
THIS NOTICE SUMMARIZES 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 Summary of the Notice of Privacy Practices describes how the Catholic Health System (“The System”) may use and disclose your protected health information according to applicable laws and regulations. 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, workforce members, (including volunteers) and all health care providers who provide services for the System and within the System’s facilities.

Please request a copy of the **Notice of Privacy Practices** for more detailed information. 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 in the future. 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 written authorization:

- 1. Treatment.** The System will use and disclose your protected health information to provide, coordinate and manage your health care and related services.
- 2. Payment.** The System will use and disclose your protected health information, as needed, for the System to obtain payment for our health care services.
- 3. Health Care Operations:** The System will use and disclose your protected health information for our health care operations including allowing another entity to conduct activities to determine whether quality services have been provided.
- 4. Law Enforcement Purposes.** The System may disclose your protected health information to law enforcement officials pursuant to an order, warrant, subpoena or summons issued by a judicial officer as well as to report evidence of criminal conduct that occurred on our premises.
- 5. Public Health Activities.** 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 for the conduct of public health surveillance, investigations and interventions, as well as to your employer if we have provided health care to you at your employer’s request.
- 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.
- 7. Judicial and Administrative Proceedings.** The System may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order.
- 8. Specialized Government Functions.** In certain circumstances, federal regulations authorize the System to use and/or disclose your protected health information for specialized government functions including certain national security and intelligence activities.
- 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.
- 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.
- 11. Research.** The System may use and disclose your protected health information for research as long as such research has

been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to preserve the privacy of your protected health information.

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 a funeral director, as authorized by law, to permit the funeral director to carry out his or her duties. Additionally, the System may use and disclose your protected health information for the purpose of arranging for cadaveric organ, eye, or tissue donation and transplantation.

13. Worker's Compensation. The System may disclose your protected health information, as authorized by and in compliance with worker's compensation laws.

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.

15. Fundraising. The System may use limited protected health information to contact you for fundraising purposes and may disclose such information to its Business Associates and to institutionally related foundations for assistance in raising funds for the System. You have the option of not participating. 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 and cannot be used to identify you. The System may also partly de-identify your protected health information by removing your name, address, telephone number and many other identifying factors to create a "limited data set", which may be used and disclosed for research purposes.

17. Patient Directory. Unless you object, the System may use your name, location, general condition and religious affiliation to maintain the System's patient directory and may disclose such information to: (a) members of the clergy, or (b) except for any religious affiliation, to other persons who ask for you by name.

18. Business Associates. The System may disclose your protected health information to a business associate of the System if we obtain satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your protected health information.

19. Personal Representatives. The System may disclose your protected health information to or according to the direction of a person who, under applicable law, has the authority to represent you in making decisions related to your health.

20. Family and Friends: Under certain circumstances, the System may disclose to your family member, other relative, a close personal friend, or any other person previously identified by you, our protected health information directly relevant to such person's involvement with your care or the payment for your care. The following conditions will apply:

a. If you are present or available prior to the use or disclosure of your protected health information, the System may use or disclose your protected health information if you agree, or if the System can reasonably infer from the circumstances, based on the exercise of its professional judgment, that you do not object to the use or disclosure.

b. If you are not present or are unable to agree or object to the use or disclosure because of incapacity or an emergency, the System will, in the exercise of professional judgment, determine whether the use or disclosure is in your best interests and, if so, disclose only the protected health information that is directly relevant to the person's involvement with your care.

21. 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.

22. SUD Treatment Information. Any information received from a substance use disorder treatment program covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provided to the Part 2 Program to use and disclose for purposes of treatment, payment or health care operations (TPO), we may use and disclose for TPO purposes as described in this Notice. Part 2 Program records received through specific consent provided to us or another third party will be used and disclosed only as expressly permitted by you in the consent provided.

In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

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

1. Right to Revoke an Authorization. You may revoke an Authorization in writing, at any time. To request a revocation, 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. You may request restrictions on the use and/or disclosure of

your protected health information for treatment, payment or health care operations. To request restrictions, you must submit a written request to the System's Privacy Officer. In your written request, you must identify the specific restriction requested. Except in limited circumstances, the System is not obligated to agree to any of your requested restrictions. If the System agrees to your requested restriction, we may not use or disclose your protected health information in violation of that 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 health care items or service(s) paid for out-of-pocket by the individual.

3. Right to Request Confidential Communications. You may make your request to the System's Privacy Officer to receive confidential communications of protected health information by alternative means or at alternative locations.

4. Right to Inspect and Copy Information. Right to Inspect and Copy Information. According to federal and state regulations, you may generally inspect and obtain a copy of your protected health information. Psychotherapy notes are subject to additional laws and requirements.

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 no other restrictions apply, you may obtain an electronic copy of such information and request that such a copy be transmitted directly to an entity or person designated by you. A fee may be charged for this service as allowed by law.

5. Right to Amend your Information. You may request that we amend your protected health information that we maintain in a designated record set. To request an amendment, you must submit a written request, along with a reason that supports your request to our Privacy Officer.

6. Right to Receive an Accounting. You may submit a request in writing to the Privacy Officer (including time frame) to request an accounting of certain disclosures of your protected health information made by the System after April 14, 2003. We are not required to account for some disclosures, including those made for treatment, payment or health care operations. Additionally, we are not required to provide you with an accounting of disclosures that you authorize or with an accounting of some disclosures that we are permitted to make without your authorization. Your 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 the detailed Notice of Privacy Practices.

8. Right to Notification of an Unauthorized Unsecured Breach. In the case of a breach of unsecured protected health information, you or your next of kin (if individual is deceased) will be notified by mail or e-mail if 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 the request of your personal representative, 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 that patient.

D. PRIVACY CONTACT: The System's contact person for all issues regarding patient privacy and your rights under the federal and state 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:

Kimberly E. Whistler, Esq., Chief Compliance and Privacy Officer
Catholic Health System - Administrative & Regional Training Center
Legal Services & Compliance Department – 6th Floor
144 Genesee Street • Buffalo, NY 14203
Tel: (716) 862-1790 • Fax: (716) 821-4460

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