C. YOUR RIGHTS:

1. Right to Revise an Authorization. You may revoke an authorization in writing, at any time. To request a revision, you must submit a written request to the System’s Privacy Officer, whose contact information is listed below.

2. Right to Request Restrictions on Uses and/or Disclosures. Your request must be made in writing and addressed to the System’s Privacy Officer. In your written request, you must identify the specific restriction requested. Except in limited circumstances, the System’s Privacy Officer must accommodate your restriction unless it is needed to provide you with emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction.

Requests submitted in writing for restriction of disclosure to a health plan for purposes of carrying out payment or healthcare operations will be honored provided the information pertains solely to a health care item or service paid for by the System even if such individual unless prohibiting such disclosure is restricted by law.

3. Right to Request Confidential Communications. You may request that only the protected health information that we maintain in a designated record set. A “designated record set” is a record of groups that include medical and billing records or other similar health information relating or needed for making decisions about you. Under federal regulations, however, you have the right to inspect or copy certain records that are not included in a designated record set: including psychotherapy notes, but State law allows you to inspect such information. If federal law does not allow you to inspect and copy such information, the System will respond to your request to access such information in accordance with New York State law. We may deny your request to inspect and copy your protected health information. Depending on the circumstances, you may or may not have a right to appeal our decision to deny your request. To inspect or copy your protected health information, you must submit a written request to the Health Information Management Department or Long Term Care Facility Administration. If you request a copy of your information, we may charge you a fee for the cost of copying and mailing your information and for other costs only as allowed by law.

If your protected health information is maintained in an EHR (Electronic Health Record) upon your written request, providing you with access to completed test reports that, using professional judgment, determine whether the use or disclosure of your location, general condition or death. However, the System may disclose to your family member, other person reasonably infer from the circumstances, based on the exercise of its professional judgment, that you do not object to the use or disclosure.

If you are not present or are unable to agree or object to the use of disclosure because of incapacity or an emergency, the System will, in the exercise of professional judgment, determine whether the use or disclosure of your health information is required by law.

A. OUR POLICY REGARDING YOUR HEALTH INFORMATION

We are committed to preserving the privacy and confidentiality of your health information. This Privacy Notice describes how the Catholic Health System ("the System") may use and disclose your protected health information and obtain a copy of your protected health information that is maintained in an EHR (Electronic Health Record) upon your written request, as required or authorized by law.

B. USES AND DISCLOSURES WITH AND WITHOUT YOUR AUTHORIZATION

We must obtain your written permission or “authorization” to disclose your protected health information in the situations listed below, which may include the System’s hospitals, primary care, long term care, home care, ambulatory care, laboratories, chemical analysis, blood donation, foundations and workforce members, including volunteers. Additionally, all health care providers who provide services for the System and within the System’s facilities will comply with this Notice, and will share your protected health information for treatment, payment and healthcare operations (as defined here).

We reserve the right to change this notice and to make the revised notice effective for all protected health information that we maintain at that time and any information we may receive. We will post a copy of the current notice in our facilities and we will make any revised notice available at the facilities for you to request a copy. We are required to abide by the terms of this notice while it remains in effect, as required or authorized by law.

1. Treatment. We will use and disclose your protected health information as specified in our written policies and procedures for the purpose of providing health care and related services. We may disclose your protected health information to health care providers, including providers not affiliated with The System, so that they may provide you with treatment. For example, we may disclose your protected health information to a pharmacy to fill a prescription or to a laboratory to order a test, or a specialist for consultation.

2. Right to Request Confidential Communications. You may request that only the protected health information that we maintain in a designated record set. A “designated record set” is a record of groups that include medical and billing records or other similar health information relating or needed for making decisions about you. Under federal regulations, however, you have the right to inspect or copy certain records that are not included in a designated record set; including psychotherapy notes, but State law allows you to inspect such information. If federal law does not allow you to inspect and copy such information, the System will respond to your request to access such information in accordance with New York State law. We may deny your request to inspect and copy your protected health information. Depending on the circumstances, you may or may not have a right to appeal our decision to deny your request. To inspect or copy your protected health information, you must submit a written request to the Health Information Management Department or Long Term Care Facility Administration. If you request a copy of your information, we may charge you a fee for the cost of copying and mailing your information and for other costs only as allowed by law.

If your protected health information is maintained in an EHR (Electronic Health Record) upon your written request, providing you with access to completed test reports that, using professional judgment, determine whether the use or disclosure of your location, general condition or death. However, the System may disclose to your family member, other person reasonably infer from the circumstances, based on the exercise of its professional judgment, that you do not object to the use or disclosure.

If you are not present or are unable to agree or object to the use of disclosure because of incapacity or an emergency, the System will, in the exercise of professional judgment, determine whether the use or disclosure of your health information is required by law.

A. OUR POLICY REGARDING YOUR HEALTH INFORMATION

We are committed to preserving the privacy and confidentiality of your health information. This Privacy Notice describes how the Catholic Health System ("the System") may use and disclose your protected health information and obtain a copy of your protected health information that is maintained in an EHR (Electronic Health Record) upon your written request, as required or authorized by law.

B. USES AND DISCLOSURES WITH AND WITHOUT YOUR AUTHORIZATION

We must obtain your written permission or “authorization” to disclose your protected health information in the situations listed below, which may include the System’s hospitals, primary care, long term care, home care, ambulatory care, laboratories, chemical analysis, blood donation, foundations and workforce members, including volunteers. Additionally, all health care providers who provide services for the System and within the System’s facilities will comply with this Notice, and will share your protected health information for treatment, payment and healthcare operations (as defined here).

We reserve the right to change this notice and to make the revised notice effective for all protected health information that we maintain at that time and any information we may receive. We will post a copy of the current notice in our facilities and we will make any revised notice available at the facilities for you to request a copy. We are required to abide by the terms of this notice while it remains in effect, as required or authorized by law.

1. Treatment. We will use and disclose your protected health information as specified in our written policies and procedures for the purpose of providing health care and related services. We may disclose your protected health information to health care providers, including providers not affiliated with The System, so that they may provide you with treatment. For example, we may disclose your protected health information to a pharmacy to fill a prescription or to a laboratory to order a test, or a specialist for consultation.
Payment. We will use and disclose your protected health information for treatment, payment for our health care services. For example, we may disclose protected health information to your health insurance company so they may pay for your surgery, to determine whether you are eligible for benefits or to determine whether a particular service is covered under your plan. We may disclose your protected health information to your employer if we have provided you with health care so it may pay for your services. For example, we may provide health care to anesthesiology care providers so that they may obtain payment for their services.

3. Health Care Operations: We will use and disclose your protected health information for our health care operations. For example, we may use your protected health information to evaluate the performance of the System’s personnel in providing your health care. We may use your protected health information to conduct training programs, and to perform credentialing, certification, licensing or credentialing activities.

4. Law Enforcement Purposes. We may disclose your protected health information to law enforcement officials under certain circumstances. For example, we may disclose your protected health information in response to a subpoena or in other circumstances that require us to disclose information as permitted by law to disclose such information. For example, we may disclose your protected health information in response to a search warrant, court order, subpoena or summons issued by a judicial officer. Under certain circumstances, we may disclose your protected health information pursuant to administrative requests related to law enforcement purposes. We may disclose limited protected health information to law enforcement officials upon their request, if we believe in good faith that it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may disclose your protected health information to a health care provider, health plan, or health care clearinghouse who has or had a relationship with you, for the purpose of that entity’s health care operations, as long as the protected health information is related to the nature of that entity. For example, the System may use and disclose your protected health information to another entity to conduct activities to determine whether they have provided quality services, to review the performance and qualifications of health care providers, to conduct training programs, and to perform credentialing, certification, licensing or credentialing activities.

8. Specialized Government Functions. In certain circumstances, federal regulations authorize the System to disclose your protected health information to federal agencies. For example, if you are a member of the armed forces, your protected health information will be disclosed to the Department of Veterans Affairs or the Department of Defense. If you are a member of the armed forces, the Department of Veterans Affairs or the Department of Defense may disclose your protected health information to a medical examiner for identification purposes, to determine the cause of death or for other purposes authorized by law. We may also disclose your protected health information to federal law enforcement personnel or to a coroner to permit the funeral director to carry out a specific federal rule so that the information does not identify your protected health information according to that specific federal rule.

11. Research. We may use and disclose your protected health information for research as long as such research has been approved by an institutional review board or other comparable entity. For example, a research project may involve comparing the health of patients who received one treatment to those who received another treatment. We may disclose your protected health information for research purposes, if we receive satisfactory assurances from the party requesting your information that you have been notified of the request or that they have made reasonable efforts to obtain a qualified protective order. A qualified protected order is an order of a court or tribunal that prohibits the use or disclosure of your protected health information. The System may disclose your protected health information to a medical examiner for identification purposes, to determine the cause of death or for other purposes authorized by law. The System may disclose your protected health information to a coroner to permit the funeral director to carry out a specific federal rule so that the information does not identify your protected health information according to that specific federal rule.

12. Medical Examiners, Funeral Directors, and Organ Donation. The System may disclose your protected health information to a medical examiner for identification purposes, to determine the cause of death or for other purposes authorized by law. We may also disclose your protected health information to funeral directors to permit the funeral director to carry out a specific federal rule so that the information does not identify your protected health information according to that specific federal rule.

13. Worker’s Compensation. The System may disclose your protected health information to a workers’ compensation carrier if we are required by law to make such disclosure. For example, state law requires health care professionals to report cases of suspected abuse, neglect or domestic violence to a specified state authority. If a complaint is filed, the System may disclose your protected health information to the health care provider who is authorized, but not required, by law to disclose evidence of suspected abuse, neglect or domestic violence, it will do so if it believes in good faith that such use or disclosure is necessary to prevent or lessen serious harm, or if you are incapacitated and government officials need such information for an immediate law enforcement proceeding.

14. Appointment Reminders. The System may, from time to time, use or disclose your protected health information to contact you to remind you of appointments. We may disclose appointment reminders or information about treatment alternatives or other health-related benefits and services that we believe may be of interest to you. The System may remind you of appointments by mailing a postcard to you at the address provided by you or by telephoning your home and leaving a message on your answering machine or with the individual answering the phone. The System will not disclose any information with these appointment reminders except your name, your address and the time, date and location of your appointment.

15. Fundraising. The System may use limited protected health information solely for fundraising purposes and may disclose such information to its Business Associates and to institutional donors for assistance in raising funds for the System. The System may contact you for the purpose of raising money for the System, but you have the right to opt out of receiving fundraising communications. Any fundraising communication sent will contain information on how recipients may opt out of future communication of this type.

16. De-identified Information. The System may de-identify your protected health information according to specific federal rules so that the information does not identify you. The System may use and disclose your de-identified information. The System may also partly de-identify your protected health information for research purposes and disclose it to researchers who sign an agreement to use your protected health information for specific purposes according to law, maintain the confidentiality of the de-identified data set, and allow the de-identified data set to be used and disclosed for research purposes. The System may use limited protected health information as directed by appropriate ethical conduct, use or disclose protected health information for the purpose of raising money for the System, but you have the right to opt out of receiving fundraising communications. Any fundraising communication sent will contain information on how recipients may opt out of future communication of this type.

17. Patient Directory. Unless you object, the System may use your name, location, general condition and religious preferences to maintain the System’s patient directory and may disclose such information to members of the clergy and (except for religious affiliation) to individuals who may be of interest to you. The System may also disclose your protected health information, as authorized by and in compliance with worker’s compensation laws.