



## New York City Health and Hospitals Corporation Notice of Privacy Practices

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.

The New York City Health and Hospitals Corporation ("NYCHHC") is required under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to provide you with a description of the types of information that we gather about you, with whom that information may be shared, the safeguards that we have in place to protect it, and your rights to access and amend your health information. Because this notice only describes your privacy protections and other rights related to your medical information under HIPAA, you may be afforded additional protections and rights under other federal laws and/or State law that are not described in this notice. If the practices described in this notice meet your expectations, there is nothing further you need to do. If you prefer that we not share certain information, you may make a written request, as described below. If you have any questions regarding this Privacy Notice, or a complaint about our privacy practices, please contact our Corporate Privacy Officer at [CPO@NYCHHC.org](mailto:CPO@NYCHHC.org) or toll-free at **1-866-HELP-HHC**.

### Who Will Follow This Notice?

This notice describes NYCHHC's privacy practices and that of:

- Any health care professional authorized to enter information into your medical chart.
- All departments and units of NYCHHC, its hospitals, clinics, community providers, and affiliates working with NYCHHC to provide health care at NYCHHC facilities.
- Any member of the NYCHHC workforce including all employees, staff, volunteers, students, and other NYCHHC personnel.

All of these entities and facilities follow the terms of this notice. In addition, these individuals, entities, and locations may share medical information with each other for purposes of treatment, payment, health care operations, or research, as described in this notice.

A NYCHHC business associate may use or disclose your medical information only as permitted or required by its contract or other agreement with HHC. A NYCHHC business associate is not a member of the NYCHHC workforce, but has a relationship with NYCHHC to perform, or assist in the performance of, a function or activity on behalf of NYCHHC. A business associate

may not use or disclose your health information in any way that NYCHHC could not use or disclose it.

## Our Pledge Regarding Your Medical Information

We understand that information about you and your health is personal. We are thus committed to protecting the confidentiality of your medical information. As part of our routine operations, we create a record of the medical care and services you receive. 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 NYCHHC, whether made by your personal doctor or other NYCHHC personnel.

Whenever we use the term "medical information" in this notice, we mean information created or received by NYCHHC about you that concerns your health care and payment for that health care. This notice tells you about the ways we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

Federal law requires us to:

- Maintain the privacy of your medical information
- Provide you with notice of our duties and privacy practices related to your medical information
- Notify you when there is a breach, or unlawful access, use, or disclosure of your information.
- Follow the terms of this privacy notice.

## How We May Use and Disclose Your Medical Information

The following describes different ways that we may use and disclose your medical information. For each category of uses or disclosures we will explain what the category means and give examples. These examples are not exhaustive;

**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 facility personnel who are involved in taking care of you at NYCHHC. 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 the facility also may share medical information about you to coordinate the different things you need, such as prescriptions, lab work, and x-rays. When necessary, we may also disclose medical information about you to people outside the facility who may be involved in your medical care.

**For Payment.** Your protected health information will be used, as needed, to obtain payment

for your health care services. For example, we may need to give your health plan information about surgery you received at NYCHHC so your health plan 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. However, for services that you pay for out-of-pocket, and/or in full, you may request that we limit the information shared with your insurance company.

**For Health Care Operations.** We may use and disclose medical information about you as needed to run NYCHHC operations on a daily basis and to make sure that all of our patients receive quality care. For example, we may use medical information to review the quality of 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 NYCHHC should offer, what services are not needed, and whether certain new treatments are effective. When necessary, we may also disclose information to our accountants, consultants, and other professionals who help us operate the facility.

**Appointment Reminders.** We may use and disclose medical information to contact you with reminders that you have an appointment at the facility.

**Sale of Medical Information.** NYCHHC is generally prohibited from selling your medical information. However, in most circumstances or activities for which we expect to receive financial payment for disclosing medical information, we must obtain your written authorization before we use or disclose the information, if the payment that we receive is not related to a medical treatment or service that we have provided.

**Marketing.** We must obtain your written authorization before we use your medical information to communicate with you about purchasing or using a product or service, unless the communication is: made face-to face between you and NYCHHC or consists of a promotional gift of nominal value provided to you by NYCHHC. The following do not require prior authorization, unless NYCHHC receives payment from a third party in exchange for contacting you:

- **Drug Information.** We may use and disclose medical information to provide refill reminders or to provide information about a drug that you have been prescribed.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about treatment options that may interest you including case management or care coordination, alternative treatments, therapies, health care providers, or care settings.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits, products and services including NYCHHC owned health plans, and events that may interest you.

**Fundraising Activities.** We may use information, including your name, address, age, date of birth, gender, treating physician, dates of treatment, the department in which you received services, and certain other information unrelated to your condition, to contact you to raise money for our facilities and their health care operations. We may share that same information with an NYCHHC-related foundation or business associate for the same

purposes. **Opting Out of Fundraising Contacts.** You may complete a *NYCHHC Request for Additional Privacy Protections* form or submit a written request to the facility's Director of Admitting or Director of Registration to "opt out" of being contacted for NYCHHC fundraising efforts. You cannot be denied treatment, or any other benefit or service for choosing not to receive fundraising contact.

**Facility Directory.** Unless you object, we may include certain limited information about you in the inpatient directory while you are hospitalized. This information may include your name, location in the facility, your general condition (e.g., fair, stable, etc.), and your religious affiliation. All of this information, except for your religious affiliation, may also be released to people who ask for you by name. Only members of the clergy will be told your religious affiliation. If you would prefer that NYCHHC not include some or all of this information in the facility directory, please notify the facility's Director of Admitting.

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may release medical information about you to a friend or member of your family 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 in the facility. 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.

**Individuals Who May Act on Your Behalf.** We may release medical information about you to a personal representative, parent, or guardian. You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors, unless the minors are permitted by law to act on their own behalf.

**Research.** If you participate in a clinical trial, we will ask for your written permission before using or sharing your medical information. In certain circumstances, we may use your information without your written permission for a research study after a special approval process that ensures minimal risk to your privacy. Under no circumstances will a researcher reveal your name or identity publicly in preparation for, during, or after a research study.

**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.

## Special Disclosure Situations

**Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

**Workers' Compensation.** We may release medical information about you to your employer's insurance carrier, to the Workers' Compensation Board or to similar programs.

**Public Health Activities.** We may share medical information about you for public health purposes with government organizations that are authorized to prevent the spread of disease, or to receive reports of certain medical conditions, births, deaths, abuse, neglect, and domestic violence. We will try to obtain your permission before releasing this information, except when we are required or authorized to act without your permission.

**Special Protections for HIV, Alcohol and Substance Abuse, Mental Health, and Genetic Information.** Special privacy protections apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, psychotherapy notes (under federal law), and genetic information. If your care involves these special areas, please contact your health care providers or counselors for more information about these additional protections.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, and inspections.

**Legal Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release your medical information for law enforcement purposes, including the following:

- To respond to legal proceedings
- To identify or locate a suspect, fugitive, material witness, or missing person
- In circumstances pertaining to victims of a crime
- In the case of deaths we believe may be the result of criminal conduct
- In the case of crimes occurring at the facility
- To report a crime in an emergency; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

**Death.** In the event of your death, NYCHHC may use and disclose your protected health information in order to notify or assist in locating your family member, next-of-kin, personal representative, or other person involved in your care about your death, unless doing so would be inconsistent with any prior preference or instruction that you have expressed in writing to NYCHHC. In making any such disclosure, NYCHHC personnel will ensure that only the protected health information that is relevant and necessary for notification or location purposes is used. Otherwise, NYCHHC may only disclose your protected health information to a surviving relative or

legal representative, if they have legal authority to act on your behalf or present a valid authorization or court order.

**Coroners, Medical Examiners, Funeral Directors, and Organ Donations.** We may release your medical information to a coroner or medical examiner. We may also release medical information about patients of the facility to funeral directors, as necessary, to carry out their duties. Medical information may be used and disclosed for organ, eye, and tissue donations.

**Disaster Relief.** We may release or disclose your medical information to a public or private entity authorized by law or other authority to assist in disaster relief efforts, for the purpose of coordinating with such entity notifications to your family members, personal representative, or other person(s) responsible for your care of your location, general condition, or death.

**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, other authorized persons, foreign heads of state, or to conduct special investigations.

**Inmates.** We may release medical information about inmates of a correctional institution to the correctional institution or law enforcement officials. This release would be necessary (1) for the institution to provide the inmate with health care; (2) to protect the inmate's health and safety or the health and safety of others; and (3) for the safety and security of the correctional institution.

## Your Rights Regarding Your Medical Information

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

**Right to Access and Copy.** You have the right to request access to, and obtain a copy of, information that may be used to make decisions about you. This information includes medical and billing records, but does not include psychotherapy notes or information pertaining to an ongoing clinical trial. You have the right to request that copies of electronic records be provided in electronic form. To access and copy information that may be used to make decisions about you, please submit your request in writing to the facility's Health Information Management Department.

If you request that a copy of the information be provided to you, we may charge a fee to cover the costs of copying, preparing, and mailing the request. If you are denied access to information, we will provide you with a written explanation. You may request that the denial be reviewed. Another licensed health care professional chosen by NYCHHC 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 request that we amend it for as long as the information is kept by or for the

facility. All amendment requests must be in writing. To request an amendment, complete a *NYCHHC Request for Amendment* form or submit a written request to the facility's Health Information Management Department. You must provide a reason to support your request for amendment. 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 you provide us with a reason to believe that the person who created the information is no longer available to act on the amendment.
- Is not part of the information that may be used to make decisions about you.
- Is not part of the information that you would be permitted to inspect and copy
- 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 that NYCHHC has made of medical information about you. The list will not include certain information, such as information we have shared for your treatment, payment, or NYCHHC health care operations, or those disclosures we have made with your permission. To request this list, please submit your request in writing to the facility's Health Information Management Department. Your request must include a time period that 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 (i.e., on paper or electronic format). The first list you request within a 12-month period will be free. For additional lists, we may charge a reasonable cost-based fee to cover the cost of providing the information. We will notify you of the cost involved and you may choose to cancel or change your request at that time before you've been charged.

**Right to Request Restrictions.** You have the right to request a restriction on the medical information that 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 that we disclose about you to someone who is involved in your care, like a family member or friend. For example, you could ask that we not use or disclose information about a medical procedure that you had. To request restrictions, please complete a *NYCHHC Request for Additional Privacy Protections* form. You may also submit a written request to the facility's Director of Admitting or the Director of Registration. In your request, please tell us:

- What information you want to limit
- Whether you want to limit our use, disclosure or both
- To whom you want the limits to apply (for example, disclosures to your spouse)

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

**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, please submit your request in writing to the facility's Medical Correspondence Unit. 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 Notice in the Event of a Breach.** You have the right to be notified when your health information has been acquired, accessed, used or disclosed in a manner that is not legally permitted, and where NYCHHC determines that your health information has been compromised. You will generally be notified of a breach in writing, within 60 days of the event. You can contact Patient Relations, NYCHHC's Corporate Privacy Officer at [CPO@NYCHHC.org](mailto:CPO@NYCHHC.org), or call 1-866-HELP-HHC if you believe that your medical information has been improperly accessed, used or disclosed.

**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 obtained your Notice electronically, you are still entitled to a paper copy of this Notice. You may also obtain a copy of this notice at our website, [www.nyc.gov/hhc](http://www.nyc.gov/hhc). To obtain a paper copy of this notice, please request one from the facility's Admitting or Registration Department.

## 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 a copy of the current notice in the facility. The notice will contain the effective date on the first page, in the top right-hand corner.

## Complaints

If you believe your privacy rights have been violated, or have concerns about NYCHHC's privacy practices, you may file a complaint with NYCHHC or with the Secretary of the Department of Health and Human Services. To file a complaint with NYCHHC please call the toll-free Complaint Hotline at 1-866-HELP-HHC or send an email to [CPO@NYCHHC.org](mailto:CPO@NYCHHC.org). ***You will not be penalized for filing a complaint.***

## Other Uses and Disclosures of Medical Information

Other uses and disclosures of medical information that are not covered by this notice, or by applicable federal, state, and local laws, will only be made with your written permission. If you provide us with permission to use or disclose your medical information, 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 authorization. We are unable to take back any disclosures that we have already made with your permission and that we are required to retain in our records of the care that we provided to you.

## Acknowledgement

By signing and dating the form below, I acknowledge that I have received a copy of the New York City Health and Hospitals Corporation's Privacy Notice.

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Patient's Medical Record Number

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

If executed by a patient's personal representative, please print your name in the space below:

\_\_\_\_\_  
Personal Representative's Name

\_\_\_\_\_  
Personal Representative's Signature

**FOR USE BY NYCHHC STAFF ONLY:**

- Patient refused to sign
- Patient unable to sign

\_\_\_\_\_  
NYCHHC Employee's Initials

\_\_\_\_\_  
Today's Date