

# 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.**

## About this Notice

Your privacy is very important to us, and we are committed to protecting health information that identifies you (“health information”). This Notice will tell you about the ways we may use and disclose health information. We also describe your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to maintain the privacy of health information that identifies you; give you this Notice of our legal duties and privacy practices with respect to your health information and follow the terms of our Notice that are currently in effect. This Notice applies to care and treatment that you receive at the institutions that are part of Montefiore Health System, including Montefiore Medical Center, Montefiore Mount Vernon Hospital, Montefiore New Rochelle Hospital, Montefiore Nyack, Schaffer Extended Care Center, White Plains Hospital, and by the Medical Staff at these institutions (collectively referred to as “We” or “Montefiore” in this Notice). This Notice will be followed by any healthcare professional who treats you at any Montefiore hospital, clinic or office location. “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. The institutions that are part of Montefiore Health System participate in joint activities, such as payment activities and quality improvement activities, and may share your health information among themselves for purposes of treatment, payment and operations. All Montefiore Health System institutions will abide by the privacy requirements of this Notice.

## How we may use and disclose health information about you

### For Treatment For Healthcare Operations

We may use health information about you to provide you We may use and disclose health information for healthcare with medical treatment or services. We may disclose health operations purposes. These uses and disclosures are necessary information to doctors, nurses, technicians, medical students to make sure that all of our patients receive quality care and other personnel who are involved in taking care of you. For for our operation and management purposes. For example, example, a doctor treating you for a broken leg may need to we may use health information to review the treatment and know if you have diabetes, because diabetes may slow the services you receive to check on the performance of our staff healing process. Different Montefiore departments also may in caring for you. We also may disclose information to doctors, share health information such as prescriptions, lab work and nurses, technicians, medical students and other personnel x-rays to coordinate your treatment. We may also disclose for educational and learning purposes. We also may combine health information to people outside of Montefiore who may health information about many patients to decide what be involved in your medical care. additional services we should offer, what services are not needed, and whether certain new treatments are effective.

### For Payment

We may use and disclose health information so that we may bill Fundraising Activities for treatment and services you receive at Montefiore and can We may use certain information (name, address, telephone collect payment from you, an insurance company or another number or e-mail information, age, date of birth, gender, third party. For example, we may need to give your health health insurance status, dates of service, department of plan information about your treatment in order for your health service information, treating physician information or outcome plan to pay for that treatment. We also may tell your health information) to contact you for the purpose of raising money for plan about a treatment you are going to

receive to obtain Montefiore, and you will have the right to opt out of receiving prior approval or to determine whether your plan will cover such communications with each solicitation. The money raised the treatment. In the event a bill is overdue, we may need to will be used to expand and improve the services and programs give health information to a collection agency to help collect we provide to the community. You are free to opt out of the bill or may disclose an outstanding debt to credit reporting fundraising solicitations, and your decision will have no impact agencies. on your treatment or payment for services at Montefiore. 1500 (5/15) 1/4

## **Family and Friends Involved in Your Care Military and Veterans**

If you do not object, we may release health information to a If you are a member of the armed forces, we may release health person who is involved in your medical care or helps pay for information as required by military command authorities. We your care, such as a family member or close friend. We also also may release health information to the appropriate foreign may notify your family about your location, general condition military authority if you are a member of a foreign military. or death, or disclose such information to an entity assisting in a Workers' Compensation disaster relief effort. We will allow your family and friends to act We may release health information for workers' compensation on your behalf to pick-up filled prescriptions, medical supplies, or similar programs. These programs provide benefits for work- X-rays, and similar forms of health information, when we related injuries or illness. determine, in our professional judgment, that it is in your best interest to make such disclosures. Public Health Risks We may disclose health information for public health activities.

## **Patient Directory**

These activities generally include disclosures to: a person subject If you do not object, we will include your name, hospital to the jurisdiction of the FDA for purposes related to the quality, location, general condition (e.g. fair, stable, critical, etc.) and safety or effectiveness of an FDA-regulated product or activity; your religious affiliation in our Patient Directory while you are prevent or control disease, injury or disability; report births a patient in the hospital. This directory information, except for and deaths; report child abuse or neglect; report reactions religion, may be released to people who ask for you by name. to medications or problems with products; notify people of Your religious affiliation may be given to a member of the recalls of products they may be using; a person who may have clergy, such as a priest or rabbi. been exposed to a disease or may be at-risk for contracting

## **Research or spreading a disease or condition; and the appropriate**

Under certain circumstances, we may use and disclose health government authority if we believe a patient has been the victim information for research purposes. For example, a research of abuse, neglect or domestic violence and the patient agrees or project may involve comparing the health and recovery of all we are required or authorized by law to make such disclosure. patients who received one medication to those who received Health Oversight Activities another, for the same condition. Before we use or disclose We may disclose health information to a health oversight agency health information for research, however, the project will go for activities authorized by law. These oversight activities include, through a special approval process, which balances the benefits for example, audits, investigations, inspections and licensure. of research with the patient's need for privacy. Even without These activities are necessary for the government to monitor the special approval, we may permit researchers to look at records health care system, government programs and compliance with to help them identify patients who may be included in their civil rights laws.

## **research projects or for similar purposes, so long as they do not**

remove or take a copy of any health information. Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose As Required by Law health information in response to a court or administrative We will disclose health information when required to do so by order. We also may disclose health information in response international, federal, state or local law. to a subpoena, discovery request, or other lawful process by To Avert a Serious Threat to Health or Safety someone else involved in the dispute, but only if efforts have We may use and disclose health information when necessary to been made to tell you about the request or to obtain an order prevent a serious threat to your health and safety or the health protecting the information requested. and safety of the public or another person. Any disclosure, Law Enforcement however, will be to someone who may be able to help prevent We may release health information if asked by a law the threat. enforcement official for the following reasons: in response to Business Associates a court order, subpoena, warrant,

summons or similar process; We may disclose health information to our business associates limited information to identify or locate a suspect, fugitive, that perform functions on our behalf or provide us with material witness or missing person; about the victim of a crime services, if the health information is necessary for such functions under certain limited circumstances; about a death we believe or services. For example, we may use another company to may be the result of criminal conduct; about criminal conduct on perform billing services on our behalf. All of our business our premises; and in emergency circumstances to report a crime, associates are obligated, under contract with us, to protect the the location of the crime or victims, or the identity, description privacy of your health information and are not allowed to use or location of the person who committed the crime. or disclose any health information other than as specified in our National Security and Intelligence Activities contract. and Protective Services Organ and Tissue Donation We may release health information to authorized federal If you are an organ or tissue donor, we may release health officials for intelligence, counter-intelligence, and other national information to organizations that handle organ procurement security activities authorized by law. We also may disclose health or organ, eye or tissue transplantation or to an organ donation information to authorized federal officials so they may conduct bank, as necessary, to facilitate organ or tissue donation and special investigations and provide protection to the President, transplantation. other authorized persons and foreign heads of state.

Coroners, Medical Examiners and Funeral Directors We may release health information to a coroner, medical examiner or funeral director so that they can carry out their duties. Inmates If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information to the correctional institution or law enforcement official. This release would be if 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.

How to Learn About 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 information, mental health information and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you may contact the Privacy Officer for more information about the protections.

Incidental Disclosures While we take reasonable steps to safeguard the privacy of your health information, certain unavoidable disclosures may occur. For example, during a treatment session, other patients in the area may see or overhear discussion of your health information.

Other Uses of Health Information Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. This includes most uses and disclosures of psychotherapy notes, unless the disclosure is required by law and for other limited purposes. It also includes disclosure of your health information that would constitute a “sale” of the information, and includes use and disclosure of your health information for marketing purposes when Montefiore is being paid by a third party to make the marketing communication, except for refill reminders where the payment received by Montefiore is reasonably related to Montefiore’s cost of making the reminder communications, face-to- face communications, and gifts of nominal value. You may revoke your permission at any time by submitting a written request to our Privacy Officer, except to the extent that we acted in reliance on your permission.

## Your Rights Regarding Health Information About You

You have the following rights, subject to certain limitations, regarding health information we maintain about you: Right to Inspect and Copy Right to a Paper Copy of This Notice You have the right to inspect and copy health information that You have the right to a paper copy of this Notice, even if you may be used to make decisions about your care or payment for have agreed to receive this Notice electronically. You may your care. We may charge you a fee for the costs of copying, request a copy of this Notice at any time. You may obtain a mailing or other supplies associated with your request. Upon copy of this Notice at our web site, [www.montefiore.org](http://www.montefiore.org). request, we will provide you with an electronic copy of the How to Exercise Your Rights health information that we maintain electronically. To exercise your rights described in this Notice, send your Right to Request Amendments request, in writing, to our Privacy Officer at the address listed If you believe that the health information we have is incorrect at the end of this Notice. Alternatively, to exercise your right or that important information is missing, you may ask us to to inspect and copy health information, you may contact your correct the records. This request,

along with your reason, must physician's office directly. To obtain a paper copy of our Notice, be submitted in writing, to the Privacy Officer at the address contact our Privacy Officer by phone or mail. provided at the end of this notice. You have the right to request Changes To This Notice an amendment for as long as the information is kept by or for We reserve the right to change this Notice. We reserve the Montefiore. We may deny your request if we determine that the right to make the revised or changed Notice effective for health record is accurate. information we already have as well as any health information Right to an Accounting of Disclosures we receive in the future. We will post a copy of the current You have the right to request a list of other persons or Notice at each Montefiore inpatient unit, physician office or organizations to whom we have disclosed your health outpatient location and on our website. The end of our Notice information. The list does not include information about certain will contain the Notice's effective date. disclosures, including disclosures made to you or authorized by

## Complaints

you, or disclosures for treatment, payment or operations. The If you believe your privacy rights have been violated, you may first list you request within a 12-month period will be free. For file a complaint with Montefiore or with the Secretary of the additional lists, we may charge you for the costs of providing Department of Health and Human Services. To file a complaint the list. with Montefiore, contact our Privacy Officer at the address Right to Request Restrictions listed at the end of this notice. You will not be penalized You have the right to request a restriction or limitation on the for filing a complaint. health information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the health 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, except for certain disclosures to health plans as noted below. If we agree, we will comply with your request unless we terminate our agreement or the information is needed to provide you with emergency treatment. Right to Restrict Disclosure to Your Health Plan If you have paid out-of-pocket in full for any services provided Questions at Montefiore, and you ask us not to disclose that health If you have a question about this Privacy Notice, information to your health plan, we will honor the request,

## please contact:

except where we are required by law to make a disclosure. Privacy Officer Right to Request Confidential Communications Montefiore Health System You have the right to request that we communicate with you 555 South Broadway about medical matters in a more confidential way or at a certain Tarrytown, New York 10591 location. For example, you can ask that we only contact you by mail or at work. Your request must specify how or where Phone: 718-920-8239 you wish to be contacted. We will accommodate reasonable E-mail: [privacyofficer@montefiore.org](mailto:privacyofficer@montefiore.org) requests. Website: [www.montefiore.org](http://www.montefiore.org) Right to Notification of a Breach of Your Health Information Effective date: May 1, 2003 If there is improper access, use or disclosure of your health Revised date: May 1, 2015 information that meets the legal definition of a "Breach" of your health information, we will notify you in writing.