

# Catholic Health

## Notice of Privacy Practices



**This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read and review it carefully.**

This Notice of Privacy Practices (Notice) describes how Catholic Health and the entities and providers affiliated with our healthcare system (collectively, "CH") will use information about you and when CH can share your information with others. We are required by law to maintain the privacy of your Protected Health Information, or "PHI", which is any health information that identifies you (such as your name, address and date of birth, and any information created by your healthcare providers for operations). We are providing this Notice to you to help you understand your rights and your choices as a patient, our uses and disclosures of your PHI, and our responsibilities as your healthcare provider. We are required to abide by the terms of this Notice.

### Who will follow this Notice?

This Notice describes the privacy policies of the CH entities (including our hospitals, nursing homes, physician practices, home care and hospice programs and the other CH-affiliated entities and providers). This includes CH employees, students, volunteers and business associates as well as independent health care providers not employed by CH who are involved in your care while practicing in one of more of our facilities.

### How we may use and disclose your health information

- I. Standard Uses and Disclosures:** CH can use and share your health information without your prior authorization to provide you with medical treatment or services, to allow us to bill for and receive payment for those services, and to conduct our daily healthcare operations.
  - A. Treatment:** We can use and share your PHI to provide you with treatment and/or other services. We can contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services, and can share your PHI with other providers (e.g., physicians, nurses, pharmacists and other healthcare facilities) involved in your care.
  - B. Payment:** We can use and share your PHI to be paid for the services that we have provided to you—for example, we can request payment from your health insurer and can verify that your health insurer will pay for your healthcare services.
  - C. Business Operations:** We can use your health information or share it with others to conduct our business operations—for example, we can share your health information with others to evaluate the performance of the staff who have cared for you or implement improvements to the care we provided to you.
  - D. Business Associates:** We can share your PHI with our "business associates," or the individuals and companies we have engaged to create, maintain, receive or transmit your PHI to perform certain business functions for us. For example, we can use another company to perform billing services on our behalf. Our business associates are required by law to maintain the privacy and confidentiality of your PHI.
- II. Uses and Disclosures That Do Not Require Your Consent:** CH can also share your health information without your permission in the following circumstances:
  - A. Public Health Activities:** We can disclose your PHI to authorized public health officials for the following public health activities:
    - Reporting births or deaths;
    - Reporting adverse reactions to medications;
    - Preventing or controlling disease, injury or disability;
    - Alerting a person who may have been exposed to an infectious disease or may be at risk of contracting or spreading a disease;
    - Assisting in product recalls;
    - Reporting information to your employer to comply with laws that govern work-related illnesses and injuries, or workplace medical surveillance.
  - B. Victims of Abuse, Neglect or Domestic Violence:** If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to a government authority authorized by law to receive such reports.
  - C. Health Oversight Activities:** We can disclose your PHI to any government agencies authorized to conduct audits, investigations and inspections of our CH entities. These agencies monitor the operations of CH to determine our compliance with applicable healthcare laws and regulations pertaining to government benefit programs (such as Medicare and Medicaid).
  - D. Public Safety:** We can use or disclose your PHI to prevent or lessen a serious and imminent threat to your health and safety, and the safety of others and the public at large.
  - E. Workers' Compensation:** We can disclose your PHI as authorized by state laws relating to workers' compensation or similar government programs.

- F. Organ and Tissue Donation:** We can disclose your PHI to organizations that procure organs and other tissues for banking and/or transplantation.
- G. Deceased Persons:** We can disclose the PHI of deceased individuals to a coroner, medical examiner or funeral director authorized by law to receive such information.
- H. National Security:** We can disclose your PHI to authorized federal officials who are conducting intelligence, counter-intelligence or other national security activities.
- I. Legal Proceedings:** We can disclose your PHI in response to a court order or subpoena in judicial or administrative proceedings.
- J. Law Enforcement:** We can disclose your PHI to law enforcement officials in the following situations:
- When required by law;
  - For purposes of identifying and locating a suspect, fugitive, witness or missing person.
  - If you are suspected to be the victim of a crime and you agree to the disclosure.
  - To report a suspicious death resulting from criminal conduct.
  - To report suspected criminal conduct occurring on our property.
  - In an emergency situation.
- K. Prison Inmates:** We can disclose the PHI of inmates to the correctional facilities housing them for purposes of providing the inmate with healthcare, to protect the health and safety of the inmate or the health and safety of others, and/or for the safety and security of the correctional facility.
- L. Military Command Authorities:** If you are a member of the armed forces, we can disclose your PHI as required by the appropriate military command authorities.
- M. Proof of Immunization:** We can disclose proof of immunization about a child to a student's or prospective student's school, as required by State or other law, if a parent, guardian, or other person acting in loco parentis, or an emancipated minor, authorizes us to do so.
- N. Research:** We can use or disclose your PHI for research purposes, subject to the requirements of applicable law. All research projects are subject to a special approval process which balances research needs with a patient's need for privacy. When required, we will obtain a written authorization from you prior to using your health information for research.
- O. As Required by Law:** We can use or disclose your PHI when we are required to do so by any other laws not already referenced above.

Note: Incidental uses and disclosures of PHI sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.

- III. Uses & Disclosures That We May Make Unless You Object:** In some situations, you may have the opportunity to agree or object to the sharing of your information. While a written authorization is not required in the following circumstances, we can share your information unless you instruct us otherwise:
- A. Patient Directory:** Each of our facilities will include your name, room number, general health condition and religious affiliation in its Patient Directory while you are an inpatient. Unless you object, we can share your Patient Directory information with anyone who asks for you by name (either in person or via telephone). If you do not wish to have your information listed in the hospital directory, you must notify hospital staff during registration.
- B. Disclosure to Family, Friends or Caregivers:** We can share your health information with any your family members, relatives or close friends who may be involved in your care, or who may be responsible for paying for your care. We will always give you an opportunity to object to these disclosures. If we provide your information to these individuals, it will only be information directly relevant to their involvement in your care. We can also disclose your PHI to your family or close friends in the event of an emergency or to notify (or assist in notifying) them of your location, general condition or death.
- C. Fundraising:** We can use your PHI to support our business operations. For example, we may use the dates on which you received treatment or the department in which you were seen to contact you about participating in fundraising activities. Any fundraising communication you receive will provide instructions on how to opt out of receiving future fundraising inquiries.

- D. Health Information Exchanges:** CH participates in certain electronic health information exchanges (“HIEs”), including Epic’s “Care Everywhere” and “Healthix.” These HIEs generally allow patient PHI to be shared electronically through secured connected networks and permit all healthcare providers that participate in the HIE to have immediate electronic access to your pertinent medical information for treatment, payment and healthcare operations purposes. To the extent permitted by law, you may either opt out or deny the consent to have your health information made available through Epic’s Care Everywhere, Healthix, or any other HIEs utilized by the CH facilities by contacting the CH Privacy Officer. Please refer to the CH internet site ([chsli.org](http://chsli.org)) for a list of the CH Privacy Officers.
- E. Disaster Relief:** We can disclose your PHI to disaster relief organizations so they can contact your family or friends or coordinate disaster relief efforts.
- IV. Uses and Disclosures Requiring Your Specific Written Authorization:** Your consent is required for certain uses and disclosures of your PHI. In the following circumstances, we can disclose your information only with your written authorization:
- A. Sale of PHI:** We cannot sell your PHI for marketing or other purposes.
- B. Sensitive PHI:** We cannot share certain highly confidential health information. Except in limited circumstances, we must obtain your written authorization to release the following types of information:
- Psychotherapy notes
  - Information related to mental health treatment
  - Information related to drug and alcohol abuse/treatment
  - HIV status and other sexually transmitted diseases
  - Information involving genetic testing and other genetic-related information.

Note: Other uses and disclosures of your protected health information not described above in this Notice or permitted by law will be made only with your written authorization.

### **Your Health Information Rights**

When it comes to your Protected Health Information, you (or your personal representative acting on your behalf) have certain rights to access and control your health information. This section explains your rights and how to exercise them.

- A. Inspecting and Obtaining Copies of Your Medical Records:** You have the right to inspect and/or receive paper or electronic copies of your medical and billing records.
- **Written Request:** You must submit your request in writing by completing the “Authorization for the Use & Disclosure of PHI” form located on the CH internet site ([chsli.org](http://chsli.org)).
  - **Sending the Record Request:** You must submit your written request directly to the specific CH entity that treated you.
    - ◊ **CH Hospitals, Nursing Homes, Home Care and Hospice:** To obtain your medical record from a CH hospital, nursing home, home care or hospice, please submit the “Authorization for the Use & Disclosure of PHI” form to the Health Information Management (HIM) Department of the specific CH entity that treated you. Please refer to the CH internet site for the contact information of each HIM Department ([chsli.org](http://chsli.org)).
    - ◊ **CH Physician Practices:** To obtain your medical record from a CH physician practice, please submit the “Authorization for the Use & Disclosure of PHI” form directly to the physician practice.
  - **Fees:** We can charge you a reasonable cost-based fee for the labor associated with providing you with access to your medical and billing records. Under New York State law, this fee may not exceed \$0.75 per page.
  - **Form/Format:** If your PHI is not readily producible in the format you request, it will be provided either in our standard electronic format or as a paper document.
  - **Response Time:** We will provide you with a copy or a summary of your health information, usually within 30 days of your written request.
  - **Denial of Access:** CH has the right to deny access to your PHI. If your request is denied, we will provide you with a timely written explanation for the basis of the denial.
  - **Revoking Authorization:** If you provide us with a written authorization, you can revoke that written authorization at any time (except to the extent that we received your revocation after we have already relied upon your written authorization). To revoke a written authorization, please contact the specific CH entity that treated you (e.g., the HIM Department of a facility or the physician practice).
  - **Billing Records:** To obtain a paper or electronic copy of your billing records, please submit your request in writing to the Director of Patient Accounts, CH Service Center, 245 Old Country Road, Melville, New York 11747.

- B. Requesting an Amendment to Your Medical Record:** You have the right to request an amendment to your medical record (as maintained by CH) if you believe that your information is incorrect or incomplete.
- You must submit your written request to the specific CH entity that treated you (e.g., to the HIM Department of a facility or to the physician practice). All requests should use the “Patient Request for Amendment of Records Form,” which can be found on the CH internet site ([chsli.org](http://chsli.org)).
  - The written request should detail what part of the record you want changed and the reasons why you are requesting the change.
  - CH can deny your request if we reasonably believe that the information set forth in your medical record is accurate and complete, if we did not create the PHI, or if other special circumstances apply. CH will notify you in writing of any denial of your request within 60 days.
- C. Requesting an Accounting of Disclosures of your Health Information:** You have the right to request an accounting of certain disclosures of your PHI by CH.
- The “Accounting of Disclosures” will list the number of times CH has disclosed your PHI in the past six (6 years), the individual or company who received your PHI, and why your PHI was shared. However, any disclosures of your PHI made when our facilities were providing care for you or seeking payment for your health services, or when you authorized the disclosure in writing, will not be included on this list.
  - You must submit a written request to the specific CH entity that treated you (e.g., the HIM Department of a facility or the physician practice). All written requests should be sent with the “Accounting of Disclosure Form,” which can be found on the CH internet site ([chsli.org](http://chsli.org)).
  - CH will provide you with one Accounting of Disclosures for free each year, but will charge a reasonable, cost-based fee if you ask for more than one Accounting of Disclosures within a 12-month period.
- D. Requesting Confidential Communications Methods:** You have the right to receive your health information through a reasonable alternative means (home or office phone) or at an alternative location (a different address), and you can revoke any such request at any time. CH will accommodate all reasonable requests. Written requests for alternate communication methods should be directed to the Privacy Officer of the CH facility or physician practice that treated you. Please refer to the CH internet site ([chsli.org](http://chsli.org)) for list of the CH Privacy Officers.
- E. Requesting Additional Privacy Protections:** You have the right to request certain restrictions on how we use or share your PHI to treat you, collect payment from you (or your insurer) or to conduct our health care operations. For example, you can limit how your information is shared with certain family and friends. We are not required to agree to your request. If we do agree, we will fulfill your request unless the information is needed to provide you emergency treatment.
- You should submit your written request to the Privacy Officer of the CH facility or physician practice that treated you. Please refer to the CH internet site ([chsli.org](http://chsli.org)) for list of the CH Privacy Officers.
  - You have the right to restrict the disclosure of your medical information to your health plan (and not have a claim submitted to the health plan for services we have provided to you) when you submit written request to us and pay for the service in full on an “out-of-pocket” basis prior to or at the time of service. We will comply with your request unless the disclosure to your health plan is required by law.
- F. Notification Following a Breach of Unsecured Protected Health Information:** You have the right to receive a written notification from us in the event that there is a breach of your unsecured PHI. The HIPAA Privacy rule requires us to provide you with a breach notification within 60 days of discovery.
- G. Obtaining a Paper Copy of this Notice:** You have the right to receive a paper copy of this Notice from us at any time (even if you have previously agreed to accept this Notice electronically). You may also view or obtain an electronic copy of this Notice on our website ([chsli.org](http://chsli.org)).
- H. Change in this Notice:** We reserve the right to change the terms of this Notice. If we make any changes, the changes will apply to all of your information in our records. The new notice will be available to you upon request, in the office of the CH entity where you receive treatment, and on our website ([chsli.org](http://chsli.org)).
- I. How Someone May Act on Your Behalf:** You have the right to identify a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors (unless the minors are permitted by law to act on their own behalf).

**J. Reporting a Privacy Concern:** CH takes the privacy and security of your PHI very seriously. If you believe your privacy rights have been violated, please visit the CH website for the contact information of the relevant CH Privacy Officer ([chsli.org](http://chsli.org)). You can also call the CH Compliance Helpline at (866) 272-0004 to make a confidential or anonymous report. Any concerns about the privacy and security of your PHI reported to the Helpline will be directed to the Privacy Officer of the specific CH entity that treated you. No one will retaliate or take action against you for filing a complaint or reporting information to the Helpline. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue SW, Washington, DC 20201, by calling (877) 696-6775 or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

**K. CH Affiliated Entities Covered by this Notice:**  
This Notice applies to the following CH entities:

Advanced Rehabilitation Medicine, PLLC  
Cardiac EKG Interpretations, PC  
CHS Physician Partners ACO, LLC  
CHS Physician Partners IPA, LLC  
CHS Physician Partners, PC  
CHS Physician Partners PO, LLC  
Good Samaritan Hospital Medical Center  
Good Samaritan Nursing &  
Rehabilitation Care Center  
Good Shepherd Hospice  
Mercy Internal Medicine, PC  
Mercy Hospital  
Nursing Sisters Home Care, Inc.  
d/b/a Catholic Health Home Care

Our Lady of Consolation Nursing &  
Rehabilitative Care Center  
Samaritan Emergency Medical Services, PC  
Samaritan Medical Services, PC  
Samaritan Pediatric Services, PC  
Southwest Suffolk Medical, PC  
St. Francis Cardiac Prevention Services, PC  
St. Catherine of Siena Hospital  
St. Catherine of Siena Nursing &  
Rehabilitation Care Center  
St. Charles Hospital  
St. Francis Hospital & Heart Center®  
Suffolk Hearing & Speech Center, Inc.  
St. Joseph Hospital

Effective Date: 3/1/22

# Acknowledgment of Receipt of Notice of Privacy Practices

By signing below, I acknowledge that I have been provided a copy of this Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by the facility and the facilities listed at the end of this notice, and how I may obtain access to and control this information.

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Signature of Patient or Personal Representative

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Print Name of Patient or Personal Representative

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Date/Time

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Description of Personal Representative's Authority

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Signature of Facility Representative

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Date/Time

