

Joint Notice of Privacy Practice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW CAREFULLY

At United Health Services Hospitals, Inc., United Medical Associates, P.C., Chenango Memorial Hospital, Inc., Delaware Valley Hospital, Inc., Professional Home Care, Inc. and Twin Tier Home Health, Inc., Ideal Senior Living Center, Inc. and Ideal Senior Living Housing Corporation (individually a “UHS Entity” and collectively the “UHS System”), we believe your health information is personal. We keep records of the care and services you receive at our facilities. We are committed to keeping your health information private, and we are required by law to respect your confidentiality.

This Notice describes the privacy practices of the UHS System. This Notice applies to all of the health information that identifies you and the care you receive at our facilities.

Your health information may consist of paper, digital or electronic records but could also include photographs, videos and other electronic transmissions or recordings that are created during your care and treatment.

Federal and state laws require the UHS System to protect your health information and federal law requires us to describe to you how we handle that information. When federal and New York State privacy laws are different and conflict, and New York State law is more protective of your information or provides you with greater access to your information, then we will follow New York State law.

THE UHS SYSTEM/FACILITIES

All of our hospitals, employed physicians, doctor offices, entities, foundations, facilities, home care programs, long term care, other services, and affiliated facilities in New York follow the terms of this Notice. Locations and facilities include but are not limited to the following:

- United Health Services Hospitals, Inc.
- United Medical Associates, P.C.
- Chenango Memorial Hospital, Inc.
- Delaware Valley Hospital, Inc.
- Professional Home Care, Inc.
- Twin Tier Home Health, Inc.
- Ideal Senior Living Center, Inc.
- Ideal Senior Living Center Housing Corporation

A complete list of UHS Entity locations are listed on our website, <https://nyuhs.org>, <https://www.nyuhs.org/privacy-policy> or may be obtained by calling the UHS Privacy Office at 1(888) 383-7370.

Who will follow this notice

- All UHS System employees, medical staff members and volunteers
- Any health care professional authorized to enter information into your medical record, e.g. students, home care agency personnel, ambulance staff, etc.

- Business Associates of any UHS Entity who, through contracts, are held to the same confidentiality standards as hospital personnel

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 of the records of your care generated by a UHS Entity, whether made by UHS Entity personnel or your private practitioner. In connection with the health care that these private practitioners provide to you outside of the UHS System, they may also give you their own privacy notices that describe their office practices.

This notice will tell you about the ways 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
- Follow the terms of this Notice that is currently in effect.

HOW A UHS ENTITY MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

When you become a patient of a UHS Entity, we will use your health information within the UHS System and disclose your health information outside of the UHS System for the reasons described in this Notice. The following categories describe some of the ways that we will use and disclose your health information.

Treatment. We use your health information to provide you with health care services. We may disclose your health information to doctors, nurses, technicians, medical or nursing students, or other persons with the UHS System who need the information to take care of you. For example, a doctor treating you for a broken leg may need to ask another doctor if you have diabetes because diabetes may slow the leg's healing process. This may involve talking to doctors and others not employed by the UHS System. We also may disclose your health information to people outside of the UHS System who may be involved in your health care, such as treating doctors, home care providers, pharmacies, drug or medical device experts, and family members.

Payment. We may use and disclose your health information so that the health care you receive can be billed and paid for by you, your insurance company, or another third party. For example, we may give information about surgery you had here to your health plan so it will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive so we can get prior payment approval or learn if your plan will pay for the treatment.

Health Care Operations. We may use your health information and disclose it outside of the UHS System for our health care operations. These uses and disclosures help us operate the UHS System and to maintain and improve patient care. For example, we may use your health information to review the care you received and to evaluate the performance of our staff in caring for you. We also may combine

health information about many patients to identify new services to offer, what services are not needed, and whether certain therapies are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other persons within the UHS System for learning and quality improvement purposes. We may remove information that identifies you so people outside of the UHS System can study your health data without knowing who you are.

Contacting You. We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone or email. For example, we may leave voice messages at the telephone number you provide us with, and we may respond to your email address. We will confirm the information during the registration process. You have the right to request private communications. To request private communications, we ask that you make your request in writing when you receive services. Specify how or where you wish to be contacted. We will not ask you the reason for your request. We will agree to all reasonable requests.

Health Information Exchanges. We may participate in certain health information exchanges whereby we may disclose your health information, as permitted by law, to other health care providers or entities for treatment. A full list of these arrangements can be found on our website, <https://www.nyuhs.org/healthconnections>.

Organized Health Care Arrangements. The UHS System participates in an Organized Health Care Arrangement (OHCA). We may participate in joint arrangements with other health care providers or health care entities whereby we may use or disclose your health information, as permitted by law, to participate in joint activities involving treatment, review of health care decisions, quality assessment or improvement activities, or payment activities.

Health-Related Services. We may use and disclose health information about you to send you mailings about health-related products and services available within the UHS System.

Philanthropic Support. We may use or disclose certain health information about you to contact you in an effort to raise funds to support the United Health Services Foundation, Inc. and its operations. You have a right to choose not to receive these communications and we will tell you how to cancel them.

Patient Information Directories. Our hospitals include limited information about you in their patient directories, such as your name and possibly your location in the hospital and your general condition (for example: good, fair, serious, critical, or undetermined). We usually give this information to people who ask for you by name. We also may include your religious affiliation in the directories and give this limited information to clergy from the community. We do not release this information if you are being treated on a behavioral health or substance abuse unit. Releasing directory information about you enables your family and others (such as friends, community-based clergy, and delivery persons) to visit you in the hospital and generally know how you are doing. If you prefer that this personal information be kept confidential, you may make that request to the hospital admitting department and we will not release any of this information.

Medical Research. We perform medical research within the UHS System. Our clinical researchers may look at your health records as part of your current care, or to prepare or perform research. They may share your health information with other UHS System researchers. All patient research conducted within the UHS System goes through a special process required by law that reviews protections for patients involved in research, including privacy. We will not use your health information or disclose it outside of

the UHS System for research reasons without either getting your prior written approval or determining that your privacy is protected. The UHS System does participate in medical research programs with data that is deidentified.

Organ and Tissue Donation. We may release health information about organ, tissue, and eye donors and transplant recipients to organizations that manage organ, tissue, and eye 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 health care 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 health care; (2) to protect your health and safety or the health and safety of others; (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 may also 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 that your family can be notified about your condition, status, and location.

Public Health and Safety. We will disclose health information about you outside of the UHS System when required to do so by federal, state, or local law, or by the court process. We may disclose health information about you for public health and safety reasons, like reporting births, deaths, child abuse or neglect, reactions to medications or problems with medical products. We may release health information to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose health information to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensure. We also may disclose health information about you in the event of an emergency or for disaster relief purposes.

National Security and Intelligence Activities. As allowed by law, the UHS System may share health information with authorized federal officials for: Intelligence, Counterintelligence and other national security activities.

AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES

As described above, we will use your health information and disclose it outside of the UHS System for treatment, payment, health care operations, and when required or permitted by law. We will not use or disclose your health information for other reasons without your written authorization. For example, most uses and disclosures of psychotherapy notes, uses and disclosures of health information for certain marketing purposes, and disclosures that constitute a sale of health information require your written authorization. These kinds of uses and disclosures of your health information will be made only with

your written authorization. You may revoke the authorization in writing at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization.

New York State laws, as well as federal law, may require that we obtain your consent for certain disclosures of health information about the following:

- The performance or results of an HIV test or diagnoses of AIDS or an AIDS-related condition
- Genetic test results
- Drug or alcohol treatment that you have received as part of a drug or alcohol treatment program.
- Records of decedent's protected health information will be released with an authorization from the decedent's personal representative. The personal representative for a decedent is the executor, administrator, or other person who has authority under New York State Law to act on behalf of the decedent or the decedent's estate. Health information will be protected for a period of 50 years following the date of death. The UHS System will honor any previously written requests established by the patient or the decedent.
- Immunization records will be released to a school, with proper authorization (oral or written), where state or other laws requires the school to have such information prior to admitting the student. Requests from schools for immunization records will not be honored.

YOUR RIGHTS REGARDING HEALTH INFORMATION

Right to Request an Amendment. You may request an amendment to your health record. The amendment must be made in writing and submitted to the Health Information Management Department. In addition, you must provide a reason that supports your request. We must act on the request for the 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. The UHS System will make every reasonable effort to meet your request.

Right to Accounting. You have the right to request an "accounting of disclosure", which is a listing of the entities or persons (other than yourself) to whom the UHS System has disclosed your health information without your written authorization. The accounting would not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. Your request for an accounting of disclosures must be in writing, signed, and dated. It must identify the time period of the disclosures and the UHS Entity that maintains the records about which you are requesting the accounting. We will not list disclosures made earlier than six (6) years before your request. Your request should indicate the form in which you want the list (for example, orally or written). Normally, you will receive this requested listing within 60 days. If we are unable to complete the request, you will be

notified in writing with a reason. You must submit your written request to the Health Information Management department.

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. 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.

Who will follow this Notice?

The UHS System will abide by the terms of this Notice. The UHS System reserves the right to make changes to this notice and continue to maintain the confidentiality of all health care information. If alterations are made to this Privacy Notice, these changes will be posted on our website nyuhs.org 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 or to obtain further information, please contact, via postal mail:

UHS – Privacy Officer
33-57 Harrison Street, Johnson City, New York 13790

Right to file a Complaint – If you believe your privacy rights have been violated, you may file a complaint with the UHS Entity or with the Office for Civil Rights. To file a complaint with the UHS Entity, please mail your complaint to:

United Health Services Hospitals and United Medical Group
Patient Relations Department
33-57 Harrison Street, Johnson City, New York 13790
(607) 763-6777

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

Delaware Valley Hospital
1 Titus Place
Walton, New York 13856
(607) 865-2730

Professional Home Care and Twin Tier Home Health, Inc.
601 Riverside Drive
Johnson City, New York 13790
(607) 763-5600

Ideal Senior Living Center, Inc. and Ideal Senior Living Center Housing Corporation

Office of the Administrator
508 High Avenue
Endicott, New York 13760
(607) 786-7308

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

Office for Civil Rights
ocrmail@hhs.gov
(800) 368-1019

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