

ROME MEMORIAL HOSPITAL

Notice of Privacy Practices

For questions about this notice, please contact: Rome Memorial Hospital Privacy Officer at 1500 North James St. Rome, NY 13440 or (315) 338-7412

This Notice of Privacy Practices applies to the following covered entities and all associated lines of business in all locations:

- *Rome Memorial Hospital (RMH) at 1500 N. James St., Rome, NY 13440*
- *Rome Medical Group (RMG) at 1801 Black River Blvd., Rome, NY 13440*
- *Rome Medical Practice (RMP) at 267 Avery Lane Suite 300, Rome, NY 13440*
- *RMH Retail Pharmacy at 1500 N. James St., Rome, NY 13440*

Your Information. Your Rights. Our Responsibilities.

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.**

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

You have the right to:

- **Get a copy of your paper or electronic medical record. For information on how to obtain a copy of your record:**
 - For RMH contact our Health Information Management (HIM) Department to find out how to obtain a copy of your record at (315) 338-7139.
 - For RMG contact our HIM Department at (315) 337-3770.
 - For RMP contact our HIM Department at (315) 338-7284.
- We will provide you the opportunity to inspect your records within 10 days of receiving your request and 30 days to provide you with a copy or summary of your health information.
- We may charge a reasonable, cost-based fee as permitted by New York State law. We may deny your request in certain, very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed.

- **Correct your paper or electronic medical record.**
 - You can ask us to amend health information about you that you think is incorrect or incomplete by submitting a written request to our HIM department.
 - We may say “no” to your request, but we will tell you why in writing within 60 days of your request.
- **Request confidential communication.**
 - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
 - We will say “yes” to all reasonable requests.
- **Ask us to limit the information we share.**
 - You may ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree with your request, and we may say “no” if it would affect your care.
 - If you pay for a service or health care item out-of-pocket, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- **Get a list of those with whom we’ve shared your information.**
 - You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
 - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you ask us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Get a copy of this privacy notice.**
 - You can ask for a paper copy of this notice at any time, even if you agreed to receive the notice electronically. We will provide you with a paper copy promptly. You may also view this notice on our website at www.romehospital.org.
- **Choose someone to act for you.**
 - If you have made someone your healthcare agent under a healthcare proxy or granted someone a power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information provided legal requirements are met.

- In order for us to make sure the person has the authority and can act for you before we take any action, you will need to provide us with appropriate documentation.
- **File a complaint if you believe your privacy rights have been violated.**
 - You can file a complaint if you feel we have violated your rights by contacting:
 - For Rome Memorial Hospital and RMH Retail Pharmacy - Privacy Officer at 1500 North James St., Rome, NY 13440 or (315) 338-7412.
 - For Rome Medical Group - Privacy Officer at 1801 Black River Blvd., Rome, NY 13440 or (315) 281-8551.
 - For Rome Medical Practice - Privacy Officer at 7900 Turin Rd, Building 4 Suite 2, Rome, NY 13440 or (315) 338-7284.
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
 - We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we can share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share your information with your family, close friends or others involved in your care.
- Share information in a disaster relief situation.
- Include you in a hospital directory.

In these cases we never share your information unless you give us written permission:

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your information? We typically use or share your health information in the following ways:

- **Treat you.**
 - We can use your health information and share it with other professionals who are treating you. *For example, a doctor treating you for an injury asks another doctor about your overall health condition.*
- **Run our organization.**
 - We can use and share your health information to run our operations, improve your care and contact you when necessary. *For example, we use health information about you to manage your treatment and services.*
- **Bill for your services.**
 - We can use and share your health information to bill and get payment from health plans or other entities. *For example, we give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues.

We can share health information about you for certain situations such as:

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety

Care Transitions.

- We may disclose your health information to other health care providers and organizations who may potentially help coordinate and improve the services you receive. These communications help us manage your care and ensure that you get necessary follow-up services to stay healthy. For example, in order to develop your discharge plan, we may talk to a home health provider to see what services are available to help you manage your health at home.

Do research.

- We can use or share your information for health research.

Comply with the law.

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests.

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director.

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests.

We can use or share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions.

We can share health information about you:

- In response to a court or administrative order, or in response to a subpoena, warrant, summons or similar process.
- To identify or locate suspect, fugitive, material witness or missing person.
- In relation to the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- In relation to a death that we believe may be the result of a criminal conduct.

- In relation to criminal conduct at the hospital or within any of our outpatient locations.
- In emergency situations to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime.

Special Considerations

We will provide special privacy and confidentiality considerations, as required by New York State and federal law and regulations that require greater limits on disclosures with regards to:

- Records from alcohol/drug treatment programs.
- Clinical records from mental health programs.
- HIV/AIDS related information.
- Certain information related to minors.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Organized Health Care Arrangement (OHCA)

Rome Memorial Hospital (RMH), Rome Medical Group (RMG), Rome Medical Practice (RMP) and RMH Retail Pharmacy participate in an Organized Health Care agreement

(OHCA) under the Health Insurance Portability and Accountability Act (HIPAA). An OHCA is an arrangement that allows RMH, RMG, RMP and RMH Retail Pharmacy covered by this notice to share protected health information (PHI) about their patients to promote the joint operations of participating entities. The organizations participating in this OHCA may use and disclose your health information with each other as necessary for treatment, to obtain payment for treatment, for administrative purposes, to evaluate the quality of care that you receive, and for any other joint healthcare operations of the OHCA.

The covered entities participating in the OHCA agree to abide to the terms of this notice with respect to PHI created or received by the covered entity as part of the OHCA.

The covered entities participating in the OHCA will share PHI with each other as the information is necessary to carry out treatment, payment, or healthcare operations. The covered entities that make up the OHCA may have different policies and procedures regarding the use and disclosure of health information created and maintained in each of their facilities. Additionally, while all of the entities that make up the OHCA will use this notice for all OHCA related activities, they may use a notice specific to their own facilities when they are providing services at their organizations. If you have any questions about any part of this notice or if you want more information about the OHCA covered entities, please contact:

- RMH Privacy Officer at (315) 338-7412.
- RMG Privacy Officer at (315) 281-8551
- RMP Privacy Officer at (315) 338-7284

Effective Date of this Notice: October 1, 2019