

ST. CATHERINE'S CENTER FOR CHILDREN NOTICE OF PRIVACY PRACTICES

Effective April 2003

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.

In order to provide you with high-quality health care services, St. Catherine's Center for Children collects, creates and maintains health information about you. We are required by law to maintain the privacy of this information. This ***Notice of Privacy Practices*** describes how we use and disclose your health information, and explains certain rights you have regarding this information. We are required by law to provide you with this ***Notice*** and we will comply with its terms during the period when it is in effect.

The term "you" in this ***Notice*** means the child and/or parent to whom we are providing services. We generally give notice to the child if he or she has the capacity under the law to make health care decisions or, if not, to the child's parent or legal guardian.

What Information We Protect

We protect all information relating to your health, your treatment, or your health insurance benefits that identifies you or could be used to identify you. Basic identifying information such as name and address are protected even if unaccompanied by information about your health, treatment or benefits.

How We Use and Disclose Your Health Information

The following is a list of ways we may use and disclose your health information. We will use and disclose your health information only for one of the reasons on this list. In certain cases we provide examples of the types of uses or disclosures that fall within a particular category. These examples are intended to help you understand these categories; they do not cover every use or disclosure of information within each category. In addition, more restrictive rules may apply to certain types of sensitive health information such as HIV/AIDS records [and information related to the delivery of preventive services].

1. The Use and Disclosure of Protected Health Information in Treatment, Payment, and Health Care Operations. Your protected health information may be used and disclosed by the practice in the course of providing treatment, obtaining payment for treatment, and conducting health care operations. Disclosures may be written, oral, or

electronic (facsimile or e-mail). We will request your consent for the continuous release of such information at your first visit following the effective date of this notice (April 14, 2003). You may revoke this consent at any time by advising our Privacy Officer, as identified at the bottom of this notice, in writing. St. Catherine's may also use or disclose your protected health information in other circumstances if you authorize use or disclosure, or if state law or the HIPAA privacy regulations authorize the use or disclosure of such information.

(a) *Treatment.* We may use medical information about you to provide, coordinate, and manage your treatment or services. For example, two health care professionals at St. Catherine's who are treating you may share information with one another to coordinate their treatment. Likewise, if you are admitted to a hospital, we may provide the hospital with information about services provided to you to assist the hospital in delivering appropriate care.

(b) *Payment.* We may use and disclose your health information to obtain payment for services or to assist other health care providers with their payment activities. For example, we may submit claims for reimbursement to the Medicaid program or to a private insurer providing you with health insurance coverage.

(c) *Health Care Operations.* We may use and disclose your health information to carry out general business and health care operations. These operations include quality improvement activities, evaluating the performance of our health care practitioners and resolving any complaints or grievances you may have. For example, we may allow a consulting nurse to review your medical chart in a program designed to identify whether you have received all recommended health services. We may also use and disclose your health information to assist other health care providers and health plans in performing *their* health care operations (including quality assessment and improvement, reviewing the competence and qualifications of health care providers and conducting fraud detection or compliance).

(d) *Appointment Reminders.* We may use and disclose your health information to remind you of appointments you have made to receive health care services or to encourage you to make such appointments.

(e) *Treatment Alternatives.* We may use and disclose your health information to tell you about treatment alternatives or other health-related benefits and services that may interest you.

(f) *Fundraising.* We may use and disclose limited information about you to ask if you would like to make a donation to support St. Catherine's programs. When doing so, we will use or disclose only basic demographic information, such as your name, address and the dates you received services from us, and not information about your health or treatment. We will not send you further fundraising solicitations if you ask us not to contact you for this purpose.

(g) *Business Associates*. There are some services provided by St. Catherine's through contracts with business associates. Examples include pharmacy and legal services. When these services are contracted, we may disclose your health information to business associates to help them perform the services we have requested. To protect your health information, however, we require the business associate to appropriately safeguard your information through a written contract.

2. Family Members or Friends and Facility Directories

(a) *Family Members or Friends*. We may share information about you with family members or friends assisting you in obtaining treatment or benefits, but only with your permission. In these cases, we will share only the information necessary for the family member or friend to assist you. We may also notify a family member or friend about your general condition or your death. In some cases, we will share information with a disaster relief organization such as the Red Cross that is assisting with notification efforts.

(b) *Facility Directory*. If you are a resident in one of our facilities, we may share information about you from our facility directory with individuals who ask for you by name, but only if you do not object. We will limit the information we share through the facility directory to your location.

3. Public Interest Purposes. We may use and disclose your health information without your written [consent or] authorization for certain public interest purposes permitted or required by law:

(a) *As required by law*. We may use and disclose your health information as required by state, federal or local law.

(b) *For public health activities*. We may disclose your health information to public health authorities or other agencies and organizations conducting public health activities, such as preventing or controlling disease, injury or disability and reporting births, deaths, child abuse or neglect, domestic violence, potential problems with products regulated by the Food and Drug Administration or communicable diseases.

(c) *About victims of abuse, neglect or domestic violence*. We may disclose your health information to an appropriate government agency if we believe you are a victim of abuse, neglect or domestic violence and you agree to the disclosure or the disclosure is required or permitted by law.

(d) *For health oversight activities*. We may disclose your health information to health oversight agencies for oversight activities authorized by law such as audits, investigations, inspections and licensing surveys.

(e) *For judicial and administrative proceedings*. We may disclose your health information in the course of any judicial or administrative proceeding in response to an appropriate order of a court or administrative body.

(f) *For law enforcement purposes.* We may disclose your health information to a law enforcement official for a legitimate law enforcement purpose such as: identifying or locating a suspect, fugitive or missing person; complying with a court order, subpoena or administrative request; providing information about a victim of a crime or reporting a death that may be the result of a crime.

(g) *About deceased individuals.* We may disclose your health information to a coroner or medical examiner for purposes such as identifying a deceased person or determining a cause of death. We may also disclose your health information to a funeral director as necessary to assist in carrying out his or her duties.

(h) *For research.* We may use or disclose your health information for research purposes, such as studies comparing the benefits of alternative treatments received by our patients. We will use or disclose your health information for research purposes only with the approval of appropriate New York State officials and our Institutional Review Board (IRB), which must follow a special approval process that ensures the protection of your privacy.

(i) *To avert a serious threat to health or safety.* We may use or disclose your health information to prevent or lessen a serious and immediate threat to your health and safety, or to the health and safety of another person or the general public. We will disclose your health information for this purpose only to an individual or entity that may be able to prevent or lessen this type of threat.

(j) *For specialized government functions.* We may use or disclose your health information to provide assistance for certain types of specialized government activities.

(k) *For workers' compensation.* We may use or disclose your health information as permitted by the laws governing the workers' compensation program or similar programs that provide benefits for work-related injuries or illnesses.

4. Obtaining Your Authorization for Other Uses and Disclosures . St. Catherine's will not use or disclose your health information for any purpose not specified in this **Notice** without your written authorization. [The written authorization we obtain, unlike a general consent, will specifically describe the particular purpose of the use or disclosure, the information being used or disclosed and the person or entity receiving the information.] If you give us authorization, you may revoke it at any time, in which case we will no longer use or disclose your health information for this purpose, except to the extent we have already relied on your authorization. You are not required to sign an authorization form and we will not deny you treatment if you refuse to do so unless the treatment is part of a research study or is being provided for the sole purpose of creating information for disclosure to a third party.

5. Special Rules for Sensitive Health Information.

(a) *HIV-Related Information.* HIV-related information is subject to special protection under New York State law. We will disclose your HIV-related

information to others who are not qualified to act as your personal representative without your written authorization only as follows: (i) to health care providers for treatment or payment purposes; (ii) in connection with organ and tissue donation and transplantation; (iii) to accreditation and oversight bodies; (iv) to a government agency as required by law; (v) to health insurers for reimbursement purposes; (vi) in response to a court order; (vii) to the medical director of a correctional facility; (viii) to the Commission of Corrections for health oversight purposes; or (ix) to funeral directors.

(b) *Alcohol and Substance Abuse Treatment Records.* The records of federally assisted alcohol and substance abuse treatment programs are subject to special protection under federal regulations. We will disclose these records without your written authorization only in the following circumstances: (i) to medical personnel who need the information for the purpose of providing emergency treatment to you; (ii) to medical personnel of the Food and Drug Administration for the purpose of identifying potentially dangerous products; (iii) for research purposes if certain safeguards are met; (iv) to authorized individuals or organizations conducting an on-site audit of our records, provided such individual or organization does not remove the information from our premises and agrees in writing to safeguard the information as required by federal regulations; or (v) in response to an appropriate court order.

(c) *Information Related to Preventive Services.* Any protected health information we maintain that is related to the delivery of preventive services is also subject to special protection under New York State Department of Social Services (DSS) regulations. We will disclose this information to others who are not qualified to act as your personal representative without your written authorization only as follows: (i) to DSS or a local social services district; (ii) in response to a court order; or (iii) to government agencies as necessary for fiscal audits.

Who May Exercise Your Rights

If you have the capacity to make health care decisions on your own behalf under the law, you may exercise your rights under this *Notice*; otherwise, a parent or legal guardian may exercise your rights. A person who is entitled to exercise your rights must sign any [consents or] authorizations or give any other approval or permission required by this *Notice*.

Your Rights Regarding Your Health Information

You have the following rights regarding your health information:

1. Right to Inspect and Copy. You have the right to inspect or request a copy of health information we maintain about you, such as medical or billing records. Your request should describe the information you want to review and the format in which you want to review it; for example, whether you want to inspect your records at our offices, receive paper copies or get the information on a computer diskette. We may refuse to allow you to inspect or obtain copies of this information in certain limited cases. We may also charge you a reasonable fee for copies to cover our costs. While, as indicated

above, if you do not have the capacity to make your own health care decisions, a parent or guardian may usually exercise your rights under this **Notice**, under New York State law, a parent or legal guardian must generally obtain a court order to gain access to your records. However, actual or prospective foster parents or adoptive parents may have access to certain protected health information at the time of placement in accordance with New York State law.

2. Right to Request Amendments. You have the right to request changes to any health information we maintain about you if you state a reason why this information is incorrect or incomplete. We do not have to agree to make the changes you request. If we do not believe the changes are appropriate, we will notify you in writing, explaining how you can have your objection to our decision included in our records.

3. Right to an Accounting of Disclosures. You have the right to receive a list of certain disclosures related to your health information made by St. Catherine's. The list will generally not include disclosures made for certain types of purposes, such as disclosures for treatment, payment or health care operations. Your request should specify the time period for which you want this list, which can be no longer than six years and may not include dates prior to April 14, 2003. The first time you ask for a list of disclosures in any 12-month period, we will provide it for free. If you request additional lists during a 12-month period, we may charge you a fee.

4. Right to Request Restrictions. You have the right to request restrictions on the ways in which we use and disclose your health information for certain purposes. We do not have to agree to the restrictions you request.

5. Right to Request Confidential Communications. You have the right to ask us to send health information to you in a different way or at a different location if you believe that will provide you with additional privacy protection. For example, you may ask us to send mail to an address other than your home address. You should state in your request that you believe a standard form of communication will endanger you, but you do not have to explain why you believe this is the case. Your request should also specify where and/or how we should contact you. We will accommodate all reasonable requests.

6. Right to Paper Copy of Notice. You have the right to receive a paper copy of this Notice at any time. You may receive a paper copy even if you have previously requested to receive this **Notice** electronically. You may also print out a copy of this **Notice** by going to our website at www.st-cath.org.

You may exercise any of the rights specified in paragraphs 1 through 6 above by writing to **Frank Pindiak, Privacy Officer, St.Catherine's Center for Children, 40 North Main Avenue, Albany, NY, 12203.**

Complaints

If you believe your privacy rights have been violated, you may file a complaint with St. Catherine's Center for Children or the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with us by writing to **Frank Pindiak, Privacy Officer, St. Catherine's Center for Children, 40 North Main Avenue, Albany, NY, 12203**. St. Catherine's will not penalize or retaliate against you for filing such a complaint.

Changes to this Notice

We may change the terms of this *Notice of Privacy Practices* at any time. If we change the terms of this *Notice*, the new terms will apply to all of your health information, whether created or received by us before or after the date on which the *Notice* is changed. We will provide you with a copy of the revised *Notice* upon request and we will post it in our offices and facilities.

Additional Information

If you have any questions or would like additional information about this *Notice* or St. Catherine's privacy practices, please contact **Frank Pindiak, Privacy Officer, at (518) 453-6745**.

Effective Date

This *Notice of Privacy Practices* is effective as of April 14, 2003.