

## JOINT 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.**

Rochester Regional Health is an integrated health care system with Affiliates throughout Rochester, the Finger Lakes, Western, and Northern New York. Rochester Regional Health and its Affiliates listed at the end of this Notice participate in an organized health care arrangement, which means that these entities share health information with each other as may be necessary for joint treatment, payment, and health care operations (i.e. business) purposes, to the extent authorized by law.

This Notice applies to delivery of health care services by Rochester Regional Health and its Affiliates, including the hospitals, nursing homes, clinics, physician offices, home care, hospice, and other providers that are members of our workforce, including all members of the Medical Staffs within our system of care. This Notice describes the practices of our facilities and programs as well as those applicable to any health care professional or staff member authorized to access or enter information in your health information.

### OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described in this Notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

### OUR USES AND DISCLOSURES

#### HOW DO WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION?

We typically use or share your health information in the following ways:

##### **Treat you**

We can use and share your health information, including mental health, chemical dependency treatment records, and HIV-related information, and share it with other professionals who are treating you, as authorized by law.

Some or all of your health information may be created and/or stored in an Electronic Health Record, which may be accessed by providers with authority or need, or when permissible by law to do so. We use and share your health information across all Rochester Regional Health clinical services so there is one Electronic Health Record for each patient in the system.

*Example: Your physician or nurse may access your medical record for the purpose of treating you. If you are being treated for a specific injury, they may ask another provider about your overall health condition.*

*Example: If you see a physician for primary care at one Rochester Regional Health location and you are referred to a different location for a specialty service, your specialist will have access to the information entered by your primary care physician.*

### **Run our organization**

We can use and share your health information when performing a variety of business activities, which we call “health care operations”. These health care operations allow us to run our hospital and clinics, improve the quality of care we provide and contact you when necessary. Rochester Regional Health personnel across the system will have access to your Electronic Health Record so that we can conduct joint business operations.

*Example: Rochester Regional Health personnel may access your Electronic Health Record to review and evaluate the skills, qualifications, and performance of health care providers taking care of you.*

### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### **Persons Involved in Your Care**

We may disclose your health information to a relative, close personal friend, or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose the minor’s health information to a parent, guardian, or other person responsible for the minor, except in limited circumstances.

### **Facility Directory**

We may include limited information about you in a hospital directory while you are at one of our hospitals. This information may include your name, location, and your religious affiliation. The directory information, except your religious affiliation, may be released to people who ask for you by name. You have the right to request that your name not be included in this directory.

### **Record Locator Service**

Some or all of your health information may be made available electronically through a record locator service and electronic health information exchange with other treatment providers. Through the exchange, we may also be able to access prior treatment records and/or the location of those prior services.

### **For Treatment Reminders and Alternatives**

We may contact you to remind you of appointments you’ve scheduled with us. We may also use or disclose your information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

*Example: We may e-mail you a newsletter or other information on health-related benefits of interest to you.*

### **Care Transitions**

We may disclose your health information to other health care providers and organizations who may potentially help coordinate and improve the services you receive. These communications help us manage your care and ensure that you get the necessary follow-up services to stay healthy.

*Example: In order to develop your discharge plan, we may talk to a home health provider to see what services are available to help you manage your health at home.*

## **HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

### **Required by Law**

We will use and disclose medical information about you whenever we are required by law to do so.

*Example: State law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.*

### **Statewide Health Information Network of New York (SHIN-NY)**

We may share, store and/or transmit your health information, including sensitive information related to HIV, sexually transmitted diseases, mental health, drug and alcohol treatment, genetic testing, and reproductive health, electronically through the SHIN-NY. Rochester Regional Health currently participates with the following regional health information exchanges that connect to the SHIN-NY: Rochester RHIO; HealtheConnections; and HIXNY. If you are receiving treatment from another health care provider, that provider may be able to access some or all of your health information through the SHIN-NY if you provide consent, or in some cases without your consent in the event of a medical emergency. The SHIN-NY and regional health information exchanges must implement administrative, technical, and physical safeguards to protect the confidentiality, integrity, and security of your health information.

### **Business Associates**

We may disclose information to a person or entity we contract with to perform some of our business functions. For example, we may disclose your health information to a billing service or to our attorneys. We require a business associate to appropriately safeguard your information with the same diligence that we would.

### **GRIPA**

Greater Rochester Independent Practice Association (“GRIPA”) is an organization that helps to coordinate and manage health care in order to manage cost and reduce duplicate or unnecessary services. We may share your health information with GRIPA to help coordinate your care. This may include certain sensitive information. Such disclosures are permitted based on the treatment, payment, or health care operations exceptions, and in some instances based on your consent.

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product or device recalls
- Reporting adverse reactions to medications
- Reporting abuse and neglect
- Preventing or reducing a serious threat to anyone’s health or safety

### **Do research**

We can use or share your information for health research if the research organization has satisfied certain conditions protecting the privacy of health information.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers’ compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes to the extent authorized by law
- With health oversight agencies for activities authorized by law

- For special government functions such as military, national security, and presidential protective services
- To the Department of Corrections in some circumstances

### **Respond to lawsuits and legal actions**

We can share health information about you to a court pursuant to a court order, or to an administrative agency when authorized by law.

## **YOUR CHOICES**

**FOR CERTAIN HEALTH INFORMATION, YOU CAN TELL US YOUR CHOICES ABOUT WHAT WE SHARE. IF YOU HAVE A CLEAR PREFERENCE FOR HOW WE SHARE YOUR INFORMATION IN THE SITUATIONS DESCRIBED BELOW, TALK TO US.**

Tell us what you want us to do, and we will follow your instructions.

### **In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Opt-out of our national record locator service

*If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

### **In the case of fundraising:**

- We may use limited identifying information from patient lists to send you material in connection with our fundraising efforts. If we do, we will tell you how to opt-out of receiving any future fundraising materials.

### **Special Considerations**

We will follow federal and state laws that provide additional protection to the following types of information:

- Records from Substance Use Disorder treatment programs
- Clinical records from mental health programs
- HIV/AIDS related information
- Certain information related to minors

### **Behavioral Health Treatment and Care Coordination**

Mental Health and Substance Use Disorder treatment information is subject to enhanced protections under state and federal law, which we follow. Treatment of these conditions is increasingly done on an integrated basis in our Behavioral Health clinics and we encourage Behavioral Health providers to coordinate and manage care of patients seen at multiple sites. If you are a patient of one of these clinics, we will ask for your permission to disclose your information for treatment and care coordination purposes to Behavioral Health providers at other clinics where you have an established treatment relationship.

### **In these cases, we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Some sharing of psychotherapy notes, if we maintain psychotherapy notes

Other than the uses and disclosures described in this Notice, we will not use or disclose your health information without your written authorization. You may revoke your authorization at any time by submitting a written

request to the Privacy Contact listed at the end of this Notice. This revocation will not be applicable to uses and disclosures that we may have acted upon prior to your revocation of the authorization.

## **YOUR RIGHTS**

### **WHEN IT COMES TO YOUR HEALTH INFORMATION, YOU HAVE CERTAIN RIGHTS.**

This section explains your rights and some of our responsibilities to help you. For more information on how to exercise these rights, please contact the Privacy Contact for the applicable Affiliate listed at the end of this Notice.

#### **To inspect and receive a copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you for as long as we maintain the data. Ask us how to do this.
- We will provide a copy or a summary of your health information, within the timeframes required by law. We may charge a reasonable, cost-based fee.
- You can direct us to send an electronic or paper copy of your health information to a third party. In most cases, we will send an electronic copy without charge to you. Ask us how to do this.

#### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

#### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. In most cases, we are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **Choose someone to act for you**

- If you have selected someone to make health care decisions on your behalf, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**To be notified of a breach of your health information**

- We are required by law to notify individuals affected by a breach of unsecured (i.e. unencrypted) protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information

**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting the Privacy Contact for the applicable Affiliate listed at the end of this Notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights using the following contact information:  
Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201  
Toll-Free: 1-(877) 696-6775  
Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>  
Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)
- **We will not take any action against you or change our treatment of you in any way if you file a complaint.**

**CHANGES TO THE TERMS OF THIS NOTICE**

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for *all* medical information that we maintain. If we make changes to the Notice, the new Notice will be available upon request at all sites where we deliver care, and on our website.

**AFFILIATES COVERED BY THIS NOTICE AND PRIVACY CONTACT**

All Rochester Regional Health locations that provide care to the public, including those listed below, will follow this Notice. For questions related to the content of this Notice, including your individual rights and how to exercise those rights, or to file a complaint, please contact the Privacy Contact for the appropriate Affiliate as designated below:

<p><b>Privacy Contact for Rochester, Finger Lakes, and WNY Sites:</b> Rochester Regional Health Chief Privacy Officer Call Center: 922-LINK (922-5465) Toll-free: 1-877-922-5465 Email: <a href="mailto:Link@rochesterregional.org">Link@rochesterregional.org</a>. <a href="https://www.rochesterregional.org/locations/affiliates">https://www.rochesterregional.org/locations/affiliates</a> L Rochester Regional Health</p>	<p><b>Privacy Contact for Northern New York Sites:</b> St. Lawrence Health System Corporate Compliance and Privacy Officer Canton-Potsdam Hospital 50 Leroy Street Potsdam, NY 13676 (315) 261-5050 <a href="https://www.stlawrencehealthsystem.org/hospital-s-clinics">https://www.stlawrencehealthsystem.org/hospital-s-clinics</a> St. Lawrence Health System, Inc. Canton-Potsdam Hospital</p>
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<p>ACM Medical Laboratory, Inc.          Behavioral Health Network, Inc. d/b/a Rochester          Mental Health Center          DrugScan, Inc.          DSI Medical Services, Inc.          Genesee Region Home Care Association, Inc.              ○ d/b/a Hildebrandt Hospice Care Center              ○ d/b/a Rochester Regional Health Home Care              ○ d/b/a Rochester Regional Health Hospice Care          Genesee Region Home Care of Ontario County, Inc.          Greater Rochester Immediate Medical Care, PLLC d/b/a          Rochester Regional Health Immediate Medical Care          GRHS, LLC d/b/a Rochester Surgery Center          Independent Living for Seniors, Inc. d/b/a ElderONE          Newark-Wayne Community Hospital d/b/a DeMay          Living Center; Friends for the Day          North Park Nursing Home, Inc. d/b/a Edna Tina Wilson          Living Center          Park Ridge Apothecary, Inc.              ○ d/b/a Clifton Springs Pharmacy              ○ d/b/a Genesee Campus Apothecary          Park Ridge Nursing Home, Inc. d/b/a Park Ridge Living          Center; Wegmans Family Cottages; Adult Day at Park          Ridge          PRCD, Inc.          Reed Eye Associates          Rochester Regional Health Home Infusion Pharmacy,          LLC          Rochester General Health System          Rochester Medicine, PLLC d/b/a Rochester Regional          Health Occupational Medicine          The Rochester General Hospital              ○ d/b/a Riedman Pharmacy              ○ d/b/a Rochester General Research Institute              ○ d/b/a The General Apothecary              ○ d/b/a Wilson Pharmacy          The Unity Hospital of Rochester              ○ d/b/a Unity Living Center              ○ d/b/a Unity Specialty Hospital          The Clifton Springs Sanitarium Company d/b/a Clifton          Springs Hospital &amp; Clinic; Clifton Springs Nursing Home          Toxicology Holdings Corp.          United Memorial Medical Center          Unity Aging Services, Inc.          Unity Health System          Unity Linden Oaks Surgery Center, LLC d/b/a Linden          Surgery Center          Western New York Medical Practice, P.C.              ○ d/b/a Valley View Family Practice              ○ d/b/a Jefferson Family Medicine              ○ d/b/a Nephrology Associates          Westfall Surgery Center</p>	<p>Canton-Potsdam Medical Practice, PLLC          Gouverneur Hospital          Massena Hospital</p>
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