



**St. James Mercy Hospital**  
**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.**

Effective Date: April 14, 2003

St. James Mercy Hospital (referred as SJMH here forward) includes, but is not limited to, the following:

- \* Acute care hospital
- \* Emergency Department
- \* Physician Practices
- \* Rural Health Care Clinics
- \* MOMS/PCAP Prenatal Care Program
- \* Mercycare Campus
- \* Specialty clinics
- \* School of Radiologic Sciences

If you have any questions about this notice, please contact SJMH Privacy Officer.

**WHO WILL FOLLOW THIS NOTICE**

This notice describes SJMH's practices and those of:

- \* Any healthcare professional, including Spiritual Care, authorized to enter information into your medical record.
- \* All departments and units of SJMH.
- \* Any member of a volunteer group we allow to help you while you are at SJMH.
- \* All employees, staff, Board of Directors, independent contractors, trainees, volunteers, members of the medical staff, students and other persons whose conduct, in the performance of work for SJMH, is under the direct control of SJMH.
- \* All these persons, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or healthcare operations purposes as 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 while following all federal and state privacy regulations. We create a record of the care and services you receive at the SJMH. 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 the SJMH, whether made by our personnel or your personal doctor. 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.

This notice will tell you about the ways in which 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. Our commitment is to follow all federal and state regulations, when applicable, to protect your privacy.

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 the notice that is currently in effect.

## 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 try to 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 these 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 SJMH personnel who are involved in taking care of you. For example, a doctor treating you for a broken hip 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. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care while you are at SJMH or after you leave St. James Mercy. For example, we may have to get second opinions or consults from specialists, such as outside pathology labs or oncologists. SJMH may help you with discharge planning, that is, planning for your care after you are discharged from the hospital. In order to help you, we may need to disclose medical information to organizations like home health agencies or skilled nursing facilities.

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at St. James may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received at the hospital so your health plan will pay us or reimburse you for the treatment. 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 information about you to another health care provider, such as another hospital, for their payment activities concerning you.

**For Healthcare Operations.** We may use and disclose medical information about you for SJMH operations. These uses and disclosures are necessary to run SJMH 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 be required by Federal or New York State law to submit some protected health information about you to regulatory agencies. We may also combine medical information about many hospital patients to decide what additional services the hospital 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 SJMH personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals or healthcare systems to compare how we are doing and see where we can make improvements in the care and services we offer. We will, whenever possible, remove information that identifies you from this set of medical information so others may use it to study health care and healthcare delivery without learning the identities of specific patients. We may also disclose information about you for another hospital's health care operations if you also have received care at that hospital.

**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 medical information about you to contact you in an effort to raise money for St. James Mercy and its operations. We may disclose medical information to a business partner or a foundation related to the hospital so that the business partner or the foundation may contact you in raising money for SJMH. We only would release contact information, such as your name, address and phone number, and the dates you received treatment or services at SJMH. If you do not want SJMH to contact you for fundraising efforts, you must notify the hospital's Privacy Officer in writing.

**Hospital Directory.** Unless you tell us otherwise, we may include certain limited information about you in the SJMH directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., 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 community-based clergy, such as a 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 hospital and generally know how you are doing. If you do not want anyone to know this information about you, if you want to limit the amount of information that is disclosed, or if you want to limit who gets this information, you must indicate your preference on the SJMH Consent Form, or notify SJMH's Privacy Officer in writing.

**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, if that information is directly relevant to the person's involvement in your care. This would include persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for your care. 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. You can object to these releases by telling us that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.

**Research.** 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 hospital. We will 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 the hospital.

**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.

### **SPECIAL SITUATIONS**

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

**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. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.

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

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

- \* To prevent or control disease, injury, or disability;
- \* To report deaths;
- \* To report reactions to medications or problems with products; to notify people of recall of products they may be using;
- \* To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, if authorized by law; and
- \* 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 when required or authorized 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 healthcare system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a valid 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 medical information if asked to do so by a law enforcement official:

- \* In response to a valid 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 the hospital; 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 deceased patients of the hospital to funeral directors as necessary to carry out their duties upon the request of the patient's family.

**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, or foreign heads of state, or 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; (3) for the safety and security of the correctional institution; or (4) to obtain payment for services 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 request copies of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes and other mental health records under certain circumstances.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to SJMH's Hospital Information Management department (HIM), or the department responsible for your patient record. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay the fees, if any, for preparing the summary or explanation.

We may deny your request to inspect and copy medical information in certain very limited circumstances, such as when your physician determines that for medical reasons this is not advisable. If your request is denied, a summary of your care may be offered by your attending physician, or you may appeal to the New York State Department of Health. 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 SJMH.

To request an amendment, your request must be made in writing and submitted to SJMH's HIM department or the office responsible for your records. 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 SJMH;
- \* 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 that were not specifically authorized by you in advance.

To request this list of accounting of disclosures, you must submit your request in writing to the SJMH HIM department. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you a reasonable cost-based fee for this service. 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 healthcare 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.

*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 the Nursing Supervisor on duty. 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 Confidential Communications.** There may be times when you do not want confidential information about you sent through traditional communication channels. For example, you may not want us to send information about you to your home address, or leave messages on your answering machine at home. You can ask that we only contact you at work or by mail, or at another mailing address, besides your home address. You have the right to request that information be routed by alternative means or to alternative locations. Your request must be in writing. We must accommodate your request, if it is reasonable. You are not required to provide us with an explanation as to the basis of your request. Contact your healthcare provider or St. James Mercy Health's Privacy Officer if you require such confidential communications.

**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 from the Admissions department, the Emergency Department, Physician Practices, McAuley Manor, or any place you register for service at SJMH. You may also request a copy from SJMH's Health Information Management department (HIM) in writing.

### **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 hospital. The notice will contain on the first page, in the top right-hand corner, the effective date.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. *To file a complaint with St. James Mercy, contact Privacy Officer, St. James Mercy Health, 411 Canisteo Street, Hornell, NY 14843.* All complaints must be submitted in writing.

*You will not be penalized for filing a complaint.*

### **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 authorization. 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 care that we provided to you.