

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.

What this notice¹ covers

This notice will tell you about the ways in which Unity Health System and its affiliates may use and disclose medical information² about you. It will also describe your rights and certain obligations we have regarding the use and disclosure of medical information. Finally, it will describe who you need to contact if you choose to exercise one of your rights, or if you have questions.

This notice does not cover a complete description of all policies and procedures for Unity Health System, nor does it cover how institutions that are not a part of Unity Health System may use or disclose your medical information. Information pertaining to HIV, alcohol and substance abuse treatment, mental health, and genetics is highly sensitive and has additional protections under federal and state law. You may request a copy of our policies regarding disclosure of this information from the Director of Health Information Management. See the Contact Information section at the end of this notice.

Who will follow this notice

This notice describes Unity Health System's Privacy practices and that of:

- Any health care professional authorized to enter information into your medical records.
- All departments, programs, and units of Unity Health System.
- Any member of a volunteer group we allow to help you while you are in a Unity Health System facility.
- All employees, staff, affiliates, physicians, and hospital personnel associated with Unity Health System.

All personnel, sites, and departments of Unity Health System (including Park Ridge Hospital, Unity Living Center, Edna Tina Wilson Living Center, Park Ridge Living Center, and all other programs and services) follow the terms of this notice. Unity Health System participates in an Organized Health Care Arrangement (OHCA) with independent practitioners. OHCA participants share information with each other as necessary to carry out treatment, payment, and health care operations related to the OHCA. In addition, these personnel, sites, and departments may share medical information for treatment, payment, or health care operations for purposes described in this notice.

Our pledge regarding medical information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Unity Health System. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Unity Health System, whether made by hospital personnel, your personal doctor, or other Unity Health System staff. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

¹ Throughout this document, "notice" refers to this Notice of Privacy Practices.

² Throughout this document, "medical information" refers to individually identifiable health information, which may include medical, demographic, or financial 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 our most current *Notice of Privacy Practices*.

Unity Health System asks that you provide your consent to allow us to use your protected health information and disclose it to certain others as we need to in order to treat you, to obtain payment for our services, and to run our health care operations.

How we may use and disclose medical information about you

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of Unity Health System also may share medical information about you in order to coordinate the different things you need; such as prescriptions, lab work, and x-rays. We also may disclose health information about you to people outside of Unity Health System who may be involved in your medical care after you leave our facilities or programs, such as with community agencies, family members, clergy, or others who may provide services that are part of your care.

For Payment. We may use and disclose medical information about you so that we may send a bill to you or your insurance company or health plan. For example, we may need to give your insurance company information about surgery you received at the hospital so your insurance company will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose medical information to medical labs for billing purposes. In order to obtain payments owed to us, we may disclose the minimum necessary information to collection agencies and/or attorneys.

For Health Care Operations. We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the medical facilities and programs, and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services, and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services our medical facilities should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other medical facilities or programs to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information (such as your name and address) that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

In addition to the above mentioned categories, we may use and disclose health information about you for one or more of the following reasons:

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at a Unity Health System location, or for a service provided to you by Unity Health System in your home.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Fundraising Activities. We may use demographic information about you to contact you in an effort to raise money for Unity Health System and its operations. We disclose demographic information to Unity Health Foundation so that the foundation may contact you in raising money for Unity Health System. We only would release contact information, such as your name, address, phone number, and the dates you received treatment and services at a Unity Health System facility.

If you do not want Unity Health System or its Foundation to contact you for fundraising efforts, you must notify the Director of Fundraising **in writing**. See the Contact Information section at the end of this notice.

Facility Directory. We may include certain limited information about you in the hospital or nursing home directory while you are a patient or resident at a Unity Health System hospital or nursing home. This information may include your name, location in the facility, your general condition (such as fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a pastor, priest, or rabbi, even if they don't ask for you by name. This is so your family, friends, and clergy can visit you in the facility and generally know how you are doing.

If you do not want to be included in the hospital or nursing home directory, you must notify the admissions personnel at the time of your admission.

Individuals involved in your care or payment for your care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition, and that you are a patient under the care of Unity Health System. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Research. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at a Unity Health System facility or program. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people

preparing to conduct a research project. For example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the Unity Health System facilities.

As required by law. We will disclose medical information about you when required to do so by federal, state, or local law.

To avert a serious threat to health or safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Business Associates. We may disclose your medical information to consultants, agents and other business associates for them to help us carry out our business operations or obtain payment. Business associates will be required to sign a contract stating that they will also protect the privacy of your medical information.

Special situations

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ, eye, or tissue procurement or transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are, or were, a member of the armed forces, we may release medical information about you as required by military command authorities or by the Department of Veterans Affairs. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you to public officials for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify companies or people about product defects, recalls or performance;
- to notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or as required by law.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with laws.

Lawsuits and Disputes. We may disclose medical information about you if we are ordered to do so by a court or administrative tribunal. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. Release of this information will not take place without your written consent.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at a Unity Health System facility; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of Unity Health System to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President or other important persons, or to conduct special investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Other uses of medical information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Your rights regarding medical information about you

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

Right to inspect and copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request **in writing** to the Director of Health Information Management. See the Contact Information section at the end of this notice. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Unity Health System will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Unity Health System.

To request an amendment, your request must be made **in writing** and submitted to the Director of Health Information Management. See the Contact Information section at the end of this notice. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- 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 Unity Health System;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. We are not required to account for every disclosure we make, including disclosures for treatment, payment, and health care operations; from the facility directory; directly to you or your representative; or for which you have signed an authorization.

To request this list or accounting of disclosures, you must submit your request **in writing** to Director of Health Information Management. See the Contact Information section at the end of this notice. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is

involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions you must make your request **in writing** to Director of Health Information Management. See the Contact Information section at the end of this notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to request confidential communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request **in writing** to Director of Health Information Management. See the Contact Information section at the end of this notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a paper copy of this notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a paper copy of this notice at our website (www.unityhealth.org), at any information or reception desk in a Unity Health System facility, or through contacting the Privacy Officer of Unity Health System. See the Contact Information section at the end of this notice.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Unity Health System or with the Secretary of the Department of Health and Human Services. To file a complaint with Unity Health System, contact the Privacy Officer. See the Contact Information section at the end of this Notice. All complaints must be submitted **in writing**.

You will not be penalized, or retaliated against, for filing a complaint.

Questions

If you have any questions about this *Notice of Privacy Practices*, please contact Unity Health System's Privacy Officer. See the Contact Information section at the end of this notice.

Changes to this notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post the current notice throughout Unity Health System. The notice will contain the effective date of the notice on the bottom of each page. In addition, if a new version of our notice is published, we will make available to you a copy of the notice in effect each time you register at, or are admitted to, a Unity Health System facility for treatment or health care services as an inpatient or outpatient. It will also be available on our website (www.unityhealth.org).

Contact Information**Privacy Officer**

Mailing Address: Privacy Officer
Unity Health System
89 Genesee Street
Rochester, NY 14611

E-mail: privacyofficer@unityhealth.org

Phone: (585) 368-3220

**Director of Health
Information Management**

Mailing Address: Director of Health Information Management
Unity Health System
1555 Long Pond Road
Rochester, NY 14626

Phone: (585) 723-7402

Director of Fundraising

Mailing Address: Director of Fundraising
Unity Health Foundation
1555 Long Pond Road
Rochester, NY 14626

E-mail: fundraiser@unityhealth.org

**Unity Health System
Internet Website**

www.unityhealth.org