



## 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.**

**If you have any questions about this Privacy Notice, please contact our Privacy Officer at 349-5939 or e-mail [privacyofficer@oswegohealth.org](mailto:privacyofficer@oswegohealth.org).**

### **I. Introduction**

This Notice of Privacy Practices 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. This Notice also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights. This Notice further states the obligations we have to protect your health information. "Protected Health Information" (PHI), means health information (including identifying information about you) we have collected from you or received from your health care providers, health plans, your employer or a health care clearinghouse. It may include information about your past, present or future physical or mental health or condition, the provision of your health care, and payment for your health care services. We are required by law to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices with respect to your health information. We are also required to comply with the terms of our current Notice of Privacy Practices.

### **II. How We Will Use and Disclose Your Health Information**

We will use and disclose your health information as described in each category listed below. For each category, we will explain what we mean in general, but not describe all specific uses or disclosures of health information.

#### **A. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

1. **For Treatment.** We will use and disclose your health information without your authorization to provide your health care and any related services. We will also use and disclose your health information to coordinate and manage your health care and related services. For example, we may need to disclose information to a case manager who is responsible for coordinating your care. We may also disclose your health information among our clinicians and other staff (including clinicians other than your therapist or principal clinician), who work at this facility. For example, our staff may discuss your care at a case/care conference. In addition, we may disclose your health information without your authorization to another health care provider (e.g., your primary care physician or a laboratory) working outside of Oswego Hospital/Oswego Health for purposes of your treatment.
2. **For Payment.** We may use or disclose your health information without your authorization so that the treatment and services you receive are billed to, and payment is collected from, your health plan or other third party payer. By way of example, we may disclose your

health information to permit your health plan to take certain actions before your health plan approves or pays for your services. These actions may include:

- ◆ making a determination of eligibility or coverage for health insurance;
- ◆ reviewing your services to determine if they were medically necessary;
- ◆ reviewing your services to determine if they were appropriately authorized or certified in advance of your care; or
- ◆ for customers who are self pay we may release to representatives to assist with obtaining insurance; or
- ◆ reviewing your services for purposes of utilization review, to ensure the appropriateness of your care, or to justify the charges for your care.

For example, your health plan may ask us to share your health information in order to determine if the plan will approve additional visits to your therapist/provider. We may also disclose your health information to another health care provider so that provider can bill you for services they provide to you, for example an ambulance service that transported you to the hospital.

3. **For Health Care Operations.** We may use and disclose health information about you without your authorization for our health care operations. These uses and disclosures are necessary to run our organization and make sure that our customers receive quality care. These activities may include, by way of example, quality assessment and improvement, Reviewing the performances or qualifications of our clinicians, training students in clinical Activities, licensing, accreditation, business planning, development, and general administrative activities. We may combine health information of many of our customers to decide additional services we should offer, what services are no longer needed, and whether certain treatments are effective. We may also provide your health information to other health care providers or to your health plan to assist them in performing certain of their own health care operations. We will do so only if you have or have had a relationship with the other provider or health plan. For example, we may provide information about you to your health plan to assist them in their quality assurance activities. Finally, we may use and disclose your health information to inform you about possible treatment options or alternatives that may be of interest to you.

## **B. Uses and Disclosures That May be Made Without Your Authorization, but For Which You Will Have An Opportunity to Object.**

1. **Facility Directory.** We maintain a limited facility directory within our inpatient residential facility and hospital for the purpose of allowing visitors and callers to locate you and to allow clergy to determine your religious affiliation. This limited information will only be provided to individuals who ask for you by name and may include your name, location in the facility and your religious affiliation. A statement of your general condition may, for example, state that you are stable or inform a caller of your visitation and telephone privileges, but will not disclose the diagnosis or type of treatment you are receiving. For customers receiving mental health services this will not be released without the consent of the customer. Your religious affiliation, if provided to us upon admission, and your name and room number may be provided to a member of the clergy, such as a priest, pastor or rabbi, even if the clergy member does not ask for you by name. When you are admitted to our residential or hospital facilities, you will generally have an opportunity to object to being included in our facility directory. If you choose NOT to be included in the facility directory, your directory information will not be provided to the clergy or to a person asking for you by name. Nor will you be identified as present on the unit. If you are admitted in an

emergency, the physician responsible for your admission will determine if, in his/her professional judgment, you are capable of agreeing or objecting to being identified in the facility directory. If the physician determines that you are not able to agree or object (e.g., you are not conscious or able to communicate clearly), that physician will decide whether it is in your best interest to be listed in our facility directory. If the physician decides it is in your best interest, you will be listed in our facility directory. If you later become able to make your own health care decision, we will ask whether you agree or object to being listed in our facility directory and we will honor your expressed wishes at that time. We do not maintain a facility directory at any of our exclusive outpatient units. If asked, we will not confirm orally, in writing or through any other medium that you are our current or former client, with the exceptions listed below under "Persons Involved In Your Care".

2. **Health Related Programs or Products.** We may use and disclose health information to tell you about health-related programs or products such as alternative medical treatments and programs or about health-related products and services, subject to limits imposed by law as of February 17, 2010.
3. **Fundraising Activities.** We may use or disclose demographic information about you to contact you about raising money for our programs, services, operations. If we disclose such information, we will only release information such as your name, address, other contact information, age, gender, date of birth, health insurance status, the dates you were provided services, treating physician information, and outcome information. If you do not want us to contact you for fundraising purposes, you must notify the Privacy Officer at Oswego Hospital, 110 West Sixth St., Oswego, New York 13126, or at [privacyofficer@oswegohealth.org](mailto:privacyofficer@oswegohealth.org) or you can call the Privacy Officer at (315) 349 5939. Please state clearly that you do not want to receive any fundraising solicitations from us. If you opt not to be contacted for fundraising purposes, we will make reasonable efforts to ensure that you are not contacted for fundraising purposes.
4. **Persons Involved In your Care.** Unless you object, we may use or disclose your health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care. For example, we may release your location, general condition or death. For mental health customers, information will only be released by your consent or as required by law.

We may also use or disclose your health information to an entity assisting in disaster relief efforts and to coordinate uses and disclosures for this purpose to family or other individuals involved in your health care. In limited circumstances, we may disclose health information about you to a friend or family member who is involved in your care. If you are physically present and have the capacity to make health care decisions, your health information may only be disclosed with your agreement to persons you designate to be involved in your care. However, if you are in an emergency situation, we may disclose your health information to a spouse, a family member, or a friend so that such person may assist in your care. In this case we will determine whether the disclosure is in your best interest and, if so, only disclose information that is directly relevant to participation in your care. And, if you are not in an emergency situation but are unable to make health care decision, we will disclose your health information to:

- ◆ A person designated to participate in your care in accordance with an advance directive validly executed under state law,
- ◆ Your surrogate,
- ◆ Your guardian or other fiduciary if one has been appointed by a court, or
- ◆ If applicable, the state agency responsible for consenting to your care.

## **C. Uses and Disclosures That May be Made Without Your Authorization or Opportunity To Object**

1. **Emergencies.** We may use and disclose your health information in an emergency treatment situation. By way of example, we may provide your health information to a paramedic who is transporting you in an ambulance. If a physician is required by law to treat you and your treating physician has attempted to obtain your authorization but is unable to do so, the treating physician may nevertheless use or disclose your health information to treat you.
2. **Research.** We may disclose your health information to researchers when their research has been approved by an Institutional Review Board or a similar privacy board that has reviewed the research proposal and established protocols to protect the privacy of your health information.
3. **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
4. **To Avert Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious and imminent threat to your health or safety or to the health or safety of the public or another person. Under these circumstances, we will only disclose health information to someone who is able to help prevent or lessen the threat.
5. **Organ and Tissue Donation.** If you are an organ or tissue donor, we may release your health information to an organ procurement organization or to an entity that conducts organ, eye or tissue transplantation, or serves as an organ donation bank, as necessary to facilitate organ, eye or tissue donation and transplantation.
6. **Business Associates.** We may disclose health information to our business associates who perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract. As of February 7, 2010, our business associates also will be directly subject to Federal privacy laws
7. **Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at our healthcare facility. These appointment reminders may be initiated by an automated voice message system.
8. **Public Health Activities.** We may disclose health information about you as necessary for public health activities including, by way of example, disclosures to:
  - ◆ Report to public health authorities for the purpose of preventing or controlling disease, injury or disability;
  - ◆ Report vital events such as birth or death;
  - ◆ Conduct public health surveillance or investigations;
  - ◆ Report child abuse or neglect;
  - ◆ Report certain events to the Food and Drug Administration (FDA) or to a person subject to the jurisdiction of the FDA including information about defective products or problems with medications;
  - ◆ Notify consumers about FDA-initiated product recalls;
  - ◆ Notify a person who may have been exposed to a communicable disease or who is at risk of contracting or spreading a disease or condition as required by law;
  - ◆ Notify the appropriate government agency if we believe you have been a victim of abuse, neglect or domestic violence. We will only notify an agency if we obtain your agreement or if we are required or authorized by law to report such abuse, neglect or domestic violence.
9. **Health Oversight Activities.** We may disclose health information about you to a health oversight agency for activities authorized by law. Oversight agencies include

government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid, other government programs regulating health care, and civil rights laws.

10. **Disclosures in Legal Proceedings.** We may disclose health information about you to a court or administrative agency when a judge or administrative agency orders us to do so. We also may disclose health information about you in legal proceedings without your permission or without a judge or administrative agency's order when:
  - ◆ We receive a subpoena for your health information. We will not provide this information in response to a subpoena without your authorization if the request is for records of a federally-assisted substance abuse program.
11. **Law Enforcement Activities.** We may disclose health information to a law enforcement official for law enforcement purposes when:
  - ◆ A court order, subpoena, warrant, summons or similar process requires us to do so; or
  - ◆ The information is needed to identify or locate a suspect, fugitive, material witness or missing person; or
  - ◆ We report a death that we believe may be the result of criminal conduct; or
  - ◆ We report criminal conduct occurring on the premises of our facility; or
  - ◆ We determine that the law enforcement purpose is to respond to a threat of an imminently dangerous activity by you against yourself or another person; or
  - ◆ The disclosure is otherwise required by law.

We may also disclose health information about a victim of a crime, without a court order or without being required to do so by law. However, we will do so only if the disclosure has been requested by a law enforcement official and the victim agrees to the disclosure or, in the case of the victim's incapacity, the following occurs:

- ◆ The law enforcement official represents to us that
    - (i) the victim is not the subject of the investigation and
    - (ii) an immediate law enforcement activity to meet a serious danger to the victim or others depends upon the disclosure; and
  - ◆ We determine that the disclosure is in the victim's best interest.
12. **Medical Examiners or Funeral Directors.** We may provide health information about our customers to a medical examiner. Medical examiners are appointed by law to assist in identifying deceased persons and to determine the cause of death in certain circumstances. We may also disclose health information about our customers to funeral directors as necessary to carry out their duties.
  13. **Military and Veterans.** If you are a member of the armed forces, we may disclose your health information as required by military command authorities. We may also disclose your health information for the purpose of determining your eligibility for benefits provided by the Department of Veterans Affairs. Finally, if you are a member of a foreign military service, we may disclose your health information to that foreign military authority.
  14. **National Security and Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. We may also disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or so they may conduct special investigations.
  15. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official.

**16. Worker's Compensation.** We may disclose health information about you to comply with the state's Workers' Compensation Law related to a specific claim.

**III. Uses and Disclosures of Your Health Information with Your Permission.**

Uses and disclosures not described in Section II of this Notice of Privacy Practices will generally only be made with your written permission, called an "authorization". For example, most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, including subsidized treatment communication, and disclosures that constitute a sale of protected health information require your written authorization. You have the right to revoke an authorization at any time. If you revoke your authorization we will not make any further uses or disclosures of your health information under that authorization, unless we have already taken an action relying upon the uses or disclosures you have previously authorized.

**IV. Other Uses and Disclosures of Your Health Information**

Special privacy protections may apply to certain categories of health information such as:

- ◆ HIV/AIDS related information,
- ◆ Alcohol and substance treatment information,
- ◆ Mental health information,
- ◆ Genetic health information.

If your treatment involves any of these specialized services, you will be asked to sign an authorization permitting us to disclose this information. You have the right to revoke the authorization at any time. If you revoke the authorization we will not further use or disclose your health information for the purposes documented on the authorization.

**V. Your Rights Regarding Your Health Information.**

**A. Right to Inspect and Copy.**

You have the right to request an opportunity to inspect or copy health information used to make decisions about your care-whether they are decisions about your treatment or payment of your care. Usually, this would include clinical and billing records, but not psychotherapy notes.

You must submit your request in writing to our Health Information Management Department at 110 West Sixth Street, Oswego, New York 13126. If you request a copy of the information, we may charge a fee for the cost of copying, mailing and supplies associated with your request. If the requested medical information is maintained electronically and you request an electronic copy, we will provide access in an electronic format, if it is readily producible, or if not, in a readable electronic form and format mutually agreed upon.

We may deny your request to inspect or copy your health information in certain limited circumstances. If Oswego Health denies your access, Oswego Health must provide you with an opportunity to have the denial reviewed by another licensed professional with 60 days of the denial. Reviewable grounds for denial include:

- ◆ Licensed healthcare professional has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of the individual or another person.
- ◆ Protected Health Information makes reference to another person (other than a healthcare provider) and a licensed healthcare provider has determined, in the exercise of professional judgment, that providing access is reasonably likely to cause substantial harm to such other person.

- ◆ The request is made by the individual's personal representative and a licensed healthcare professional has determined, in the exercise of professional judgment, that providing access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

Once the review is completed, we will honor the decision made by the licensed health care professional reviewer.

## **B. Right to Amend.**

For as long as we keep records about you, you have the right to request us to amend any health information used to make decisions about your care, whether they are decisions about your treatment or payment for your care. Usually, this would include clinical and billing records, but not psychotherapy notes.

To request an amendment, you must submit a written document to our Privacy Officer at 110 West Sixth Street, Oswego, New York 13126 and tell us why you believe the information is incorrect or inaccurate.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend health information that:

- ◆ Was not created by us, unless the person or entity that created the health information is no longer available to make the amendment;
- ◆ Is not part of the health information we maintain to make decisions about your care;
- ◆ Is not part of the health information that you would be permitted to inspect or copy; or
- ◆ Is accurate and complete.

If we deny your request to amend, we will send you a written notice of the denial stating the basis for the denial and offering you the opportunity to provide a written statement disagreeing with the denial. If you do not wish to prepare a written statement of disagreement, you may ask that the requested amendment and our denial be attached to all future disclosures of the health information that is the subject of your request. If you choose to submit a written statement of disagreement, we have the right to prepare a written rebuttal to your statement of disagreement. In this case, we will attach the written request and the rebuttal (as well as the original request and denial) to all future disclosures of the health information that is the subject of your request.

## **C. Right to an Accounting of Disclosures.**

You have the right to request that we provide you with an accounting of disclosures we have made of your health information. An accounting is a list of disclosures. We are not required to account for: (1) disclosures made to carry out treatment, payment or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to an authorization given by you; (4) disclosures made to other people involved in your care or made for notification purposes; (5) disclosures made for national security or intelligence purposes; (6) disclosures made to correctional institutions or law enforcement officials; or (7) disclosures made prior to April 14, 2003. To request an accounting of disclosure, you must submit your request in writing to the Privacy Officer at 110 West Sixth Street, Oswego, New York 13126. For your convenience, you may submit your request on a form called a "Request For Accounting," which you may obtain from our Privacy Officer. The request should state the time period for which you wish to receive an accounting. This time period should not be longer than six years.

The first accounting you request within a twelve month period will be free. For additional requests during the same 12 month period, we will charge you for the costs of providing the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request before we incur any costs.

#### **D. Right to Request Restrictions.**

You have the right to request a restriction on the health information we use or disclose about you for treatment, payment or health care operations. To request a restriction, you must request the restriction in writing addressed to the Privacy Officer at 110 West Sixth Street, Oswego, New York 13126. The Privacy Officer will ask you to sign a request for restriction form, which you should complete and return to the Privacy Officer. The right to request restriction does not extend to certain uses or disclosures permitted or required by law, such as uses or disclosures for public health activities. In those cases, you do not have a right to request restriction. Oswego Health must agree to your request for restriction on the use and disclosure of PHI to a health plan for payment or health care operations if you have paid Oswego Health in full for the health care service that is the subject of the PHI. Oswego Health will comply with the restriction unless the information is needed to provide emergency treatment to you, or the disclosure is otherwise required under federal regulations.

#### **E. Right to Request Confidential Communications.**

You have the right to request that we communicate with you about your health care only in a certain location or through a certain method. For example, you may request that we contact you only at work or by e-mail.

To request such a confidential communication, you must make your request in writing to the Privacy Officer at 110 West Sixth Street, Oswego, New York 13126. We will accommodate all reasonable requests. You do not need to give us a reason for the request, but your request must specify how or where you wish to be contacted.

#### **F. Right to a Paper Copy of this Notice.**

You have the right to obtain a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice of Privacy Practices electronically, you may still obtain a paper copy. To obtain a paper copy, contact our Privacy Officer at 110 West Sixth Street, Oswego, New York 13126.

#### **G. Breach Notification**

Oswego Health must notify you if Oswego Health has reason to believe your unsecured medical information has been compromised due to unauthorized acquisition, access, use or disclosure. PHI is unsecured when it is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through use of an approved technology or methodology, such as electronic encryption. Oswego Health will provide you with an individual notice via mail or other individual means. However, in certain circumstances, such as when Oswego Health does not have sufficient contact information for you, Oswego Health will post the notice on our website. In cases where an unusually large number of individuals are affected by the same wrongful disclosure, Oswego Health will notify local media

#### **VI. Confidentiality of Substance Abuse Records**

For individuals who have received treatment, diagnosis or referral for treatment from our drug or alcohol abuse programs, the confidentiality of drug or alcohol abuse records is protected by federal law and regulation. As a general rule, we may not tell a person outside the programs that you attend any of these programs, or disclose any information identifying you as an alcohol or drug abuser, unless:

- ◆ You authorize the disclosure in writing; or
- ◆ The disclosure is permitted by a court order; or



- ◆ The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes; or
- ◆ You threaten to commit a crime either at the drug abuse or alcohol program or against any person who works for our drug abuse or alcohol programs.

A violation by us of the federal law and regulation governing drug or alcohol abuse is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. Federal law and regulations governing confidentiality of drug or alcohol abuse permit us to report suspected child abuse or neglect under state law to appropriate state or local authorities. Please see 42 U.S.C. 290dd-2 for federal law and 42 C.F.R., part 2 for federal regulations governing confidentiality of alcohol and drug abuse patient records.

## **VII. Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact our office responsible for receiving complaints at 110 West Sixth Street, Oswego, New York 13126, (315) 349-5511. All complaints must be submitted in writing. Our Privacy Officer, who can be contacted at the address and number above, will assist you with writing your complaint if you request such assistance.

We will not retaliate against you for filing a complaint.

## **VIII. Changes to this Notice**

We reserve the right to change the terms of our Notice of Privacy Practices. We also reserve the right to make the revised or changed Notice of Privacy Practices effective for all health information we already have about you as well as any health information we receive in the future. We will post a copy of the current Notice of Privacy Practices at our main office and at each site where we provide care. You may also obtain a copy of the current Notice of Privacy Practices by accessing our website at [www.oswegohealth.org](http://www.oswegohealth.org) or by calling us at (315) 349-5511 and requesting that copy be sent to you in the mail or by asking for one any time you are at our offices.

## **IX. Who will follow this Notice**

All of the organizations listed below will follow this Notice of Privacy Practices.

- Oswego Hospital
- Seneca Hill Manor
- Physician Care, PC
- OH Services
- Oswego Health Foundation, Inc

In addition, the entities listed above may share health information with each other for treatment, payment or health care operation purposes.

Orig: 3/03

Rev. 9/13/10, 9/23/13, 10/28/14, 11/2015, 4/2016, 11/2017, 4/2019, 10/2020, 10/2021

Key: U



**Signing below only acknowledges receipt of Oswego Health’s Notice of Privacy Practices.**

\_\_\_\_\_  
Name of Patient (Print or Type)

\_\_\_\_\_  
Signature of Patient                      Date                      Time

\_\_\_\_\_  
Signature of Authorized Personal Representative                      Date                      Relationship of Authorized Personal Representative

\_\_\_\_\_  
Signature of Witness                      Date                      Signature of Witness                      Date

\_\_\_\_\_ Patient refused or was unable to sign but was given a copy of this Notice on \_\_\_\_\_.  
(Date and Time)

Patient refused or was unable to sign for the following reason(s):  
\_\_\_\_\_

\_\_\_\_\_  
Staff Signature                      Date                      Time                      AM PM

Orig: 3/03  
Rev: 9/13/10, 9/23/13, 11/2015, 11/2016, 11/2017, 4/2019, 10/2020, 10/2021, 10/2022