

# HIPAA 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.

## General Information:

This Notice is being provided to you on behalf of Evergreen Health. We are required by law to protect the privacy of your health information and supply you with a notice of our privacy practices.

Information regarding your health care, including payment for health care, is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

Information about a person's health care is known as 'Protected Health Information' or PHI and is defined as any *identifiable* patient information related to an individual's past, present or future health care or medical condition that is maintained electronically or on paper.

## Your HIPAA Health Information Rights:

Your health record is the physical property of Evergreen Health. However, the information contained in the record belongs to you. You have the right to:

1. Receive a paper copy of this notice, even if you agreed to accept this notice electronically.
2. Request restrictions on certain uses and disclosures of your health information.
3. Request that we communicate with you by alternative means or at an alternative location.
4. Inspect, copy or request an electronic version of your health information maintained by Evergreen Health, subject to certain limitations.
5. Request that we amend health care information maintained in our records.
6. Receive an accounting of certain disclosures of your health related information which we made during the six years prior to your request.
7. Pay out of pocket for tests and procedures and not have the results shared with your insurance provider.
8. Opt-out of having fundraising opportunities communicated to you.
9. To be notified in event of a breach of your Protected Health Information.

## USE OR DISCLOSURE OF HEALTH INFORMATION, NO AUTHORIZATION REQUIRED:

Consistent with applicable Federal and State laws, we may use or disclose your health information without your written authorization for the following purposes:

- We will use your health information for treatment.
- We will use your health information for payment.
- We will use your health information for regular health operations.
- Business Associates (Vendors who work for Evergreen).
- For research, under certain requirements.
- Communication with Family, involved in your care.
- Coroners, Medical Examiners and Funeral Directors.
- Organ Procurement Organizations.
- Food and Drug Administration Requirements.
- Public Health.
- Law Enforcement Requests.
- Proof of Immunizations.
- Emergencies.
- Victims of Abuse.
- Neglect or Domestic Violence.
- Health Oversight Activities.
- Lawsuits and Disputes.
- To avert a serious and imminent Threat to Health or safety.
- Workers Compensation.
- Court Orders.

## **USE OR DISCLOSURE OF HEALTH INFORMATION, WRITTEN AUTHORIZATION REQUIRED:**

There are certain situations where we must obtain your written authorization before using your health information or sharing it, including:

1. Marketing Purposes.
2. Sale of Protected Health Information. We will not sell your health information to third parties.
3. **Special Protections. Some kinds of health information is considered so sensitive that State and Federal laws provide special protections, these are:**

**HIV – Related Information:** In accordance with NYS Public Health Law Article 27-F, HIV – related information (e.g., information related to HIV testing, test results, or HIV treatment) will only be disclosed upon completion of special written authorization. We may, however, disclose HIV related information as part of your treatment, as part of public health activities, for disease prevention and as otherwise permitted by law.

**Mental Health Records:** New York Mental Hygiene Law requires that all clinical records of a facility licensed by the Office of Mental Health remain confidential. We will only disclose your mental health treatment records in accordance with your specific authorization or as otherwise permitted by law.

**Substance Abuse Treatment Records:** Federal law protects the confidentiality of alcohol and drug abuse treatment records. We will only disclose such records with your specific written authorization or as otherwise permitted by law.

*Therefore, some parts of this HIPAA Notice of Privacy Practice may not apply to this sensitive information. If you have questions or concerns about the ways these types of information may be used or disclosed, please speak with your health care provider or the Evergreen Health Compliance Officer.*

### **Our Responsibilities:**

Evergreen Health is required to:

1. Maintain the privacy of your health information.
2. Provide you with notice of our legal duties and privacy practices with respect to your health information.
3. Abide by the terms of this Notice.
4. Notify you if we are unable to agree to a requested restriction of your health information.
5. Accommodate reasonable written requests to communicate your health information by alternative means or at alternative locations.
6. Not use or disclose your health information without your authorization, except as described in this Notice.

We reserve the right to change the terms of this Notice and to make new notice provisions effective for all protected health information we maintain. Our most current HIPAA Notice of Privacy Practices will be publicly displayed in all reception areas at Evergreen Health services sites.

### **For More Information or to Report a Problem:**

If you have further questions or believe that your HIPAA privacy rights have been violated you may contact or file a written complaint with Evergreen Health's Corporate Compliance Officer at:

Attn: Matthew John Pasquarella, Vice President and Corporate Compliance Officer  
206 South Elmwood Avenue  
Buffalo, NY 24201  
Phone 716-847-2441  
Email: [mjpasquarella@evergreenhs.org](mailto:mjpasquarella@evergreenhs.org)

### **You will not be retaliated against for filing a complaint.**

If you are not satisfied with the response from the Compliance Officer you may file a complaint with the Secretary of the United States Department of Health and Human Services at:

U.S. Department of Health and Human Services, Office of Civil Rights  
Centralized Case Management Operations  
200 Independence Ave., S.W., Suite 515F, HHH Building  
Washington, D.C. 20201

Effective Date: 5/10/17