

## NOTICE OF PRIVACY PRACTICES

*THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.*

*EFFECTIVE DATE: April 14, 2003*

If you have any questions about this notice, please contact the Privacy Officer at (518) 562-7420.

### **Our Responsibilities Regarding Your Medical Information**

We understand that medical information about you and your health is personal. Medical information includes personal information such as name, address, date of birth, social security number and insurance information. We create a record of the care and services you receive at the hospital or hospital-owned physician practice. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated at or by the hospital, whether made by hospital personnel, your personal doctor or specialists involved in your treatment or other caregivers. Your personal doctors may have different policies and notices regarding the use and disclosure of your medical information created in the doctor's office or clinic. We are required by law to make sure that your personal health information will be kept private at all times and provide you with a description of our privacy practices with respect to your medical information. We will abide by the terms of this notice.

### **Who Will Follow This Notice**

CVPH Medical Center is a clinically integrated care setting in which patients typically receive health care from more than one health care provider. This means that your care may be provided by (1) hospital staff members, (2) physicians and other practitioners in hospital-based physician practices, and/or (3) physicians and other practitioners who practice in independent settings but who have privileges to provide care at the hospital. Those physicians and other practitioners who are independent will have their own medical information practices in their own offices, but they have agreed to abide by the practices described in this notice with respect to care they provide to you here at the hospital and the medical information in your records here at the hospital.

Therefore, this notice describes our hospital's practices and those of: (1) any health care professional authorized to enter information into your hospital chart; (2) all departments and units of the hospital; (3) any member of a volunteer group we allow to help you while you are in the hospital; (4) all employees, hospital-based physician practices, staff and other hospital personnel; and (5) all owned subsidiary practices of the hospital.

## **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

### **Examples of Disclosure for Treatment, Payment and Health Care Operations**

*We will use your health information for **treatment**.*

**For example:** Information obtained by a nurse, physician, or other member of your healthcare team will be documented in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from the hospital.

*We will use your health information for **payment**.*

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

*We will use your health information for **health care operations**.*

**For example:** Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

### **Other Uses of Your Health Information**

*Business associates:* There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

*Directory:* Unless you notify us that you object, we will use your name, location in the hospital, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

*Notification:* We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

*Communication with family:* Health professionals, using their best judgment, may disclose to a family member, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

*Research:* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

*Funeral directors:* We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

*Organ procurement organizations:* Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

*Fund Raising:* We may use certain information (name, address, telephone number, dates of service, age, and gender) to contact you in the future to raise money for Champlain Valley Physicians Hospital Medical Center. We may also provide your name to our related Foundation for the same purpose. The money raised will be used to expand and improve the services and programs we provide the community.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

*Workers' compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

*Public Health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Correctional Institution:* Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of others.

*Law enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

### **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 copy medical information about you. This includes medical and billing records. We may deny your request to inspect your records in certain circumstances. To inspect and copy your medical information, you must submit your request in writing to the Medical Information Services Department at the hospital or respective hospital-owned physician practice. State and federal laws permit the hospital to charge reasonable cost-based fees for photocopies of your medical records. CVPH Medical Center charges 75 cents per page for copies of medical records. You will be advised in advance of any such fees.
- **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. To request an amendment, your request must be made in writing and submitted to the Director of Medical Information Services. We may deny your request for an amendment; and if we do, you will be notified of the reason for the denial.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures. This is a list of certain disclosures we made of medical information about you for reasons other than treatment, payment and health care operations. To request this list or accounting of disclosures, you must submit your request in writing to the Medical Information Services Department. Your request must state a time period which may be no more than six years and may not include dates prior to April 14, 2003. The first list you request within a 12-month period will be free of charge. For additional lists, we may charge you for the cost of providing the list. 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 and health care operations. 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 or when required by law. To request restrictions, you must make your request in writing to the Director of Medical Information Services.
- **Right to Confidential Communications.** You have the right to request that we communicate with you 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. To request confidential communications, you must make your request in writing to the Privacy Officer. Your written request must also specify how or where you wish to be contacted in order to receive bills for services rendered by the hospital and any related correspondence regarding payment for services. We reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at other locations.
- **Right to a Copy of this Notice.** You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. If you wish to receive a paper copy of this notice, you may contact the Privacy Officer by submitting your request in writing.

### **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. To file a complaint with the hospital, contact the Privacy Officer at (518) 562-7420. You will not be penalized or retaliated against in any way for filing a complaint.