This notice describes how medical information about you may be used and disclosed. It also describes your rights to review and obtain a copy of the medical information we maintain about you. If you desire a printed copy of this notice, please contact our Privacy Officer.

In order to provide your care, Hudson River Health Care (HRHCare) must collect, create, and maintain health information about you, which includes any individually identifiable health information that we create, receive, or purchase from you. This information may relate to your physical or mental health, the health care you have received, or payment for your health care.

Hudson River Health Care is an organized health care arrangement, consisting of the following entities participating in a joint arrangement and joint activities: Hudson River Health Care (parent company), Brightpoint Health, and Community Health Action of Southeastern New York (CHASNY).

To protect your privacy, we have put in place a Notice of Privacy Practices. This Notice of Privacy Practices describes how Hudson River Health Care uses and discloses your health information and explains your rights to review and obtain a copy of your health information.

Hudson River Health Care is required by law to provide you with this Notice and we will comply with the terms as stated.

How Hudson River Health Care Uses and Discloses Your Health Information

Hudson River Health Care protects your health information from inappropriate use and disclosure. Hudson River Care will use and disclose health information for only the purposes listed below:

1. Uses and Disclosures for Treatment, Payment and Health Care Operations. Hudson River Health Care may use and disclose your protected health information in order to provide your care.

   (a) Treatment and Care Management. We may use and disclose health information about you to facilitate your treatment or care. We may use this information in our own records, our computer system or our voice mail system in order to maintain your health and provide treatment to you.

   (b) Payment. We may use and disclose health information about you for our own financial operations. For example, we may use your health information to bill you or pay for other services or items that you have purchased.

2. Uses and Disclosures Without Your Consent or Authorization. Hudson River Health Care may use and disclose your health information for the following purposes:

   (a) As required by law. We may use and disclose your health information as required by law, such as when your information is needed to protect your health and safety or in certain emergency situations.

   (b) Public health activities. We may use and disclose health information to prevent or control disease, injury, disability or birth defects, and to improve public health, such as to prevent the spread of disease or to identify patients in a pandemic or other public health threat.

   (c) Victims of abuse, neglect or domestic violence. We may use and disclose health information about you to protect a victim of abuse, neglect, or domestic violence from further harm.

   (d) Health oversight activities. We may use and disclose health information to make sure that health care stays healthy and is being used fairly.

   (e) Law enforcement. We may use and disclose health information to a law enforcement agency to respond to a court order or warrant. We may also use and disclose health information about a person involved in a crime in response to a government law enforcement investigation or inspection.

   (f) Deceased individuals. We may use and disclose health information to a coroner, medical examiner or funeral director as necessary and as authorized by law.

3. Right to Inspect or Get a Copy of Your Medical Record. You have the right to inspect and obtain a copy of any health information in a record that may be used or disclosed about you. If you request a copy of your health information, we will provide you with a written statement of the fees for the copy of your health information.

4. Right to Request Changes to Your Medical Record. You have the right to request that we correct information in your health information record. To request changes to your health information, you must submit a request in writing to:

   Privacy Officer, Todd Hapiuk. You may also print out a copy of this Notice, by writing to the Hudson River Health Care Privacy Official. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, DC 20201 or file a complaint with Hudson River Health Care by writing to the Hudson River Health Care Privacy Official. Todd Hapiuk. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, DC 20201 or call 1-800-368-7585.

5. Right to an Accounting of Disclosures. You have the right to receive a list of the disclosures of your health information by Hudson River Health Care. The list will not include disclosures made for certain purposes including, without limitation, disclosures for treatment, payment or health care operations or disclosures you authorized in writing. Your request should specify the time period for which you would like to receive an accounting (this period cannot exceed six years). The first time you request a list of disclosures in any 12-month period, it will be provided at no cost. If you request additional lists within the 12-month period, we may charge you a nominal fee.

6. Right to Request Restrictions. You have the right to request restrictions on the ways in which we use and disclose your health information. To request restrictions, you must submit a request in writing to:

   Privacy Officer, Todd Hapiuk. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, DC 20201 or call 1-800-368-7585.

7. 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 obtain a paper copy of this Notice, by writing to the Hudson River Health Care Privacy Official. You may also print out a copy of this Notice of Privacy Practices available in Spanish.

8. Rights Regarding Your Health Information

Hudson River Health Care Notice of Privacy Practices

You have the following rights regarding your health information:

1. Right to Inspect or Get a Copy of Your Medical Record. You have the right to inspect or request a copy of health information about you that we maintain. Your request should describe the information you want to inspect. We may charge you a fee for this service if we provide you with a copy of your health information.

2. Right to Request Changes to Your Medical Record. You have the right to request that we correct information in your health information record. To request changes to your health information, you must submit a request in writing to:

   Privacy Officer, Todd Hapiuk. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, DC 20201 or call 1-800-368-7585.

3. Right to an Accounting of Disclosures. You have the right to receive a list of the disclosures of your health information by Hudson River Health Care. The list will not include disclosures made for certain purposes including, without limitation, disclosures for treatment, payment or health care operations or disclosures you authorized in writing. Your request should specify the time period for which you would like to receive an accounting (this period cannot exceed six years). The first time you request a list of disclosures in any 12-month period, it will be provided at no cost. If you request additional lists within the 12-month period, we may charge you a nominal fee.

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   Privacy Officer, Todd Hapiuk. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, DC 20201 or call 1-800-368-7585.

5. Right to Request Confidential Communications. You have the right to request confidential communications. If you request confidential communications in writing, we will have a duty to honor your request for confidential communications unless we believe that advising you or your caregiver would place you or another person at risk of serious harm.

6. Right to Receive Notification of Breach. You have the right to receive a notification, in the event that there is a breach of your unsecured health information, which requires notification under the Privacy Rule.

7. Right to opt out of fundraising communications. Hudson River Health Care has the right to use and disclose your health information for fundraising purposes. You have the right to opt out of receiving such fundraising communications. If you do not want to receive these communications, we will honor your opt out request. You may opt out of receiving such fundraising communications if your request is made in writing to:

   Privacy Officer, Todd Hapiuk. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, DC 20201 or call 1-800-368-7585.

Changes to this Notice. Hudson River Health Care may change the terms of this Notice of Privacy Practices at any time. If the terms of the Notice are changed, the new terms will apply to all of your health information, whether created or received by Hudson River Health Care before or after the date on which the Notice is changed. Any updates to the Notice will be made available on www.hrhcare.org.

Hudson River Health Care (HRHCare) is a registered 501(c)(3) non-profit organization. For more information, please call 1-844-HRHCARE (1-844-474-2273) or visit our website at www.hrhcare.org.