



Stony Brook Southampton Hospital

HIPAA JOINT PRIVACY NOTICE

THIS JOINT 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.

INTRODUCTION

This Joint Notice is being provided to you on behalf of **Southampton Hospital** and its Medical Staff with respect to services provided at the Hospital facilities (collectively referred to herein as “We” or “Our”). This Joint Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

We understand that your medical information is private and confidential. Further, we are required by law to maintain the privacy of “protected health information.” “Protected health information” includes any individually identifiable information that we obtain from you or others that relates to your past, present or future physical or mental health, the health care you have received, or payment for your health care. **Southampton Hospital** and its Medical Staff [and its Business Associates] will share protected health information with one another, as necessary, to carry out treatment, payment or health care operations relating to the services to be rendered at Hospital facilities, and for other purposes that are permitted or required by law.

We must comply with the provisions of this notice as currently in effect, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information we maintain. You can always request a written copy of our most current privacy notice from (631) 726-8200 at the Hospital or you can access it on our website at www.southamptonhospital.org.

To the extent you’ve received a similar notice from us in the past, this Notice includes some important changes that you should be aware of, and supersedes any prior notice, so please consider it carefully.

PERMITTED USES AND DISCLOSURES

Your protected health information may be used and disclosed by members of our staff and others outside of our office that are involved in your care and treatment for the purpose of providing services to you. Your protected health information may also be used and disclosed to enable us to be paid for the services we render to you.

The following are examples of the types of uses and disclosures of your protected health care information that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our Practice.

- Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating 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 contact a physical therapist to create the exercise regimen appropriate for your treatment.
- Payment: Payment refers to the activities we undertake to obtain reimbursement for the health care provided to you, including: (a) billing and collection activities and related data processing; (b) actions by a health plan or insurer to obtain premiums or to determine or fulfill its responsibilities for coverage and provision of benefits under its health plan or insurance agreement, determinations of eligibility or coverage, adjudication or subrogation of health benefit claims; (c) medical necessity and appropriateness of care reviews, utilization review activities; and (d) disclosure to consumer reporting agencies of information relating to collection of premiums or reimbursement. For example, some health plans must make a determination that you are eligible for reimbursement for particular services before we can provide them to you and we must provide them with protected health information to enable them to make such a determination. When we subsequently bill the health plan for the services rendered to you, we can provide the health plan with information regarding your care if necessary to obtain payment. Moreover, we may disclose your protected health information to other affiliated Covered Entities from whom you received treatment in order to facilitate those affiliated Covered Entities billing and collection activities. Federal or State law may require us to obtain a written release from you prior to disclosing certain specially protected health information for payment purposes, and we will ask you to sign a release when necessary under applicable law.
- Health care operations: We may use or disclose, as needed, your protected health information in order to support our own business activities. These activities include, but are not limited to (a) development of clinical guidelines; (b) contacting patients with information about treatment alternatives or communications in connection with case management or care coordination; (c) reviewing the qualifications of and training and supervising health care professionals; (d) underwriting and premium rating; (e) medical review, legal services, and auditing functions; and (f) general administrative activities such as customer service and data analysis, and (g) licensing, certification and conducting or arranging for other business activities. For example, we may use your protected health information to evaluate the performance of our staff when caring for you. We may also combine health information about many patients to decide what additional services we 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 others for review and learning purposes. In addition, we may remove information that identifies you from your patient information so that others can use the de-identified information to study health care and health care delivery without learning who you are.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

In addition to using and disclosing your information for treatment, payment and health care operations, we may use your protected health information in the following ways:

- We will share your protected health information with third party “business associates” that perform various activities that are essential to the operations of our organization. Whenever we have an arrangement between our organization and a business associate, we will limit the amount of protected health information that we provide to the minimum necessary to accomplish the particular task and we will have a written contract that contains terms that will protect the privacy of your protected health information.
- We may use or disclose your protected health information, as necessary, to provide you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- We may also contact you as part of our fundraising efforts, but you have the right to opt out of receiving such communications.

NOTE: TO OPT OUT OF FUNDRAISING COMMUNICATIONS, PLEASE CALL (631) 726-8700.

- When permitted by law, we may coordinate our uses and disclosures of protected health information with public or private entities authorized by law or by charter to assist in disaster relief efforts.

USES AND DISCLOSURES THAT WE MAY MAKE UNLESS YOU OBJECT

In the following situations, we may disclose your protected health information if we inform you about the disclosure in advance and you do not object.

- *Notification.* Upon request, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition.
- *Communication with family or other caregiver:* Staff members may disclose to a family member, other relative, close personal friend or any other person you authorize in writing, health information relevant to that person’s involvement in your care or payment related to your care. If you are present for, or otherwise available prior to, a notification or communication with family or another caregiver, and you have the capacity to make health care decisions, we may make the disclosure if you agree; or if we provide you with the opportunity to object and you do not object; or we reasonably infer from the circumstances that you do not object. If you are not present for the notification or disclosure, or the opportunity to agree or object cannot be provided because of your incapacity or an emergency circumstance, we may determine whether the disclosure is in your best interest and, if so, we may disclose to the designated person only that information that is directly relevant to the person’s involvement with your health care.
- We may include certain limited information about you in the hospital 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 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 priest or rabbi, even if they do not ask for you by name. This will allow your family, friends, and clergy to visit you in the Hospital and generally know how you are doing. You may request that your information not be listed in the directory.

- We will allow your family and friends to act on your behalf to pick-up prescriptions, medical supplies, X-rays, and similar forms of protected health information, when we determine, in our professional judgment, that it is in your best interest to make such disclosures.
- We may use or disclose your protected health information for research purposes, subject to the requirements of applicable law. For example, a research project may involve comparisons of the health and recovery of all patients who received a particular medication. All research projects are subject to a special approval process which balances research needs with a patient's need for privacy. When required, we will obtain a written authorization from you prior to using your health information for research.
- We will use or disclose protected health information about you when required to do so by applicable law.

Note: In accordance with applicable law, we may disclose your protected health information to your employer if we are retained to conduct an evaluation relating to medical surveillance of your workplace or to evaluate whether you have a work-related illness or injury. You will be notified of these disclosures by your employer or the Hospital as required by applicable law.

USES AND DISCLOSURES NOT REQUIRING YOUR AUTHORIZATION

The federal privacy rules provide that we may use or disclose your protected health information without your authorization in the following circumstances:

- *Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- *Worker's Compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.
- *Public Health Reporting:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability, including:
 - * to prevent or control disease, injury or disability;
 - * to report births and deaths;
 - * to report child abuse or neglect;
 - * to persons subject to the jurisdiction of the Food and Drug Administration (FDA) for activities related to the quality, safety, or effectiveness of FDA-regulated products or services and to report reactions to medications or problems with products;

- * 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;
 - * to notify the appropriate government authority if we believe that an adult patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if the patient agrees or when required or authorized by law.
- *Health Oversight Activities.* We may disclose health information to Federal or State agencies that oversee our activities. These activities are necessary for the government to monitor the health care system, government benefit programs, and compliance with civil rights laws or regulatory program standards.
 - *Correctional institution:* Should you be an inmate of a correctional institution we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
 - *Law enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid search warrant or court order.
 - *Criminal Activity:* We may disclose your protected health information if we believe that it constitutes evidence of criminal conduct that occurred on our premises. We may also disclose your protected health information if we are required by applicable state law to report suspected child abuse or neglect or abuse of incapacitated adults or an injury that we believe may have been the result of an illegal act. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
 - *Legal Proceedings:* We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and, in certain situations, in response to a subpoena, discovery request or other lawful process.
 - *Relating to Decedents:* We may disclose protected health information regarding an individual's death to coroners, medical examiners or funeral directors consistent with applicable law.
 - *Organ and Tissue Donation:* If you are an organ donor, we may release health 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 health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
 - *Serious Threats.* As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or is necessary for law enforcement authorities to identify or apprehend an individual.
 - *As Required By Law:* We may use or disclose your protected health information to the extent that the use or disclosure is required by state or federal law. The use or disclosure will be made in

compliance with the law and will be limited to the relevant requirements of the law. For example, we must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the federal Privacy Rules.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described in this Notice. Further, once your permission has been obtained, we must use or disclose your protected health information in accordance with the specific terms of that permission. You may revoke this authorization at any time, in writing, except to the extent that we have already relied upon your authorization in making a disclosure.

The following are examples of uses and disclosures requiring your written authorization:

- *Psychotherapy notes:* We are forbidden from most uses and disclosures of psychotherapy notes without your consent.
- *Marketing:* We are forbidden from most uses and disclosures of protected health information for marketing purposes unless (i) the communication occurs face-to-face; (ii) consists of marketing gifts of nominal value; (iii) is regarding a prescription refill reminder that is for a prescription currently prescribed or a generic equivalent as long as any financial remuneration received by the Hospital is "reasonably related" to the cost related to the marketing. We are forbidden from uses and disclosures for all treatment and health care operations communications where the Covered Entity receives financial remuneration for making the communication from a third party whose product or service is being marketed in the communication.
- *Sale of Protected Health Information:* We are forbidden from uses and disclosures that constitute a sale of your PHI.
- *Disclosure to an Employer:* We are forbidden from disclosing your PHI to an employer without your written consent, except, as noted above, to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.
- *Disclosure to a Life Insurer:* We are forbidden from disclosing your PHI to a life insurer for underwriting/eligibility purposes without your written consent.
- *Disclosure to an Attorney:* We are forbidden from disclosing your PHI to an attorney without your consent.
- *Disclosure to a Child's School:* We are forbidden from directly disclosing PHI relating to a child's physical examination to the child's school to permit participation in athletic activities without your written consent.

- *Disclosure to Schools of Student Immunizations:* We may disclose, without written authorization, immunization records to a school where state or other law requires the school to have such information prior to admitting the student. We are nonetheless required to obtain and document your agreement to the disclosure, which may be oral and over the phone from the parent or person acting *in loco parentis* for the individual, or from the individual himself or herself.

Note: HIV-related information, genetic information, alcohol and/or substance abuse records, mental health records and other specially protected health information may enjoy certain special confidentiality protections under applicable State and Federal law. Any disclosures of these types of records will be subject to these special protections.

OTHER USES OF YOUR HEALTH INFORMATION

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your permission in a written authorization. You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization.

OUR OBLIGATIONS

We are required by law to:

- maintain the privacy of your health information.
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- abide by the terms of this notice.
- notify you if we are unable to agree to a requested restriction.
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- notify you in writing if the confidentiality of your PHI has been breached. A breach occurs when an unauthorized acquisition, access, use or disclosure occurs that compromises the privacy or security of your PHI, including uses or disclosures that provide more than the minimum necessary information, unless certain exceptions apply (including an unintentional good faith acquisition, access, or use of PHI by members of our staff; an inadvertent disclosure between two individuals who are otherwise authorized to access the PHI; or a disclosure to an unauthorized person who would not reasonably have been able to retain such information) or unless we can demonstrate there is a low probability that your PHI has been compromised based on a thorough, good faith, and reasonable risk assessment.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us.

We will not use or disclose your health information without your authorization, except as described in this notice.

YOUR HEALTH INFORMATION RIGHTS

- You have the right to request restrictions on our uses and disclosures of protected health information for treatment, payment and health care operations. However, except as provided below, we are not required to agree to your request. To request a restriction, you must make your request in writing to the Director of Medical Records, Southampton Hospital. If we agree to the requested restriction, we may not use or disclose your health information in violation of that restriction unless it is needed to provide emergency treatment.
- You have the right to require that we keep confidential and that we do not disclose to your third party payer any information regarding services for which you have paid in full out-of-pocket.
- You have the right to obtain a paper copy of this Notice of Privacy Practices upon request.
- You have the right to revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- You have the right to reasonably request to receive confidential communications of protected health information by alternative means or at alternative locations. To make such a request, you must submit your request in writing to the Director of Medical Records, Southampton Hospital.
- You have the right to inspect and obtain a copy of your medical and billing records and in any other Hospital records used by us to make decisions about you. If we maintain your PHI in an electronic health record, you may request a copy in an electronic format or you may request that we transmit your PHI electronically to you or a designated recipient. Please note this right does not apply with regard to the following:
 - (i) for psychotherapy notes, which are notes that have been recorded by a mental health professional documenting or analyzing the contents of conversations during a private counseling session or a group, joint or family counseling session and that have been separated from the rest of your medical record;
 - (ii) for information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
 - (iii) if you are a prison inmate, obtaining a copy of your information may be restricted if it would jeopardize your health, safety, security, custody, or rehabilitation or that of other inmates, or the safety of any officer, employee, or other person at the correctional institution or person responsible for transporting you;
 - (iv) if we obtained or created protected health information as part of a research study, your access to the health information may be restricted for as long as the research is in progress, provided that you agreed to the temporary denial of access when consenting to participate in the research;

- (v) for protected health information contained in records kept by a Federal agency or contractor when your access is restricted by law; and
- (vi) for protected health information obtained from someone other than us under a promise of confidentiality when the access requested would be reasonably likely to reveal the source of the information.

In order to inspect and copy your health information, you must submit your request in writing to the Director of Medical Records at our Hospital. If you request a copy of your health information, we may charge you a fee for the costs of copying and mailing your records, as well as other costs associated with your request.

We may also deny a request for access to protected health information if:

- (i) a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger your life or physical safety or that of another person;
- (ii) the protected health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or
- (iii) the request for access is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person.

If we deny a request for access for any of the three reasons described above, then you have the right to have our denial reviewed in accordance with the requirements of applicable law.

- You have the right to request an amendment to your protected health information, but we may deny your request for amendment, if we determine that the protected health information or record that is the subject of the request:
 - (i) was not created by us, unless you provide a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment;
 - (ii) is not part of your medical or billing records or other records used to make decisions about you;
 - (iii) is not available for inspection as set forth above; or
 - (iv) is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records. In order to request an amendment to your health information, you must submit your request in writing to the Director of Medical Records at our Hospital, along with a description of the reason for your request.

- You have the right to receive an accounting of disclosures of protected health information made by us to individuals or entities other than to you for the six years prior to your request, except for disclosures:
 - (i) to carry out treatment, payment and health care operations as provided above, unless we maintain your PHI in an electronic health record. If we maintain your PHI in an electronic health record, then we may be required to provide you with routine disclosures of PHI, including disclosures of treatment, payment or healthcare operations, for the 3-year period prior to the date of the request.¹
 - (ii) incident to a use or disclosure otherwise permitted or required by applicable law;
 - (iii) pursuant to a written authorization obtained from you;
 - (iv) for the Hospital's directory or to persons involved in your care or for other notification purposes as provided by law;
 - (v) for national security or intelligence purposes as provided by law;
 - (vi) to correctional institutions or law enforcement officials as provided by law; or
 - (vii) as part of a limited data set as provided by law.

To request an accounting of disclosures of your health information, you must submit your request in writing to the Director of Medical Records at our Hospital. Your request must state a specific time period for the accounting (e.g., the past three months). The first accounting you request within a twelve (12) month period will be free. For additional accountings, we may charge you fees for the costs associated with providing the list. We will notify you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

COMPLAINTS

If you believe that your privacy rights have been violated, you should immediately contact the Vice President of Quality Management at the Hospital. We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of Health and Human Services.

CONTACT PERSON

If you have any questions or would like further information about this notice, please contact the office of the Privacy Officer at the Hospital. This notice is effective as of September 23, 2013.

¹ The requirement noted above, which appears at section 13405(c) of the Health Information Technology for Economic and Clinical Health ("HITECH") Act, was not addressed in the final omnibus amendments to the HIPAA Rules under HIPAA, as directed pursuant to the HITECH Act, enacted as part of the American Recovery and Reinvestment Act of 2009. It is anticipated that further guidance regarding this requirement will be provided, and to the extent that the HITECH Act requirement is adopted, or to the extent that further guidance suggests that Covered Entities comply with this requirement, the Hospital will adopt this requirement and will provide information to you in accordance with its terms.



**Stony Brook
Southampton Hospital**

PRIVACY NOTICE ACKNOWLEDGEMENT OF RECEIPT

I, _____, acknowledge that I have been provided with a copy of **Southampton Hospital's** privacy notice.

Date: _____

Signature of Patient or Guardian

For Hospital Use:

	Yes	No
Presented Privacy Notice to Patient	<input type="checkbox"/>	<input type="checkbox"/>
Patient Signed Acknowledgment of Receipt	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Registrar