

- Strong Memorial Hospital
- Highland Hospital
- Eastman Dental Center
- The Highlands of Pittsford
- The Highlands of Brighton
- Primary Care Network Practice: _____
- URMFG _____
- Other: _____

Patient Name: _____
(please print)

DOB: _____

Medical Record #: _____

I have been provided with the URM/Strong Health Notice of Privacy Practices.

Patient's Signature: _____ Date: _____

OR

Signature of personal representative: _____

Relationship to patient: _____ Date: _____

If signature not obtained, please indicate reason:

- Patient Declined
- Emergency Situation
- Other _____

Staff Member's Name (please print): _____

Department: _____

Date: _____

(Note: This document must be retained for 6 years in accordance with the HIPAA Privacy Rule)

NOTICE OF PRIVACY PRACTICES

As required by the Health Insurance Portability & Accountability Act of 1996

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.

This notice applies to the following facilities:

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| ➤ <i>Strong Memorial Hospital</i> | ➤ <i>Highlands at Brighton</i> | ➤ <i>Visiting Nurse Service of Rochester and Monroe County</i> |
| ➤ <i>Highland Hospital</i> | ➤ <i>Highlands Living Center</i> | ➤ <i>Community Care of Rochester</i> |
| ➤ <i>Physician practices owned by either hospital</i> | ➤ <i>Laurelwood at the Highlands</i> | ➤ <i>University of Rochester Medical Faculty Group</i> |
| ➤ <i>Eastman Dental Center</i> | ➤ <i>Meadowbrook Adult Day Care</i> | ➤ <i>University of Rochester School of Medicine & Dentistry</i> |
| ➤ <i>University Health Service</i> | ➤ <i>Highland Apothecary</i> | |
| ➤ <i>Mt. Hope Family Center</i> | ➤ <i>University of Rochester School of Nursing and Community Nursing Center</i> | |

These facilities may share medical information with each other for treatment, payment or health care operations as described in this notice.

WHO WILL FOLLOW THE TERMS OF THIS NOTICE

- All health care professionals, employees, students, volunteers, and other personnel from these facilities authorized to access your medical record;
- Independent health care providers involved in your care while practicing in one or more of our facilities (such as physicians);
- Other entities that provide health care services to you in a way that is integrated with our services at one or more of our facilities and their health care professionals, employees, students, volunteers and other personnel.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of this notice.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose your medical information:

- **Treatment.** We may use your medical information to provide you with medical treatment or services. We may disclose your medical information to others who are involved in taking care of you. For example, a doctor treating you may need to share your medical information (such as x-rays, lab work, prescriptions) with others to coordinate your care.

- **Payment.** We may use and disclose medical information so that services can be billed. For example, we may need to give your health plan information about services that you received so your health plan can pay us. We may also tell your health plan about a planned treatment to determine whether your plan will cover the treatment.
- **Health Care Operations.** We may use and disclose medical information about you for health system operations. For example, we may use your information to review our treatment and services and continually assess the care and services we offer.
- **Business Associates.** We may disclose your health information to contractors, agents and other associates who need information to assist us in carrying out our business operations. Our contracts with them require that they protect the privacy of your health information.
- **Appointment Reminders.** In the course of providing treatment to you, we may use your health information to contact you (e.g.: by phone or postcard) with a reminder that you have an appointment for treatment or services.
- **Health-related Benefits and Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend health-related benefits, services or treatment alternatives that may be of interest to you.
- **Fundraising Activities.** We may use your information to contact you in an effort to raise money for one or more of our facilities. We may disclose information to a related foundation so they may contact you for fundraising. We would only release contact information, such as your name, address and phone number and the dates you received services.
- **Patient Information Directory.** While you are a hospital patient, your name, location, general condition (e.g., satisfactory) and your religious affiliation will be included in a patient information directory. Directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may also be provided to members of the clergy of your congregation, even if they don't ask for you by name. We will give you the opportunity to object to being included in the directory, unless an emergency situation prevents us from asking you.
- **Individuals Involved in Your Care or Payment for Your Care.** If you do not object, we may release medical information about you to a friend or family member who is involved in your care or payment for your care. We may also tell your family or friends your condition and that you are in the hospital. During a disaster (e.g., a flood), medical information may be disclosed to assist with relief efforts.
- **Research.** We may use and disclose medical information about you for research purposes. In most cases we will ask for your written authorization. However, under some circumstances we may use and disclose your health information without your written authorization if doing so poses minimal risk to your privacy. We may also release your medical information without your written authorization to people who are preparing a research project, so long as any information identifying you does not leave our facility. The researchers may use this information to contact you to ask if you want to participate in such research.
- **Incidental Disclosures.** Disclosures of your information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of your treatment, other patients in the area may see or overhear discussion of your health information.

***IN SPECIAL SITUATIONS:**

- **As Required By Law.** We may disclose medical information about you without your authorization when required to do so by federal, state or local law.
- **Victims of Abuse or Neglect.** We may release your health information to a public health authority authorized to receive reports of abuse or neglect.
- **Military and Veterans.** If you are or have been a member of the armed forces, we may release your medical information as required by the Departments of Defense, Transportation or Veterans Affairs.

- **Workers' Compensation.** We may release medical information about you to programs that provide benefits for work-related injury or illness.
- **Public Health Purposes.** We may disclose medical information about you for public health activities related to prevention or control of disease, injury or disability.
- **Health Oversight Activities.** We may disclose your medical information to health oversight organizations authorized to conduct audits, investigations, and inspections of our facilities.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court or administrative order, subpoena or other lawful process.
- **Law Enforcement.** We may release health information for law enforcement purposes. Examples include in response to a court order, subpoena, warrant or summons.
- **To Avert a Serious and Imminent Threat to Health or Safety.** We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public.
- **Organ and Tissue Donation.** We may release medical information to organizations that handle organ, eye or tissue transplantation.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose health information to funeral directors, coroners and medical examiners as permitted by law to carry out their duties.
- **Inmates.** If you are an inmate of a correctional facility, we may disclose to the institution or agents of the institution health information necessary for your health and the health and safety of other individuals.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Receive Copies.** You may ask to inspect and receive copies of medical information that may be used to make decisions about your care. Usually this includes medical and billing records but not psychotherapy notes.

To inspect or receive copies of your medical information, submit your request in writing to the Health Information Management (Medical Records) Department at the facility keeping your medical information. We may charge a fee for the costs of copying, mailing or other supplies associated with your request for copies.

We may deny your request to inspect or receive copies in certain limited circumstances. If your request is denied, you may ask that the denial be reviewed. Another licensed health care professional who we choose will review your request and the denial. The person conducting the review will not be the person who denied your request. You have additional rights to appeal a denial to the New York State Department of Health.

- **Right to Amend.** If you feel your medical information is incorrect or incomplete, you may ask to amend the information for as long as the information is kept by the facility. Your request must be made in writing to the Health Information Management (Medical Records) Department of the facility keeping your medical information. You must also provide a reason that supports your request.

We may deny your request if the information:

- ♦ Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- ♦ Is not part of the medical information kept by or for us;
- ♦ Is not part of the information that you would be permitted to inspect or receive copies; or
- ♦ Is already accurate and complete.

If your request to amend your record is denied, you will have the right to have certain information related to your requested amendment included in your records. These rights will be explained to you in the written denial notice.