health Records.* Any records we maintain about mental health treatment services is subject to special protection under N.Y.S Mental Hygiene Law. We will not disclose this information without written authorization from you that specifically references the nature of this information except as permitted by the New York Mental Hygiene Law.

(c) *Substance Abuse Treatment Records.* Any information we may maintain about alcohol or drug abuse treatment services that are provided by programs or facilities receiving federal funds is subject to special protection. We will not disclose this information without your written authorization except in very limited circumstances permitted by federal regulations, such as to medical personnel providing emergency treatment; to authorized persons conducting on-site audits of our records and in response to an appropriate court order.

5. Obtaining Your Authorization for Other Uses and Disclosures. HRH will not use or disclose your health information for any purpose not specified in this Notice of Privacy Practices without your written authorization. The written authorization we obtain will specifically identify the particular purpose of the use or disclosure, the information being used or disclosed and the recipient of the information. If you give us your authorization, you may revoke it at any time, in which case we will no longer use or disclose your health information for this purpose, except to the extent we have already relied on your authorization. You are not required to sign an authorization form and we will not deny you treatment if you refuse to do so unless the treatment is part of a research study or is being provided for the sole purpose of creating information for disclosure to a third party.

Your Rights Regarding Your Health Information

You have the following rights regarding your health information:

1. Right to Inspect and Copy. You have the right to inspect or request

a copy of health information we maintain about you, such as medical or billing records. Your request should describe the information you want to review and the format in which you want to review it; for example, whether you want to inspect your records at our offices, receive paper copies or get the information on a computer diskette. We may refuse to allow you to inspect or obtain copies of this information in certain limited cases. We may also charge you a reasonable fee for copies to cover our costs. You may ask to inspect or obtain copies of your information by writing to:

Quality Improvement Manager, Hudson River Community Health,
1037 Main Street, Peekskill, New York 10566

2. Right to Request Amendments. You have the right to request changes to any health information we maintain about you if you state a reason why this information is incorrect or incomplete. We do not have to agree to make the changes you request. If we do not believe the changes you requested are appropriate, we will notify you in writing how you can have your objection to our decision included in our records. You may request changes to your health information by writing to:

Quality Improvement Manager, Hudson River Community Health,
1037 Main Street, Peekskill, New York 10566

3. Right to an Accounting of Disclosures. You have the right to receive a list of certain disclosures of your health information that have been made by HRH. The list will not include disclosures made for certain types of purposes, such as disclosures for treatment, payment or health care operations or disclosures you authorized in writing. Your request should specify the time period for which you want this list, which can be no longer than six years and may not include dates prior to April 14, 2003. The first time you ask for a list of disclosures in any 12-month period, we will provide it for free. If you request additional lists during a 12-month period, we may charge you a fee to cover our costs in providing the additional lists. You may request a list of disclosures by writing to:

Quality Improvement Manager, Hudson River Community Health,
1037 Main Street, Peekskill, New York 10566

4. Right to Request Restrictions. You have the right to request restrictions on the ways in which we use and disclose your health information for treatment, payment and health care operations, or disclose this information to disaster relief organizations or individuals who are involved in your care. We do not have to agree to the restrictions you request. You may request a restriction on the use or disclosure of your health information by writing to:

Quality Improvement Manager, Hudson River Community Health,
1037 Main Street, Peekskill, New York 10566

5. Right to Request Confidential Communications. You have the right to ask us to send health information to you in a different way or at a different location if you believe that will provide you with additional privacy protection. For example, you may ask us to send mail to your work address rather than your home address. You should state in your request if you believe you will be endangered by our ordinary form of communication but you do not have to explain why you believe this is the case. Your request should also specify where

and/or how we should contact you. We will accommodate all reasonable requests. You may ask us to send health information to you in a different way or at a different location by writing to:

Quality Improvement Manager, Hudson River Community Health,
1037 Main Street, Peekskill, New York 10566

6. Right to Paper Copy of Notice. You have the right to receive a paper copy of this Notice of Privacy Practices at any time. You may receive a paper copy even if you have previously requested to receive this Notice electronically. You may obtain a paper copy of this Notice, by writing to:

Quality Improvement Manager, Hudson River Community Health,
1037 Main Street, Peekskill, New York 10566

You may also print out a copy of this Notice by going to our website at www.hrhc.org.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with HRH or the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with us by writing to:

Quality Improvement Manager, Hudson River Community Health,
1037 Main Street, Peekskill, New York 10566

You will not be penalized or retaliated against by HRH for filing a complaint.

Changes to this Notice

We may change the terms of this Notice of Privacy Practices at any time. If we change the terms of this Notice, the new terms will apply to all of your health information, whether created or received by us before or after the date on which the Notice is changed. We will provide you with a copy of the revised notice upon request and we will post it in our facilities.

Additional Information

If you have any questions or would like additional information about this Notice or HRH's privacy practices, please contact:

Quality Improvement Manager, Hudson River Community Health,
1037 Main Street, Peekskill, New York 10566

Effective Date

This Notice of Privacy Practices is effective as of April 14, 2003.