

Joint Notice of Privacy Practices



Effective Date:
September 23, 2013

169 Riverside Drive
Binghamton, NY 13905
(607) 798-5111
www.lourdes.com

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Notice of Privacy Practices ("Notice")

This Notice describes how your health information (HI):

- May be used,
- May be disclosed ("shared"), and

How you can access it.

Please read this carefully.

Who follows this Notice

Lourdes and the providers who work here agree to follow the same privacy practices. We are jointly giving you this Notice.

The notice applies to:

- + All non-employed doctors and other health care providers (HCPs) who take care of you while you are at Lourdes:
 - ✓ Hospital,
 - ✓ Mobile Vans,
 - ✓ Walk-In Clinics,
 - ✓ Primary Care Sites and
 - ✓ Any other Lourdes location.
- + All of Lourdes:
 - ✓ Departments,
 - ✓ Units,
 - ✓ Employees,
 - ✓ Volunteers, and
 - ✓ All other staff.

Our Responsibilities

Lourdes is committed to keeping all HI private. We are required by law to:

- + Keep your HI private.
- + Give you this Notice. It tells you what we do to protect your HI.
- + Abide by the terms of the Notice that is currently in effect.
- + Inform you if we did not protect your HI.

How We May Use and Share Your HI

This list describes the ways Lourdes may use and share your HI without your written permission. Most of the time HI is used and shared to:

- + Provide treatment,
- + Obtain payment, or
- + For health care reasons

Here are examples. Not every type of use or sharing is listed. References to "you" and "your" HI include your child's HI, when appropriate:

- + **For Treatment** - Your HI may be used by or shared with doctors, nurses, aides, or other HCPs who take care of you. *We may use or share your HI when we:*
 - ✓ Send you to a specialist or
 - ✓ Send a script to your pharmacy.

✚ **For Payment** - We may send your HI to your insurance company, other companies, or people for payment. *We send claims to your insurance company:*

- ✓ For payment or
- ✓ To find out if proposed treatment is covered.

✚ **For Other Health Care Reasons** - Uses and sharing of HI are needed to:

- ✓ Run Lourdes,
- ✓ Support quality of care, and
- ✓ Improve the quality of care we provide.

We may use and share HI for:

- ✓ Certification renewals,
- ✓ Quality improvement activities, and
- ✓ Teaching purposes.

✚ **Inpatient Directory** - The Directory has:

- ✓ Your name,
- ✓ The unit you are on,
- ✓ Your general health (fair, stable, etc.) and
- ✓ Your religion.

The directory may be shared with people who ask for you by name. Your religion will only be shared with clergy. You have the right to "opt-out". This means that you are not listed in the directory. *To opt-out: just tell us when you are admitted.*

✚ **Persons Involved in Your Care or Payment For It** - If you say so, Lourdes may share your HI with:

- ✓ Family member(s)
- ✓ Relative(s), or
- ✓ Personal friend(s).

We will only share the HI that is needed to care for you or to pay for it. *Lourdes will not share HI when you tell us you do not want it shared.*

✚ **Reminders, Services, and Benefits** - We may use HI to give you:

- ✓ Appointment reminders,
- ✓ Information about health care options, or
- ✓ Other services and benefits we offer.

✚ **Fundraising** - We may use or share HI for fundraising. We use these funds to support Lourdes' Mission. *You have the right to "opt-out". If you do not want to receive fundraising information, please call the Lourdes Foundation. The phone number is 607-798-5684.*

✚ **Research** - Lourdes may use and share HI for research.

- ✓ *A research project may involve comparing the health and recovery of all patients who take one type of medicine to those who take another. There is a special approval process for all research projects.*

✚ **Vaccine Records** - Some schools are required by law to have proof of vaccines for admission purposes.

Lourdes may share vaccine records with a school where you:

- ✓ Are a student, or
- ✓ Will be.

In some cases, Lourdes first will obtain your verbal or written permission to share your vaccine records.

✚ **For Public Health Purposes** - Public health activities include:

- ✓ Preventing and controlling:
 - Disease,
 - Injury, and
 - Disability;
- ✓ Reporting:
 - Births and deaths,
 - Defective medical devices,
 - Problems with medications.

- ✚ **About Victims of Abuse** - If we believe that you have been the victim of abuse, neglect or domestic violence, Lourdes may share your HI with the appropriate government office.
We will only share this if:
 - ✓ You agree, or
 - ✓ When required or allowed by law.
- ✚ **Health Supervision Activities Allowed by Law** - Lourdes may share HI with a Health Supervision Agency for:
 - ✓ Audits,
 - ✓ Investigations,
 - ✓ Licensure,
 - ✓ Disciplinary actions,
 - ✓ Monitoring of the health care system,
 - ✓ Governmental benefit programs, and
 - ✓ Compliance with civil rights laws.
- ✚ **Judicial and Administrative Proceedings** - If certain requirements are met, Lourdes may share HI in response to a:
 - ✓ Subpoena,
 - ✓ Court order, or
 - ✓ Administrative order.
- ✚ **Law Enforcement** - Lourdes may share HI with law enforcement if:
 - ✓ Required by law,
 - ✓ Needed to identify or locate a:
 - Suspect or
 - Missing person,
 - ✓ Criminal acts happen at Lourdes,
 - ✓ About a victim of crime under certain conditions, or
 - ✓ In certain emergency situations.
- ✚ **To Stop a Serious Threat to Health or Safety** - When it is needed to stop a serious threat to:
 - ✓ Health and safety of the patient,
 - ✓ Public, or
 - ✓ Another person.
 Any sharing of HI would only be to someone who is:
 - ✓ Able to help stop or lessen the threat, or
 - ✓ Law enforcement.
- ✚ **Coroner, Medical Examiners, and Funeral Directors** - Lourdes may share HI with a coroner or medical examiner to:
 - ✓ Identify a dead body,
 - ✓ Determine a cause of death, or
 - ✓ Other duties allowed by law.
 The law allows Lourdes to share HI with funeral directors so they can carry out their duties.
- ✚ **Organ Donation** - Lourdes may share HI with organ donation centers and others who:
 - ✓ Gather,
 - ✓ Bank, or
 - ✓ Transplant human organs, eyes, or tissue.
- ✚ **Military and Veterans** - If you are or were a member of the armed forces, Lourdes may share your HI. This may be required by military command authorities. Lourdes also may share the HI of foreign military personnel to the appropriate foreign military authority.
- ✚ **National Security and Intelligence Activities** – As allowed by law, Lourdes may share HI with authorized federal officials for:
 - ✓ Intelligence,
 - ✓ Counterintelligence, and
 - ✓ Other national security activities

- ✚ **Protective Services for the President and Others** - As allowed by law, Lourdes may share HI with authorized federal officials:
 - ✓ To provide protection to the:
 - President or
 - Other persons
 - ✓ For the conduct of special investigations.
- ✚ **Inmates** - If you are an inmate or in the custody of a correctional institution or law enforcement, Lourdes may share your HI with the correctional institution or law enforcement officials for:
 - ✓ Treatment and
 - ✓ Safety purposes.
- ✚ **Worker's Compensation** - Lourdes may share HI to comply with:
 - ✓ Worker's compensation laws or
 - ✓ Laws relating to similar programs.
- ✚ **As Required by Law** - Lourdes will share HI when required to do so by federal, state or local law.

Shared Medical Record/HI Exchange

Lourdes has agreed to work with other HCPs to share access to HI that may be needed to care for you. We store HI about our patients in a joint electronic medical record that is shared with other HCPs. Example:

You are admitted to another hospital. It is an emergency. You cannot give them important information about your health condition. These agreements allow us to share your HI with those who need it to treat you. Ready access to your HI means better care for you.

You **do not** have to have your HI added to the joint electronic medical record. Please contact Lourdes' Privacy Officer if you have any questions.

Special restrictions under State and other Federal Laws

Lourdes follows and complies with all other applicable state and federal laws. Example:

Under state law, there are limits on when HIV and AIDS information may be shared.

Under federal law, there are limits on when drug or alcohol abuse treatment information may be shared.

Other Uses and Sharing of HI

Any other uses and sharing of HI not covered by this Notice or laws that apply to us will be made only with your permission.

Sharing of HI that Requires Your Permission

"Permission" is a special written approval from you that allows Lourdes to use or share your HI.

- ✚ We must obtain your permission to use or share psychotherapy notes. Psychotherapy notes may only be used for limited purposes. Sharing of these notes is permitted only as required by law for:
 - ✓ Certain health supervision activities, or
 - ✓ To stop a serious threat to health or safety.
- ✚ We must obtain your permission to use or share HI for:
 - ✓ Marketing purposes, or
 - ✓ For reasons that involve the sale of HI.
- ✚ You may cancel that permission at any time. You must cancel permission in writing. If you do that, we will no longer use or share HI about you for the reasons covered by your permission.

Your Rights and Your HI

You have the following rights related to the HI we keep about you:

✚ **Right to Request Restrictions** - You have the right to request a restriction or limitation on the HI we use or share about you for:

- ✓ Treatment,
- ✓ Payment, or
- ✓ Other health care reasons needed to run Lourdes.

In most cases, we do not have to agree to your request.

✓ If we do agree, we will comply with your request unless the information is needed to provide you emergency care.

✓ *We must agree to your request If you are:*

- *Paying or have paid for the whole service yourself, and*
- *You are asking us not to send information about that service to your health plan.*

✓ **Unless a law requires us to share that information, we will say “yes” to your request.**

You must:

- *Identify the date of service and*
- *The exact information that you want restricted.*

We ask that you make this request **before** you have the **service**. The request is to be made to the “Director, Health Information Management Systems” (HIMS [Medical Records]) at the address below.

✚ **Right to Request Private Communications** - Usually we communicate with you regarding your health care either by:

- ✓ Calling your home phone or
- ✓ Sending mail to your home address.

You have the right to request that we communicate with you:

- in another way or
- at a certain location.

To request private communications, we ask that you:

- Make your request **in writing** to your HCP where you receive those services.
- Specify how or where you wish to be contacted.

We will:

- Not ask you the reason for your request.
- Agree to all reasonable requests.

✚ **Right to Access** - In most cases, you have the right to get your HI by asking to:

- ✓ Look it over or
- ✓ Get a copy of your HI

Please note:

- There are some exceptions.
- Lourdes may charge for copies.

We ask that your request be made in **writing** to the Director of HIMS at the address below. You may request that the copy of your HI be:

- Summarized for you.
- Provided:
 - On paper ("hard copy") or
 - In an electronic form or format.
- Sent to another person that you chose. You must note this in writing.

HIMS Address: Our Lady of Lourdes Memorial Hospital, Inc.
Attn: Director, HIMS
169 Riverside Dr.
Binghamton, NY 13905
607-798-5266

✚ **Right to Request Amendments** - You have the right to ask us to correct your HI. To request a correction, your request must:

- ✓ Be In **writing**.
- ✓ Be given to your HCP at the location where you received services.
- ✓ Include a reason that supports your request.

In certain situations, we may say no to your request:

- ✓ When the information was not created by Lourdes, or
- ✓ If we believe the information is accurate and complete.

If we say no to your request, you may ask us to reconsider.

✚ **Right to a List of How We Used or Shared Your HI** - You have the right to request a list of how we used or shared your HI. Your request must:

- ✓ Be made in **writing** to the Director of HIMS (address on page 5).
- ✓ State a time period which may not be longer than six (6) years.

We do not have to include in the list uses and sharing related to:

- ✓ Your treatment,
- ✓ Payment for your treatment or
- ✓ Other health care reasons needed to run Lourdes.

The first list you request within a 12-month period will be free. If you want more lists during the same 12-month period, we may charge you for each.

- ✓ The cost will be reasonable.
- ✓ We will let you of the cost.
- ✓ Before you pay anything, you may choose to:
 - Withdraw or
 - Modify your request.

✚ **Right to be Notified of a Breach** - Lourdes must tell you if we did not protect your HI.

✚ **Right to 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 allowed to have a paper copy of this Notice. You may also obtain a copy of this Notice at our web site; www.lourdes.com

Changes to this Notice - We reserve the right to make:

- ✓ Changes to this Notice.
- ✓ The revised Notice effective for:
 - HI we already have,
 - Any information we:
 - Receive or
 - Create in the future.

The Notice will contain the current effective date. We will post a copy of the current Notice in our locations and on our website. The Notice also is available to you upon ask.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with:

- ✓ Lourdes or
- ✓ Secretary of the Department of Health and Human Services.

To file a complaint with Lourdes, contact our Privacy Officer.

- ✓ **You will not be penalized for filing a complaint.**
- ✓ To be sure that we have enough information, we ask that complaints be made in writing.

If you have any questions about this Notice, please contact Lourdes or the Office for Civil Rights:

Our Lady of Lourdes Memorial Hospital, Inc.
Attn: Privacy Officer
169 Riverside Dr. Binghamton, NY. 13905
607-798-5335

Office for Civil Rights
U.S. Department of Health and Human Services
Jacob Javits Federal Building
26 Federal Plaza - Suite 3312
New York, NY 10278

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Acknowledgement of Receipt of Joint Notice of Privacy Practices

_____, has received a copy of the
Print Patient Name
Lourdes Joint Notice of Privacy Practices.

Patient / Authorized Representative:

Date: _____ Time: _____

Signature: Patient Authorized representative, state relationship: _____

Interpreter Services Used: _____

Interpreter #

Language

If you are returning this signed form by mail, please send to:

Our Lady of Lourdes Memorial Hospital, Inc.
Attn: HIMS
169 Riverside Drive
Binghamton, NY 13905



www.lourdes.com