

Notice of Privacy Practices

Your Rights. Our Responsibilities.



ST. JOHN'S EPISCOPAL HOSPITAL
EPISCOPAL HEALTH SERVICES INC.

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.

Episcopal Health Services Inc. ("EHS") is required by law to maintain the privacy of your protected health information. This Notice of Privacy Practices ("Notice") describes EHS's privacy protections, practices and the rights related to your health information under the Health Insurance Portability and Accountability Act ("HIPAA"). The term "health information," used within, refers to individually identifiable information which is created, received, maintained or transmitted by EHS concerning your care, treatment and payment for such.

These privacy practices must be followed by the EHS workforce including its employees, affiliates, contractors, volunteers, students and trainees and applies to all entities, facilities and programs operated by or affiliated with EHS. You may be afforded additional and more stringent protections and rights, not described in this Notice, provided for in other Federal and/or State laws. These additional protections may apply to HIV-related information, substance use disorder information, mental health information, and genetic/genetic testing information.

EHS is committed to protecting your health information. If you have any questions about this Notice, please contact EHS's Compliance and Privacy Department at 718-869-5711.

YOUR RIGHTS

Request to Inspect or Obtain a Copy of Your Health Information.

- EHS will allow you to inspect your health information and to obtain a copy in the format requested (or agreed upon).
- EHS may charge a reasonable fee which you will be notified of prior and EHS cannot restrict access because of ability to pay.
- EHS may deny your request, but must notify you in writing as to why and your rights to appeal this decision.

Request an Amendment to Your Health Information.

- For EHS to amend your health information that you think is incorrect or incomplete. EHS may deny your request, but must notify you in writing as to why.

Receive Confidential Communications.

- For EHS to contact you in a specific confidential way (such as at home, your office or by email) or to send mail to a different address. EHS will accommodate all reasonable requests.

Request Restrictions on Uses and Disclosures.

- For EHS to not to use or share certain health information for treatment, payment, or operations (such as to friends or family).

- EHS is not obligated to comply with such request if it would affect your care.
- If you pay for a service or item out-of-pocket in full, you can ask EHS not to share that information for the purpose of payment or operations with your insurer. *Please note certain law may require EHS to share that health information.*

Request an Accounting of Disclosures.

- EHS will provide a list (accounting) of the disclosures (except for those for treatment, payment, and health care operations, or those you authorized) of your health information that EHS made for 6 years prior to the date you ask (not prior to April 14, 2003).
- EHS will provide 1 accounting a year for free but will charge a reasonable fee for others within a 12 month period.

Be Notified in the Event of a Breach.

- EHS will provide notice (within 60 days of discovery) when your health information has been used or disclosed in a manner not legally permitted, and where it may have been compromised.

Request to Revoke Authorization.

- You may revoke (in writing) any previous authorization(s) to use or disclose your health information.
- If you revoke your authorization, EHS will no longer use or disclose your health information in the way(s) you noted. EHS is unable to retract any

disclosures already made you're your authorization.

Request a Paper Copy of this Notice.

- EHS will provide a paper copy of this Notice upon request even if you have agreed to receive the Notice electronically.

All requests must be made in writing to EHS's Health Information Management ("HIM") Department.

USES & DISCLOSURES NOT REQUIRING AUTHORIZATION

- **Treatment** - EHS can use or disclose your health information with others who are treating you or involved in your care (internal or externally as appropriate).

Ex. A doctor treating you for an injury asks another doctor about your medical conditions.

- **Payment** - EHS can use and disclose your health information to bill or obtain payment from health plans, insurers or other similar entities or organizations.

Ex. EHS provides information about you to your insurance so it can appropriately pay for your services.

- **Health Care Operations** - EHS can use and disclose your health information to run our hospitals, facilities and programs, to improve your

care, and to contact you when necessary (such as appointment reminders).

Ex. EHS provides health information about you to review quality of services.

Others Involved in Your Care.

- To others involved in your care or payment for services unless you object.
- To a personal representative, including a parent or legal guardian (with some exceptions).

Facility Directories.

- In the facility directory at the hospital where you are hospitalized.
- Information may include your name, location in the facility, general condition and religious affiliation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

Conduct Research.

- For health research purposes and in certain circumstances after a special approval process that ensures minimal risk to your privacy. A researcher will not reveal your identity in a research study.

Public Health Activities and Safety.

- Disaster relief efforts.
- Assisting with recalls or reporting adverse reactions to medications.
- Preventing or lessening a serious and imminent threat to one's health or safety.
- To prevent the spread of disease, or to receive or make reports of certain conditions, births, deaths, abuse, neglect, and/or alleged or suspected abuse, neglect or domestic violence.

Legal and Regulatory Compliance or Health Oversight Activities.

- If Federal or State laws require such, and/or to regulatory or oversight entities for audits, inspections and investigations.

For Organ and Tissue Donation Requests.

- With organ procurement organizations for the purposes of organ, eye or tissue donation.

To a Medical Examiner or Funeral Director.

- With a coroner, medical examiner, or funeral director when an individual dies.

Death.

- In order to notify or assist in locating those who have legal authority to act on your behalf, a personal representative, or others involved in your care about your death, unless doing so would be inconsistent with prior restrictions or revocations.

Law Enforcement.

- When (a) it is necessary to report or identify a crime in an emergency or locate a suspect, fugitive, material witness, or missing person; (b) one may be the victim of a crime; (c) death may be the result of criminality; or (d) crimes occur at EHS.

Lawsuit or Legal Proceedings.

- If you are involved in a law suit or legal proceeding in response to a court or administrative order.
- In response to a subpoena or other lawful process by others involved in the dispute, if EHS has made a good faith effort to tell you about the request.

Fundraising.

- To contact you for fundraising purposes for EHS facilities, programs or entities.
- To share your contact information and other basic health information in some cases, for EHS related foundation or business associate for the same purposes.

EHS cannot deny or restrict treatment, benefits or service for choosing to opt out of fundraising communications.

Worker's Compensation.

- For workers' compensation claims, payment or review.

Government Purposes.

- For government functions such as national security and presidential protective services
- If you are member of the armed forces, as required by military command authorities.

USES & DISCLOSURES REQUIRING AUTHORIZATION

Marketing.

- Before using your health information for marketing purposes unless contact is made face-to face between you and EHS, or it consists of a promotional gift of nominal value provided to you by the EHS.
- Providing you with treatment alternatives, health related benefits or services, or drug information, do not

require prior written authorization, unless EHS receives remuneration from a third party for this communication.

Sale of Information.

- Before selling any of your health information.

ADDITIONAL INFORMATION

Changes to this Notice.

- EHS reserves the right to change the terms of this Notice for compliance with the law or other reasons.
- The new Notice, with an effective date, will be available upon request and posted at various locations within the facilities, or on the EHS website by visiting <http://ehs.org>.

Filing Complaints.

If you feel your privacy rights may be violated or that EHS has not complied with the terms in this Notice you may file a complaint as follows:

- To EHS by mailing a complaint to the Compliance and Privacy Department at St. John's Episcopal Hospital, 327 Beach 19th Street, Far Rockaway, New York, NY 11691, by calling 718-869-5711 or by email at compliance@ehs.org.
- To the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775.

EHS will not retaliate against you for filing a complaint.