

Name:
NOTICE OF PRIVACY PRACTICES
FOR PROTECTED HEALTH
INFORMATION

Policy #:
1034

New Policy
Minor Revision
Major Revision

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Reverence for Each Person, Community, Care for Those Who Are Poor,
Stewardship, Courage, Justice and Integrity.

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federal and state privacy regulations. We create a record of the care and services you receive at the SJMH. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to



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students, and other SJMH personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals or healthcare systems to compare how we are doing and see where we can make improvements in the care and services we offer. We will, whenever possible, remove information that identifies you from this set of medical information so others may use it to study health care and healthcare delivery without learning the identities of specific patients. We may also disclose information about you for another hospital's health care operations if you also have received care at that hospital.

Treatment Alternatives

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Fundraising Activities

We may use medical information about you to contact you in an effort to raise money for St. James Mercy and its operations, but you can tell us not to contact you again. We may disclose medical information to a business partner or a foundation related to the hospital so that the business partner or the foundation may contact you in raising money for SJMH. We only would release contact information, such as your name, address and phone number, and the dates you received treatment or services at SJMH. If you wish to opt out of fundraising efforts, please let us know. Any fundraising communication sent will contain information on how recipients may opt out of future communication of this type.

Hospital Directory

Unless you tell us otherwise, we may include certain limited information about you in the SJMH directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the community-

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We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

Organ and Tissue Donation



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name, address, telephone number and many other identifying factors to create a
be used and disclosed for research purposes. Your

for specific purposes according to law and who agree not to identify you.

Business Associates

SJMH may disclose your protected health information to a business associate of
SJMH if we obtain satisfactory written assurance, in accordance with applicable
law, that the business associate will appropriately safeguard your protected

services to SJMH or assists SJMH in undertaking some functions, such as a
billing company that assists SJMH in submitting claims for payment to insurance
companies. Security provisions that legally apply to SJMH are also applied to our
business associates.

Breaking the Glass when Treating an Emergency Condition

If you are a patient in our emergency room and would like to verify if a break the
glass incident occurred during your emergency room visit, you have the right to
request an audit log to determine if access occurred.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about
you:

Right to Inspect and Copy

You have the right to inspect and request copies of medical information that may
be used to make decisions about your care. Usually, this includes medical and
billing records, but does not include psychotherapy notes and other mental health
records under certain circumstances.

may provide you with independent rights to inspect and copy such information. If
federal law does not allow you to inspect or copy certain information, such as
psychotherapy notes, but State law allows you to inspect and copy such
information, SJMH will respond to your request to access such information in
accordance with New York state law.

To inspect and copy medical information that may be used to make decisions
about you, you must submit your request in writing to SJMH's Hospital



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Information Management department (HIM), or the department responsible for your patient record. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay the fees, if any, for preparing the summary or explanation.

If your protected health information is maintained in an Electronic Health Record (EHR), upon your written request, providing no other restrictions apply, you may obtain an electronic copy of such information and request such a copy by transmitted directly to an entity or person designated by you. A fee may be charged for this service.

We may deny your request to inspect and copy medical information in certain very limited circumstances, such as when your physician determines that for medical reasons this is not advisable. If your request is denied, a summary of your care may be offered by your attending physician, or you may appeal to the New York State Department of Health. We will comply with the outcome of the review.

Right to Amend

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for SJMH.

To request an amendment, your request must be made in writing and submitted to SJMH's HIM department or the office responsible for your records. In addition, you must provide a reason that supports your request.

We 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, we may deny your request if you ask us to amend information that:

- * Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- * Is not part of the medical information kept by or for SJMH;
- * Is not part of the information which you would be permitted to inspect and copy; or
- * Is accurate and complete.



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Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you that were not specifically authorized by you in advance.

To request this list of accounting of disclosures, you must submit your request in writing to the SJMH HIM department. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you a reasonable cost-based fee for this service. 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.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

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 agree with that request unless a law requires us to share that information.

Right to Confidential Communications

There may be times when you do not want confidential information about you sent through traditional communication channels. For example, you may not want us to send information about you to your home address, or leave messages on your answering machine at home. You can ask that we only contact you at work or by mail, or at another mailing address, besides your home address. You have



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of the current notice in the hospital. The notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

To file a complaint with St. James Mercy, contact **Gina Reagan, Privacy Officer,**
St. James Mercy Health, 411 Canisotndt1tleE{11D6(HeRrneITBT,nis)NYET10(0 0 1 224.01)1(d)