



## NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

Updated: September 2013

**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.**

We are required by law to protect the privacy of health information that may reveal your identity and to provide you with a copy of this notice which describes the health information privacy practices of our hospital and its medical staff and allied health professionals that jointly provide healthcare services to our patients. To obtain additional copies, you can access our web-site at [www.uhs.net/cmh](http://www.uhs.net/cmh), call our office at 607-337-4033 or ask for another copy at the time of your next visit.

*If you have any questions about this notice or would like further information, please contact the Privacy Officer at 607-337-4033.*



**CHENANGO MEMORIAL HOSPITAL (CMH)  
PRIVACY NOTICE SUMMARY – Part I**

**THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.**

CMH is required by law to protect the privacy of its patients. Your confidential healthcare information may not be released for any purpose other than that which is identified in this notice.

A specific consent/authorization is **NOT** needed to release your confidential healthcare information to the following entities (or for the following purposes):

- Healthcare providers involved in your *care/treatment*. \*
- Your insurance providers for the purpose of *payment*.
- Hospital personnel to conduct *normal business operations*, e.g., appointment reminders, directories of patients who are in the hospital\*\*\*, rosters of those to receive treatment, case management, quality assessment, risk management, etc.
- UHS Hospitals participates in an Organized Health Care Arrangement (OHCA). You will receive separate Notice of Privacy Practices as you visit system members. Your confidential health care information will be shared for normal business operations and patient care.
- *Religious affiliation clergy* who receive your religious affiliation, name, location in facility and general condition.\*\*\*
- Public or *law enforcement* officials in the event of a criminal or other investigation.\*
- A *public health, state or federal organization* in the event of a communicable disease, report of a defective device, untoward response to a biological product (food or medication), or to carry out their responsibilities to monitor healthcare organizations/providers.
- Health care providers in the event you need emergency care.
- Individuals who ask for you by name, may receive your location in the facility and general condition **ONLY** if you “opt in” to our patient and/or religious directories\*\*\*

- Hospital personnel and/or health care providers conducting research utilizing non-personally identifiable data. (These types of research project(s) will have been approved by the CMH Institutional Review Board for appropriateness prior to implementation).
- *Organ/Tissue Procurement* organizations, to carry out their duties according to applicable laws.
- *Coroners, Medical Examiners and Funeral Directors*, to carry out their duties according to New York State Law
- Correctional institution(s) in which you are an *inmate*.
- UHS Hospitals is one of the founders of, and a participant in the Southern Tier Health Link “Regional Health Information Organization” or “Health Information Exchange” (“STHL”), pursuant to a program sponsored by the New York Department of Health (“NYSDOH”). That program is designed to provide you with better care through the electronic exchange of your medical and demographic information among your health care providers as directed by you. Your demographic and medical information will be “deposited” in the STHL Health Information Exchange consistent with policies established by the NYSDOH.\*\*
- The military command authorities re: *Military Personnel/Veteran*, foreign or domestic.
- *Disaster Relief Agencies* which are assisting in notifications of families.

*\* There are special exemptions to this per state and/or federal laws that provide a higher level of control over release of information or specific conditions.*

*\*\* However, that deposited information cannot be withdrawn by a provider without your consent, except in the event you need emergent care. You may learn more about your options for controlling your medical and demographic information as maintained by STHL by visiting its website at [www.sthlny.com](http://www.sthlny.com) or by calling STHL at 607-651-9150.*

*\*\*\* Inpatients at CMH may choose not be included in the patient directory and/or religious directory. If you choose not to be listed in the patient directory, we cannot acknowledge you are here or answer any questions about your location or status.*

A specific consent /authorization **IS** required to release your confidential healthcare information to the following:

- *Individuals designated by you*, e.g., caretaker, healthcare proxy, family members, life insurance providers, attorney, etc.
- Hospital personnel to sell your information to outside companies for marketing their goods or services.

- CMH Foundation personnel for the purposes of raising funds to support the hospital's operations without authorization, Foundation personnel may receive only demographic information and you may request that this information not be provided to the Foundation.
- Hospital personnel and/or health care providers conducting research utilizing personally identifiable data. (These types of research projects will have been approved by the CMH Institutional Review Board for appropriateness prior to implementation.)
- New York State Medicaid Health Home

You have the following rights:

- To *restrict* the use of your confidential healthcare information. However, the hospital may choose to refuse your restriction if it is not reasonably accommodated, conflicts with providing you with quality healthcare, or in the event of an emergency situation.
- To *revoke* your consent/authorization in writing at any time (revocation does not apply to previous disclosures).
- To receive *confidential communications* about your health status.
- To *review and/or request* a photocopy of any/all portions of your health information; reasonable fees may be charged for copies.
- To request an *amendment* to your healthcare information.
- To *receive an accounting of disclosures* of your designated record set (your medical record or billing information) and for what purpose it was disclosed.
- To file a *complaint with* the hospital if you believe your rights to privacy have been violated.

If you feel that your privacy rights have been violated, please mail your complaint to the hospital:

Patient Advocate  
 Chenango Memorial Hospital  
 179 North Broad Street  
 Norwich, NY 13815  
 (607) 337-4522 or (607) 337-4729

All complaints will be investigated. No personal issue will be raised for filing a complaint with the hospital. If your complaint cannot be resolved by Chenango Memorial Hospital, you may contact:

Office of Civil Rights  
[Ocrmail@hhs.gov](mailto:Ocrmail@hhs.gov)  
 1-800-368-1019

CMH will abide by the terms of this notice. CMH reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information. If alterations are made to this privacy notice, these changes will be posted on our web-site at [www.uhs.net/cmh](http://www.uhs.net/cmh) so you can be aware of any changes that may affect you. Any person may request and receive a printed copy of this privacy notice. To obtain a paper copy of this notice or obtain further information about this notice, please contact, via postal mail:

Privacy Officer  
Chenango Memorial Hospital  
179 North Broad Street  
Norwich, NY 13815  
(607) 337-4033 or (888) 383-7370

Date of origin: 2/03  
Effective date: 4/14/03  
Update: 9/2013

Please note: You will find additional information about any of the italicized words in the accompanying privacy notice booklet, Part II.



**CHENANGO MEMORIAL HOSPITAL (CMH)  
PRIVACY NOTICE BOOKLET**

**Part II**

**THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.**

CMH is required by law to protect the privacy of its patients. Your confidential healthcare information may not be released for any purpose other than that which is identified in this notice.

**WHO WILL FOLLOW THIS NOTICE:**

This privacy notice booklet describes our hospital's practices and that of:

- All CMH employees, medical staff members and volunteers.
- Any healthcare professional authorized to enter information into your medical record, e.g., students, home care agency personnel, ambulance staff, etc.
- Business associates of CMH, who, through contracts, are held to the same confidentiality standards as hospital personnel.

*This notice applies only to protected health information created or obtained in connection with the care provided to you at CMH. It does not apply to care provided by your physician / health care provider's office. If you have not previously visited your physician / health care provider's office, upon your next visit, you should receive the physician / health care provider's Privacy Notice of privacy practices as it relates to their office practice.*

**OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a medical record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by the hospital, whether made by hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

**We are required by law to:**

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories. Certain medical information requires additional authorization from you.

**WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU WITHOUT A CONSENT/AUTHORIZATION FORM FOR:**

- **Care/Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care, such as family members, clergy, or others that provide services that are part of your care.
- **Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may release medical information about you for

workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **Normal Business Operations.** We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all our patients receive quality care. For example, we may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We will obtain your current and previous medication history from the pharmacies you utilize. We may disclose your information to the Secretary of the Department of Health and Human Services (HHS) for the purpose of investigating or determining the Covered Entity's compliance with the HIPAA administrative simplification provisions in the HIPAA Privacy Rule. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study healthcare and healthcare delivery without learning who the specific patients are. (There are special exemptions to this as per state and / or federal laws.) We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, your physician / health care provider name, location in the hospital, and/or your general condition (e.g., fair, stable, etc). The directory information may also be released to people who ask for you by name. This is so your family and/or friends can visit you in the hospital and generally know how you are doing. You may choose not to be included in our patient directory. However, exclusion from the directory means we cannot acknowledge you are here, nor can we answer any questions about your location or status.
  
- **Religious Affiliation Clergy.** Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so clergy can visit you in the hospital and generally know how you are doing. A patient has the right to "opt out" of the religious directory. You may choose not to be included in our religious directory.
  
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
  - In response to a court order, administrative order, subpoena, warrant, summons or similar process;



- To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - About a criminal conduct at the hospital; and
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
  
- **Public Health, State or Federal Organizations.** We may disclose medical information about you for public health activities. These activities generally include the following:
  - To prevent or control disease, injury, or disability;
  - To report births and deaths;
  - To report child abuse or neglect;
  - To report reactions to medications or problems with products;
  - To notify people of recalls of products they may be using;
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - To health oversight agencies for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
  - When we believe it is necessary to prevent a serious threat to your health and safety of the public or another person, as required or permitted by law.
  - To authorized federal officials for lawful intelligence, counterintelligence and other national security activities authorized by law.
  - To authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or for the conduct of special investigations.
  
- **Research Resulting in Reports Containing Non-personally Identifiable Data.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, research projects may involve comparing the health and recovery of all patients who received one medication to those who received another medication for the same condition. All research projects however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with the patient's need for

privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project; for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital.

- **Organ/Tissue Procurement.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release confidential healthcare information about patients to funeral directors, as necessary, to carry out their duties.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety of others; or (3) for the safety and security of the correctional institution.
- **Military Personnel/Veterans.** If you are a member or veteran of the armed forces, we may release medical information about you as required by military command authorities. We also may release medical information about foreign military personnel to the appropriate foreign military authority.
- **Disaster Relief Agencies.** We may disclose medical information about you to an entity assisting in a disaster relief effort so your family can be notified about your condition, status, and location.
- **Marketing.** Hospital personnel for marketing of health care treatment options or other health services that may be of interest to you, for example, if you are a diabetic patient, you might benefit from diabetic instruction.

CMH might notify you of the availability of diabetic classes. Please note, exceptions to this requirement are any face-to-face communications made to you by hospital personnel or promotional gifts of nominal value that you may be given.

- **CMH Foundation.** We may use demographical information about you in an effort to raise money for the hospital and its operations. A patient may choose to “opt out” of releasing their information for fundraising purposes.

**WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU WITH A CONSENT / AUTHORIZATION FOR:**

- **Individuals Designated by You.** For example, caretaker, healthcare proxy, family members, life insurance providers, attorney, etc.
- **Marketing:** CMH requires an authorization to release information about you to any outside agency for the purpose of marketing its goods and services to you.
- **Research Resulting in Reports Containing Personally Identifiable Data.** Hospital personnel and/or healthcare providers conducting research resulting in reports containing personally identifiable data, e.g., demographic data (inclusive of any component of your address), age, telephone number, photographs, etc. These types of research projects will have been approved by CMH Institutional Review Board for appropriateness prior to implementation.
- **CMH Foundation.** We may use medical information about you to contact you, in an effort to raise money for the hospital and its operations.
- **Authorization for Sale of PHI.** CMH requires authorization to release information about you that constitute the sale of PHI.
- **Authorization is Required for Other Uses and Disclosures.** Other uses and disclosures that are not described above will be made only with your written authorization. If you provide CMH with an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information that we have used or disclosed in reliance on the authorization.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

**INDIVIDUAL RIGHTS**

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

- **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 normal business 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. For example, you could ask that we not use or disclose information about a surgery you had.

You are entitled to a restriction to not disclose information to your health plan for health care services that we provided for which you paid us directly in full when the purpose of the disclosure is for the health plan's payment or 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.

To request restrictions, you must make your request in writing to CMH Health Information Management Department. 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; for example, disclosures to your spouse.

- **Right to Revoke Your Consent/Authorization.**

You may revoke your consent/authorization in writing at any time; e.g., if you consented to the use of your confidential healthcare information for research, you may withdraw that consent, except to the extent that the action has already been taken.

- **Right to Request Confidential Communication.**

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 contact you only at work or only by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to Review and/or Request.**

You have the right to review and/or request a photocopy of medical information that may be used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes.

To review and/or request a photocopy of your medical information, you must submit your request in writing to the CMH Health Information Management Department. If you request a copy of the information, a reasonable amount may be charged for the copies.

We may deny your request to review and/or receive a photocopy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed.

- **Right to Request an Amendment**

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

To request an amendment, your request must be made in writing and submitted to the CMH Health Information Management Department. In addition, you must provide a reason that supports your request. We must act on the request for an amendment no later than 60 days from the request. If we are unable to act within 60 days of the date of the request, you will be notified. We will have up to an additional 30 days to act upon your request.

We may deny your request for an amendment if it is not in writing, does not include a reason to support the request, or is not part of your medical record or billing information. 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 the hospital;
- Is not part of the information which you would be permitted to inspect and copy.

If an amendment is accepted, you can identify who you would like to receive a copy of the amendment. CMH will make every reasonable effort to meet your request.

- **Right to Receive an Accounting of Disclosures**

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your designated record set (your medical record or billing records).

To request an accounting of disclosures, you must submit your request in writing to the CMH Health Information Management Department. Your request must state a time period which may be no longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list; for example, orally or written. Normally you will receive this requested listing within 60 days, but no more than 90 days from the date of request.

On September 23, 2009, the Department of Health and Human Services (HHS) amended HIPAA to both define what constitutes a “breach” of Protected Health Information (PHI) and to include procedures for remedying any such breach. We are now required to notify you of what HHS defines as a breach sixty (60) days from the discovery. This notice will be given to you by first class mail to your last known address. If any such breach includes PHI for more than 500 individuals, we shall also seek to notify you by contacting local media outlets and HHS.

- **Right to File a Complaint.**

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Office of Civil Rights. To file a complaint with the hospital, please mail your complaint to:

Patient Advocate  
Chenango Memorial Hospital  
179 North Broad Street  
Norwich, NY 13815  
(607) 337-4522 or (607) 337-4729

All complaints will be investigated. *You will not be penalized for filing a complaint.* If your complaint cannot be resolved by CMH, you may contact:

Office of Civil Rights  
[Ocrmail@hhs.gov](mailto:Ocrmail@hhs.gov)  
1-800-368-1019

CMH will abide by the terms of this notice. CMH reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information. If alterations are made to this privacy notice, these changes will be posted on our web-site ([www.uhs.net/cmh](http://www.uhs.net/cmh)) so you can be aware of any changes that may affect you.

Any person may request and receive a printed copy of this privacy notice. To obtain a paper copy of this privacy notice booklet or obtain further information, please contact, via postal mail:

Privacy Officer  
Chenango Memorial Hospital  
179 North Broad Street  
Norwich, NY 13815

Date of Origin: 02/03  
Effective Date: 04/14/03  
Update: 9/2013



Chenango Memorial Hospital

## Any Questions? *Speak Up!*



**If you have questions,  
please ask.  
You have the right to  
know.**

- Know who is in charge of your care.
- Learn about your condition, test results, and treatment plan by asking your doctor.

**What can you do? Be involved in your healthcare.**

- Learn about your condition and treatments by asking your doctor and nurse and by using reliable sources.
- Make sure all of your doctors know about everything you are taking, including prescription drugs, over-the-counter medicines, and supplements such as vitamins or herbs.
- Make sure your doctor knows about any allergies or adverse reactions you have had to medications.
- When your doctor writes a prescription, make sure you can read it.
- Make sure you understand the results of any test or procedure.
- If you are having surgery, make sure that you, your doctor, and your surgeon all agree on exactly what will be done.
- When you are being discharged from the hospital, ask your doctor to explain the treatment plan you will use at home.
- Make sure that all health professionals involved in your care have important health information about you - do not assume that everyone knows everything they need to know.

[www.uhs.net/cmh](http://www.uhs.net/cmh)