C. YOUR RIGHTS:

1. Right to Revoke an Authorization.
   You may revoke your authorization to use or disclose your information by written request to the System’s Privacy Officer. If you request a revocation, you must submit a written request to the System’s Privacy Officer. The System will accommodate all reasonable requests. We may condition this accommodation on verifying your identity. You request to revoke an authorization will be handled or by specifying an alternative address or other method of contact. We will not require you to provide an explanation for your request.

2. Right to Inspect and Copy Information.
   According to federal regulations, you may generally inspect and obtain a copy of your protected health information that we maintain in a designated record set. A “designated record set” is a group of records that include medical and billing records or other similar records maintained by the System for making decisions about you. Under federal regulations, however, you have no right to inspect or copy certain records, including those that are subject to attorney-client privilege, enrollment records, records that New York State’s Mental Hygiene Laws and Public Health Law make exemption information as it relates to your involvement with your care.

2L. Required by Law.
   In addition to those uses and disclosures listed above, we may use and disclose your protected health information if and to the extent we are required by law.

C. YOUR RIGHTS: You have the following rights regarding your protected health information:

1. Right to Revoke an Authorization. You may revoke your authorization to use or disclose your information by written request to the System’s Privacy Officer. If you request a revocation, you must submit a written request to the System’s Privacy Officer. The System will accommodate all reasonable requests. We may condition this accommodation on verifying your identity. You request to revoke an authorization will be handled or by specifying an alternative address or other method of contact. We will not require you to provide an explanation for your request.

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2L. Required by Law.
   In addition to those uses and disclosures listed above, we may use and disclose your protected health information if and to the extent we are required by law.

D. PRIVACY CONTACT

1. Right to Receive Lab Reports. Upon your request or your personal representative's request, the laboratory may provide you or your personal representative, and those persons persons specified under 45 CFR 164.524(c)(3)(ii), as applicable, with access to completed test reports that, using the laboratory’s authentication process, can be identified as belonging to you.

D. PRIVACY CONTACT: The System’s contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Officer. Questions regarding matters covered by this Notice shall be directed to the Privacy Officer. You may contact the privacy officer at:

CHS-LS/PRI-01-F01 (rev. 11/04/08) (9/210) (9/11/14)

Catholic Health System

Privacy Notice

Effective April 14, 2003


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.

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, in accordance with applicable laws and regulations. It also describes your rights with respect to your protected health information. Your protected health information includes information, in any form, recorded on any medium, about you and your health care and related services. It can include such things as symptoms, treatment, test results, and demographic data, which contains details that can be used to identify you or which, when combined with other information, can be used to identify you. Your covered entity is required by law to maintain the privacy of your "protected health information" and to provide you with this notice of its legal duties and privacy practices. The System's many components will comply with this Notice, including the System's hospitals, primary care, long term care, home care, ambulatory care, laboratories, chemical and physical rehabilitation, foundations and workforce members, including volunteers. Additionally, all health care providers who provide services to 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 herein.)

We reserve the right to change this notice and to make the revised notice effective for all protected health information that we create or receive on and after the effective date of the revised notice. You will receive the notice in one of the manners listed below, which we may change from time to time. 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.

B. USES AND DISCLOSURES WITH AND WITHOUT YOUR AUTHORIZATION

We must obtain your written permission or "authorization" to use or disclose your protected health information except in the limited situations listed below, which do not require your authorization.

1. Treatment. We will use and disclose your protected health information to provide, coordinate and manage your 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 our Primary Care Provider and must specify a time period to be covered by the accounting. You have the right to receive this information is subject to additional exceptions, restrictions and limitations.

7. Right to Receive a Copy of Notice. Upon your request, we will provide you with a paper copy of this Privacy Notice.

8. Right to Notification of an Unauthorized Access or Use. If your protected health information is disclosed by the System in an unauthorized manner or by the System or an agent of the System, we will notify you of the breach of security, including the later is specified as preferred by you.

9. Right to Complain. You have the right to complain to The System or to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. You may complain to the System by contacting the System’s Privacy Officer, using the contact information below. You will not be retaliated against in any way for filing a complaint.

10. Right to Receive Lab Reports. Upon your request or your personal representative's request, the laboratory may provide you or your personal representative, and those persons specified under 45 CFR 164.524(c)(3)(ii), as applicable, with access to completed test reports that, using the laboratory’s authentication process, can be identified as belonging to you.

D. PRIVACY CONTACT: The System’s contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Officer. Questions regarding matters covered by this Notice shall be directed to the Privacy Officer. You may contact the privacy officer at:

Leonardo Sette-Camara, Esq.
CH Corporate Compliance & Privacy Officer
Administrative & Regional Training Center
144 Genesee St, Legal Services, 6th Floor
Buffalo, New York, 14202
2. Payment. We will use and disclose your protected health information, as needed, for the System to obtain payment for our health care services. For example, we may disclose protected health information to your health insurance company so that they may obtain payment for 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 other health care providers, health plans, and health care clearinghouses for their payment activities. For example, we may disclose your protected health information 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, to prevent or control the spread of disease, and to perform accreditation, certification, and credentialing activities. In certain situations, we may also disclose your protected health information to another health care provider, health plan, or health care clearinghouse if you have 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 health care system and oversight of certain programs and entities as authorized by law.

4. Law Enforcement Purposes. We may disclose your protected health information to law enforcement officials under certain circumstances, if we are required by law to report a crime. For example, we may disclose your protected health information if we are required by law to report a gunshot wound, if it believes that the disclosure is necessary to prevent or lessen the threat.

5. Public Health Activities. The System may disclose your protected health information to certain public health authorities or other government authorities according to specific rules that apply to public health activities, for example, the System may disclose your protected health information to public health authorities or other government authorities authorized by law to receive such information for purposes of preventing or controlling disease, injury, disability, or child abuse or neglect or to the coroner or medical examiner. We may disclose your protected health information for research as long as such research has been approved by an institutional review board or other privacy board that has reviewed the research proposal and established protocols to preserve the privacy of your protected health information. For example, a research project may involve comparing the health of patients who received one treatment to those who received another treatment, the extent authorized by state law 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 protected order. A qualified protected order is an order of a court or tribunal that prohibits the use or disclosure, as stated in the order, of any protected health information for any purpose other than the proceeding for which it was requested and which requires that your protected health information will be returned to the System at the end of the proceeding.

6. Health Oversight Activities. The System may disclose your protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations, proceedings and actions; inspections; licensure or disciplinary actions; and other activities necessary to the oversight of the health care system and oversight of certain programs and entities as authorized by law.

7. Judicial and Administrative Proceedings. We may disclose your protected health information for our health care operations, as long as the protected health information is related to the health care system and oversight of certain programs and entities as authorized by law.

8. Specialized Government Functions. In certain circumstances, federal regulations authorize the System to use or disclose your protected health information for certain government functions. If you are a member of the armed forces, the System may disclose your protected health information as directed by appropriate military authorities.

9. Suspected Abuse, Neglect or Domestic Violence. The System will disclose medical information that reveals that you may be a victim of abuse, neglect or domestic violence to a government authority if the System is required by law to make such disclosure. For example, if you authorize the System to disclose your protected health care professionals to report cases of suspected abuse, neglect, or domestic violence, if you are not authorized or not required, by law to disclose evidence of suspected abuse, neglect or domestic violence, it will do so if it believes that the disclosure is necessary to prevent or lessen the threat of serious harm, or if you are incapacitated and government officials need such information for an immediate law enforcement activity.

10. To Avert Serious Threat to Health or Safety. The System may, consistent with applicable law and standards of ethical conduct, use or disclose protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The disclosure made is an individual who is reasonably able to prevent or lessen the threat.

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 privacy board that has reviewed the research proposal and established protocols to preserve the privacy of your protected health information. For example, a research project may involve comparing the health of patients who received one treatment to those who received another treatment, the extent authorized by state law 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 protected order. A qualified protected order is an order of a court or tribunal that prohibits the use or disclosure, as stated in the order, of any protected health information for any purpose other than the proceeding for which it was requested and which requires that your protected health information will be returned to the System at the end of the proceeding.

12. Medical Examiners, Funeral Directors, and Organ Donation. The System may disclose your protected health information to a medical examiner, funeral director or organ donation company that assists the System in submitting claims for 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.

13. 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 and cannot be used to identify you. The System may use and disclose your de-identified information. The System may also partly de-identify your protected health information and disclose it to a group health plan or to a health insurance issuer for purposes of determining the cost of health care and to certain government authorities or other lawful process to the extent authorized by state and federal regulations.

14. Appointment Reminders. The System may, from time to time, use or disclose your protected health information to contact you to provide 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 also disclose your protected health information to an agent who you authorized through a health care proxy form to make health care decisions for you in the event that you should become unable to make your own health care decisions.

15. Personal Representatives. The System may disclose protected health information to a personal representative or to any authorized by the direction of a person who, under applicable law, has the authority to represent you in making decisions related to your health care. The System may disclose your protected health information to an agent who you authorized through a health care proxy form to make health care decisions for you in the event that you should become unable to make your own health care decisions.