



Notice of Privacy Practices

YOUR PRIVACY IS OUR PRIORITY

A Guide to How We Protect and Utilize 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.

**Privacy Officer
Oneida Healthcare
321 Genesee Street
Oneida, NY 13421
(315) 361-2117 phone • (315) 361-2317 fax
rolmsted@oneidahealthcare.org**

Oneida Healthcare (OHC) takes the privacy of your health information seriously. We are required by Federal and State law to maintain the privacy of your health information and to provide you with this Notice of Privacy Practices outlining your rights and our legal duties with respect to using and disclosing your health information that is created or retained by OHC. You will be asked to sign an acknowledgment of the receipt of this Notice.

OHC's Legal Obligations

OHC is required by law to 1) protect the privacy of your health information; 2) provide you with a copy of this Notice of Privacy Practices which describes OHC's privacy practices and legal duties regarding your health information; 3) abide by the terms and conditions of the Notice currently in effect; and 4) notify you of a breach of unsecured protected health information.

Who Will Follow This Notice

This Notice describes the privacy practices of our OHC entities, including the following:

- Oneida Healthcare (the Hospital);
- Canastota-Lenox Health Center;
- Chittenango Health Center;
- Chittenango Internal Medicine;
- Maternal Child Health Center;
- Verona Health Center;
- Oneida Healthcare Extended Care Facility (the Extended Care Facility);
- Oneida Medical Services, PLLC (Women's Health Associates of Oneida);
- Oneida Medical Practice, PC.

These entities will be referred to throughout this Notice as "OHC". Each OHC entity will follow this Notice, including,

- All medical staff and health care professionals;
- All OHC employees, personnel and representatives;
- OHC volunteers we allow to help you while you receive services from OHC;
- OHC affiliates, including independent contractors, having access to your medical information.

The above OHC entities and individuals may share your health information with each other as may be necessary to provide you treatment, for payment of your treatment, or to support OHC's health care operations to the extent authorized by law.

Understanding Your Health Record and Information

Each time you visit our health care center, a record of your visit is made. Typically, this record contains health information from you and is stored in a paper chart and/or in an electronic format. This is your legal medical record. This information, referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment

- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third party payer can verify that services billed were actually provided
- Tool in educating health professionals
- Source of data for medical research
- Source of information for public health officials charged with improving the health of the nation
- Source of data for facility planning and marketing
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of OHC, the information belongs to you. You have the right to:

- **Request a restriction on certain uses and disclosures of your information.** You have the right to request in writing a restriction or limitation on the medical information we use or disclose about you for treatment, payment, and health care operations. You also have the right to request in writing that we limit how we disclose medical information about you to family or friends involved in your care or the payment of your care. Generally, we are not required to agree to your request to restrict how we use and disclose your medical information. Except however, if you request we restrict the disclosure of your health information to a health plan (your health insurer) related to services or items we provide to you and you pay us for such services or items out-of-pocket in full, we must agree to your request, unless we are required by law to disclose the information. Please note: This restriction will apply only when requested and services are paid in full. Future services without a restriction request and for which no out-of-pocket payment is received will be billed per provider and health plan policy, which may include current provider notes that reference prior treatments or services previously restricted. If we do agree to a restriction, our agreement will be in writing and we will follow your request unless the information is needed to provide you emergency treatment or we terminate the agreement.
- **Obtain a paper copy of the Notice of Privacy Practices upon request.**
- **Inspect and copy records.** With certain exceptions, you have the right to inspect and obtain a copy of your health information that may be used to make

health care and treatment decisions about you for as long as we maintain your records. This includes medical and billing records. In most cases, a \$.75 cent/page charge may apply for copies.

- **Amend your health record.** If you believe that the health information OHC has about you is incorrect or incomplete, you may request in writing to amend the information. You have the right to request an amendment for as long as we maintain your information. We may deny your request to amend your information under certain circumstances.
- **An accounting of disclosures.** You have the right to request in writing an “accounting of disclosures” which is a list of information about how we disclosed your health information to others, for reasons other than treatment, payment and health care operations. Certain other disclosures are not included in the list, including for example, disclosures you authorized us to make; disclosures to the facility directory; disclosures made to you, or to your family and friends involved in your care; disclosures made to federal officials for national security purposes; disclosures made to correctional facilities; and disclosures made six years prior to your request.
- **Request confidential communications.** You have the right to request in writing that we communicate with you about your health care by alternative means or at alternative locations. We will not ask you the reason for your request, and will try to accommodate all reasonable requests.
- **Authorize in writing the release of your information to a third party.** Please submit your written requests as indicated above to the Director of Health Information Management, Oneida Healthcare, 321 Genesee Street, Oneida, NY 13421

Notice Revisions

We reserve the right to change our privacy practices and this Notice and to make the new Notice effective for all health information that we already have as well as any information we receive in the future. We will post the revised Notice at multiple locations in our facilities. The current Notice in effect will also be available on our website at <http://www.oneidahealthcare.org/> or you may obtain a copy of the current Notice at your next visit. The end of this Notice contains the Notice's effective date.

Examples of Disclosures for Treatment, Payment and Health Care Operations

We are permitted to use and disclose your health information for treatment, payment and health care operations purposes. The following is intended to provide examples of such uses and disclosures, but is not meant to be a complete list. In addition, depending on the nature of the health information, such as HIV-related, genetic, and mental health information, we may be subject to stricter use and disclosure requirements under state law. We shall follow such requirements. **We will use your health information for treatment:** Information obtained by a nurse, physician or other member of your health care team will be documented

in your record and used to determine the course of treatment that should work best for you. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you are discharged from this hospital.

We will use your health information for payment: A bill may be sent to you or a third party payer. The information contained on the bill may include information that identifies you, as well as your diagnoses, procedures and supplies used. In addition, we may also tell your insurer about a treatment that you are going to undergo in order to obtain prior approval or to determine if your insurer will cover the treatment.

We will use your health information for health care operations: Members of the medical staff, the risk or quality improvement manager, or members of the Quality Improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide. We will also utilize health information to assist us in deciding which services to offer, which services to discontinue, or to determine if new treatments and services are effective. In addition, it may include the use of your information to send you a patient satisfaction survey.

HealtheConnections (RHIO Regional Health Information Organization Health Information Exchange): Oneida Healthcare provides patient information to HealtheConnections, a centralized database for health information (called a “RHIO”). In order for health care providers and authorized users involved in your care to access your health information contained in the RHIO, you must sign a consent form. Without consent, providers will only be able to access your information in the RHIO in life threatening emergencies. If you decline to consent, providers will not be able to access your information via the RHIO even in a life threatening emergency. If you have consented to access previously, you do have the right to withdraw that consent by contacting OHC and completing a withdraw consent form.

Other Permitted Uses and Disclosures

We may make the following uses and disclosures of your health information without your authorization, to the extent such uses and disclosures comply with federal and state law:

- **Appointment Reminders/Sign In Sheets:** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at OHC. OHC will make every effort to not include more information than is necessary to notify you of your appointment. We may leave a message on your answering machine or with an individual who responds to the telephone call. However, you may request that we provide such reminders only in a certain way or only at a certain place. We will endeavor to accommodate all reasonable requests. In addition, we may use sign in sheets to enhance patient flow processes.

- **Treatment Alternatives:** We may contact you to provide you information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Business Associates:** There are some services provided by OHC through contracts with business associates. Examples include, but are not limited to, copying services for our medical records and billing services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job that we've asked them to do. We require the business associate to appropriately safeguard your information with the diligence that we would.
- **Hospital Directory:** Unless you object, we will use your name, location in the facility, your general condition and your religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliations, to other people who ask for you by name. This may be used for visitors and deliveries.
- **Communication with Family, Friends, and Others Directly Involved in your care:** Using their best judgment, health professionals may disclose your health information to a family member or friend, who is involved in your care or payment related to your care. We may also use your health information for the purpose of notification or assisting in the notification of a family member, personal representative or another person responsible for your care. We may disclose the health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
- **Research:** We may disclose information to researchers when their research has been approved. Protocols will be established within that research process to ensure the privacy of your health information.
- **Funeral Directors/Medical Examiners:** We may release information to funeral directors, medical examiners or coroners consistent with applicable law to carry out their duties.
- **Organ and Tissue Donation:** Consistent with applicable law, we may disclose health information to organizations engaged in the procurement, banking, or transplantation of organs and tissues.
- **Fund-raising:** We may use certain information (name, address, telephone number, dates of service, age and gender) to contact you as part of a fund-raising effort. We may also provide your name to our related Foundation for the same purpose. Any money raised will be used to expand and improve the services and programs that we provide for the community. If you do not wish to be contacted for fund-raising purposes, please contact our Director of Development, Oneida Healthcare Foundation, at 315-361-2169 to opt-out of receiving fund-raising communications.
- **Face-to-Face Communications and Promotional Gifts of Nominal Value:** We may use your health information to engage in face-to-face communications with you regarding our products and services or to provide you with promotional gifts of nominal value.
- **Law Enforcement:** We may disclose your health information to respond to a

court order, subpoena, warrant, summons or similar process to the extent permitted by law. Other disclosures may include identification or location of a suspect, fugitive, material witness or missing person; to report on the victim of a crime; report a death we believe to be the result of a criminal conduct, report criminal conduct at OHC.

- **Workers' Compensation/Disability:** We may disclose health information to the extent authorized and necessary to comply with laws relating to workers' compensation or other similar programs established by law.
- **Food and Drug Administration (FDA):** We may disclose to the FDA, or persons subject to the jurisdiction of the FDA, health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product tracking, recalls, repairs or replacement.
- **Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. This may include: the reporting of births and deaths, victim of domestic violence, child abuse and neglect, disease exposure, trauma, congenital malformations, Alzheimer's, cancer cases, and communicable disease issues, etc.
- **Inmates/Correctional Institutions:** Should you be an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the correctional institution, or the law enforcement official, health information necessary for your health and the health and safety of others.
- **Health Oversight Activities/Agencies:** We may disclose your health information to a health oversight agency for activities authorized by law; such as audits, accreditation, investigations, inspections, and licensure.
- **Specialized Government Functions/Judicial or Administrative Proceedings:** OHC may disclose information when it is necessary for military, veterans, National Security and Intelligence Activities, prisoner and government benefit purposes (health plans only). This may also include responding to subpoenas, court orders and qualified protective orders.
- **Employers under OSHA standards:** We may release your health information to an employer when that information is related to the medical surveillance of the workplace, work-related illnesses and injuries, and when the employer requests health care to be provided to the employee by OHC.
- **Emergencies:** We may disclose your personal health information in an emergency situation. We will make every attempt to obtain your consent as soon as possible/practical after the delivery of treatment.
- **Incidental Uses/Disclosures:** In order to ensure that communications essential to providing quality health care would not be hindered, incidental disclosures may occur. An example of this would be another person overhears a confidential communication between providers at a nurse station.

Uses and Disclosures That Will Only Be Made With Your Written Authorization:

We will only make the following uses and disclosures with your written authorization:

- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute a sale of protected health information;
- Most uses and disclosures of psychotherapy notes; and
- Other uses and disclosures of health information not covered by this Notice, or the laws that apply to us. In those instances, we will only use and disclose your health information with your written authorization. You may revoke your authorization at any time by submitting a written request to our Privacy Officer at the address listed below. This revocation will not be applicable to the use and disclosures that we may have acted upon in reliance on your previously provided authorization.

For More Information or to Report a Concern

If you have questions or would like additional information, please contact the Privacy Officer at (315) 361-2117.

If you believe that your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services.

You will not be penalized or retaliated against in any way for filing a complaint. If you have any questions or want to submit a complaint to OHC, please contact:

Privacy Officer
Oneida Healthcare
321 Genesee Street
Oneida, NY 13421
(315) 361-2117 phone
(315) 361-2317 fax
rolmsted@oneidahealthcare.org

You may also submit a formal complaint to the Secretary of the Department of Health and Human Services:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

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