

**Nassau Health Care Corporation**  
**Nassau University Medical Center**  
**A. Holly Patterson Extended Care Facility**  
**Community Health Centers**

**Notice of Privacy Practices for Protected Health Information**

**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.**

Nassau Health Care Corporation and its component entities (collectively, "NHCC") are dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information. We must also provide you with this notice of our legal duties and privacy practices with respect to protected health information. This notice applies to all records of your care generated by NHCC, whether made by hospital personnel or your personal doctor at any of our facilities. Your personal doctor may have different policies or notices regarding his or her use and disclosure of your medical information created in his or her office or clinic. If NHCC revises the terms of this notice, it will post a revised notice at all its facilities and will make paper copies of the revised notice available upon request, as well as update its website.

**How Your Medical Information Will Be Used and Disclosed:**

NHCC will use your medical information as part of rendering patient care. Your medical information may be used for treatment, payment, or health care operations. As to treatment, we may use medical information about you to provide you with medical care or services. We may disclose your medical information to doctors, nurses, technicians, and other NHCC personnel involved in your care. We may also disclose such medical information to people outside NHCC who may be involved in your medical care. Regarding payment, we may use and disclose your medical information so that the treatment and services you receive at NHCC 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 a procedure you underwent at NHCC so that your health plan will pay NHCC directly or reimburse you for the procedure.

As to health care operations, we may use and disclose medical information about you for purposes necessary to run the facilities of NHCC and to make sure that all NHCC patients receive quality care.

Also, your medical information may be shared among the constituent facilities of NHCC: for example,

between the Community Health Centers and Nassau University Medical Center.

NHCC may also use and/or disclose your medical information in accordance with federal and state laws for the following purposes:

- ◆To provide you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

- ◆To contact you to raise funds, unless you object.

- ◆When required by the U.S. Department of Health and Human Services as part of an investigation or determination of NHCC's compliance with relevant laws.

- ◆Unless you object, NHCC will include general information in its directories of individuals, including your name, location in the facility, your condition described in general terms, and your religious affiliation. The directory information, except for your religious affiliation, will be released to persons who ask for you by name. Your religious affiliation may be given to members of the clergy, even if they do not ask for you by name.

- ◆Unless you object, NHCC may disclose to family members, other relatives, or close personal friends medical information directly relevant to their involvement with your care. NHCC may also give relevant information to an individual who helps pay for your care.

- ◆Unless you object, NHCC may use or disclose your medical information to notify a family member, a personal representative, or other person responsible for your care, of your location, general condition, or death.

Other uses and/or disclosures of your medical information include:

- ◆To a public or private entity for the purpose of coordinating with that entity to assist in disaster relief efforts.

- ◆For public health activities, including the reporting of disease, injury, vital events, and the conduct of public health surveillance, investigation and/or intervention, or to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or

disciplinary actions, and administrative and/or legal proceedings.

◆In the course of certain judicial or administrative proceedings. If you have a dispute with NHCC, or have made a claim or brought a lawsuit against NHCC, we may disclose medical information about you to attorneys, investigators, and insurance companies representing the interests of or insuring NHCC. We may also disclose your medical information in response to a court or administrative order. We may also do so in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to advise you of the request or to obtain an order protecting the information requested.

◆For federal, state, or local law enforcement purposes, or other specialized governmental functions, as follows: 1) in response to a court order, subpoena, warrant, summons, or similar process; 2) to identify or locate a suspect, fugitive, material witness, or missing person; 3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; 4) about a death we believe may be the result of criminal conduct; 5) about criminal conduct at NHCC; and 6) 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.

◆To a coroner, medical examiner, or a funeral director.

◆To an organ donation and procurement organization, if you are an organ donor.

◆For certain research purposes, if the project has been reviewed and approved through a process that balances the research needs with patient privacy interests. We will ask for your consent to participate in any research study, when applicable.

◆To prevent or lessen a serious threat to the health or safety of another person or the public. Any disclosure, however, would only be to someone able to prevent the threat.

◆As authorized by laws relating to workers' compensation or similar programs.

◆As required by domestic or foreign military command authorities, if you are a member of the armed forces of the United States or a foreign country.

◆As authorized by laws relating to intelligence, counterintelligence, and other national security activities.

◆To authorized federal officials for the protection of the President, other authorized persons, or foreign heads of state, or conduct special investigations.

◆To obtain payment for health care services that we provide to you. This may include disclosures to your

health insurance plan, and disclosures to third parties with respect to payment to such party.

NHCC will not use or disclose your medical information for any other purpose without your written authorization. Once given, you may revoke your authorization in writing at any time. However, we are unable to take back any disclosures we have already made with your permission. We are required to retain our records of health care services we provide to you.

### **Your Rights Regarding Your Medical Information:**

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 that may be used to make decisions about your care. Such information is contained in a designated record set for as long as we maintain the medical information. A "designated record set" contains medical and billing records and any other records used to make decisions about your treatment. Usually, this does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Medical Records Department, NHCC, 2201 Hempstead Turnpike, East Meadow, New York 11554. If you are a resident at A. Holly Patterson Extended Care Facility ("AHP"), you must submit your request in writing to Medical Records Department, AHP, 875 Jerusalem Avenue, Uniondale, New York 11553. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by NHCC will review your request and the denial. The person conducting the review will not be the person who denied your request. 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 NHCC. To request an amendment, your request must be made in writing and submitted to Medical Records Department, NHCC, 2201 Hempstead Turnpike, East Meadow, New York 11554.

If you are a resident at AHP, you must submit your request in writing to Medical Records Department, AHP, 875 Jerusalem Avenue, Uniondale, New York 11553. 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 NHCC; or
- ◆ Is not part of the information that you would be permitted to inspect and copy.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of medical information about you. However, you are not entitled to any disclosures made: 1) related to treatment, payment, or health care operations of NHCC, 2) to you, 3) to persons involved in your care or as otherwise permitted above, 4) pursuant to an authorization, 5) for national security or intelligence purposes, 6) to correctional institutions or law enforcement officials, 7) as part of a limited data set, or 8) prior to April 14, 2003.

To request this list or accounting of disclosures, you must submit your request in writing to Medical Records Department, NHCC, 2201 Hempstead Turnpike, East Meadow, New York 11554. If you are a resident at AHP, you must submit your request in writing to Medical Records Department, AHP, 875 Jerusalem Avenue, Uniondale, New York 11553. Your request must state a time period that may not be 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, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you a fee for the costs 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, or health care 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.

***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 with emergency treatment, or as otherwise permitted by law.

To request restrictions, you must make your request in writing to the Contact Officer in the Office of the Patient Representative, NHCC, 2201 Hempstead Turnpike, East Meadow, New York 11554, with a copy to the Privacy Officer at the same address. 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 Request Alternative 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.

To request alternative communications, you may obtain a form for that purpose, upon presentation of valid identification, at Nassau University Medical Center, 2201 Hempstead Turnpike, East Meadow, New York 11554; from AHP at Medical Records Department, AHP, 875 Jerusalem Avenue, Uniondale, New York 11553; or from your Community Health Center at the Medical Records Department of that Health Center. 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 a Paper Copy of This Notice.** You have the 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 received this notice from our website, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, [www.numc.edu](http://www.numc.edu). To obtain a paper copy of this notice, you must make your request in writing to the Contact Officer in the Office of the Patient Representative, NHCC, 2201 Hempstead Turnpike, East Meadow, New York 11554, with a copy to the Privacy Officer at the same address.

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with NHCC and/or the Secretary of the Department of Health and Human Services. To file a complaint with NHCC, contact the Contact Officer in the Office of the Patient Representative, NHCC, 2201 Hempstead Turnpike, East Meadow, New York 11554, telephone number (516) 572-5714, with a copy to the Privacy Officer. All complaints must be submitted in writing.

***You will not be penalized for filing a complaint.***

**Other Uses of Medical Information:**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization.

You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

THIS NOTICE IS EFFECTIVE AS OF APRIL 14,  
2003

**PATIENT MUST SIGN**  
**ACKNOWLEDGMENT OF RECEIPT OF**  
**THIS NOTICE.**

