



Notice of Privacy Practices

As required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996

Oswego Health Center - Fulton Health Center

Mexico Health Satellite

Pulaski Health Satellite

SUNY-Oswego Health Satellite

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.

At Oswego County Opportunities, Inc., we are committed to treating and using protected health information about you responsibly. We are required by law to protect the privacy of health information that may reveal your identity, and to provide you with our Notice of Privacy Practices. This Notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

Who will Follow this Notice:

- All health care professionals, employees, students, volunteers and personnel from other OCO facilities authorized to access your medical record;
- Independent health care providers involved in your care while practicing in one of our facilities;
- Other entities that provide health care to you in a way that is integrated with our services at one or more of our facilities, and their health care professionals, employees, students, volunteers and personnel.

Uses and Disclosures: We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care is part of treatment and your records may be shared with other providers to whom you are referred. Information may be shared by paper mail, electronic mail, fax, or other methods. We may use or disclose identifiable health information about you without your authorization in several situations, but beyond those situations, we will ask for your written authorization before using or disclosing any identifiable health information about you.

Your Rights: You have the right to:

- **Inspect and copy your protected health information.** Upon receipt of your written request, we will either permit visual inspection of your requested protected health information within 10 days or provide to you a copy within 30 days. As permitted by NYS statute, we charge \$.75/page plus postage (if applicable) for paper copies. If the records requested are not on site or readily accessible, our response may take up to 60 days.

If you request that we transmit your protected health information to you by email, you will have to make such a request in person, in order to sign and date a release that states you understand and agree to accept the risks that your protected health information may be subject to when transmitted via unencrypted email.

Release of records will not be denied solely because of inability to pay. We may deny access in limited circumstances, such as when requested information may be needed for a civil or criminal proceeding. We may also deny access under certain circumstances when the request is made by the parent or guardian of an infant/minor where we determine that access would have a detrimental effect on our

professional relationship with the infant/minor, on the care and treatment of the infant/minor or on the infant/minor's relationship with his parents or guardian. A minor over the age of twelve years may be notified of a request by his parent or guardian to review his patient information. If the minor objects to the disclosure, we may deny the request. Additionally, records concerning the treatment of a minor patient for venereal disease or the performance of an abortion operation upon a minor may not be released or in any manner be made available to a parent or guardian.

- **Request a restriction of your protected health information.** You may ask us not to use or disclose certain parts of your protected health information for treatment, payment or healthcare operations. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, but if we do agree, then we must behave accordingly. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. However, we are unable to take back any disclosures we have already made with your permission.
- **Request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. If the request requires extraordinary lengths to comply, we may refuse or suggest alternatives.
- **Ask your provider to amend your protected health information that you believe to be incorrect.** You must submit a written request to amend inaccurate or incomplete protected health information about you. We have 60 days to act on your request. 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.

You have the right to submit into the medical record a written statement of disagreement and your provider may submit a written rebuttal to such statement.

- **Receive an accounting of certain disclosures we may have made.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations made after April 14, 2003 and made no more than 6 years prior to the date of request. Exceptions include:
 - Disclosures related to treatment, payment or operations
 - disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes
 - disclosures made for national security or intelligence purposes as permitted by law
 - disclosures made to correctional institutions or law enforcement officials as permitted by law.
 - disclosures requested through your written authorization.

You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations.

- Obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this Notice electronically.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities: Oswego County Opportunities, Inc. is required by law to protect the privacy of your health information, provide this notice about our information practices, follow the information practices that are described in this notice, and seek your acknowledgment of receipt of this notice.

Before we make a significant change in our policies, we will change our Notice of Privacy Practices, post the new Notice in consumer waiting areas, post a copy on the OCO website, www.oco.org, and provide you with a copy when you visit one of our Health Centers.

You can also request a copy of our Notice at any time.

We must notify you if we are unable to agree to a requested restriction. We also must accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We will not use or disclose your health information without your authorization, except as described in this notice.

We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Complaint or Problem

If you have questions and would like additional information or would like to appeal a denial of access, you may contact the Privacy and Security Officer at 315-598-4717 ext 1092 or toll free 1-800-359-1171

If you believe your privacy rights have been violated, you can file a complaint in writing with OCO's Privacy Officer, or with the Office for Civil Rights of the U.S. Department of Health and Human Services at the address listed below.

You will not be retaliated against or denied any health services for filing a complaint.

OCO Privacy Officer: Director of Information and Corporate Compliance
Oswego County Opportunities, Inc.
239 Oneida Street
Fulton, New York 13069
(315) 598-4717 ext 1092

A privacy complaint filed with the Office for Civil Rights must:

- Be in writing, either on paper or electronically
- Name the person or organization that is the subject of the complaint
- Describe the act or failure to act that you believe violated your privacy
- Be filed within 180 days of when you knew or should have known that the act/failure to act occurred
- Be sent to:

Region II, Office for Civil Rights
U.S. Department of Health and Human Services
Jacob Javits Federal Building
26 Federal Plaza, Suite 3312
New York, New York 10278
Voice Phone (800) 368-1019
FAX (212) 264-3039
TDD (800) 537-7697

Uses and Disclosures of Protected Health Information

Following are examples of the types of uses and disclosures of your protected health care information that we, as your provider, are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures.

- **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, your protected health information may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.
- **Payment:** Your protected health information will be used, as needed, in activities related to obtaining payment for your health care services. For example, obtaining approval for a hospital stay

may require that your relevant protected health information be disclosed to your health insurance company to obtain approval for the hospital admission. A bill may be sent to you or a third-party payer that includes information that identifies you, as well as your diagnosis, procedures, and supplies used.

- **Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support our business activities. For example, when we review employee performance, we may need to look at what an employee has documented in your medical record. Our staff also routinely perform chart reviews for coding audit and clinical quality improvement purposes.
- **Business Associates:** We will share your protected health information with third party ‘business associates’ that perform various activities (e.g., billing clearinghouse, medical transportation). Our contracts with Business Associates require that they protect the privacy of your health information.
- **Appointment Reminders:** In the course of providing treatment to you we may use your health information to contact you (e.g. by phone or postcard) with a reminder that you have an appointment for treatment or services.
- **Health-Related Benefits and Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend services, products and benefits that may be of interest to you, relating to your health, case management or care coordination, or alternative treatments, therapies, providers or care settings.
- **Fund Raising Activities:** We may use your information to contact you in an effort to raise funds for OCO programs and services. We would only release contact information, such as your name, address and phone number and the dates you received services.
- **Marketing Activities:** We must obtain your written authorization prior to using your personal health information in marketing activities. We will not disclose your health information to a third party for marketing purposed without your specific authorization to do so. We are allowed to provide you with marketing materials in a face-to-face encounter without obtaining your authorization.

Written Authorization

Pursuant to New York Public Health Law, we will not transfer information to another provider without your written authorization. Pursuant to New York Education Law, we will obtain your written consent before disclosing your protected health information to carry out treatment, payment, or healthcare operations, except as authorized or required by law. When New York State law requires specific consents for treatment or authorizations for release of information, such as for HIV-related information, we will require these documents to be signed before treatment is given or information released. Other uses and disclosures of your protected health information will be made only with your specific written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing.

Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to object. If you are not present or able to object, then your provider may, using professional judgment, determine whether the disclosure is in your best interest.

- **Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person’s involvement in your health care or payment related to your care.
- **Emergencies:** In an emergency treatment situation, your provider shall try to provide you a Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.
- **Communication Barriers:** We may use and disclose your protected health information if your provider attempts to obtain acknowledgement from you of the Notice of Privacy Practices but is unable to do so due to substantial communication barriers and the provider determines, using professional judgment, that you would agree.

Without Opportunity to Object

We may use or disclose your protected health information in the following situations without your authorization or opportunity to object:

- **Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Health Oversight:** to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
- **Abuse or Neglect:** to an appropriate authority to report child abuse or neglect, if we believe that you have been a victim of abuse, neglect, or domestic violence.
- **Food and Drug Administration (FDA):** as required by the FDA, health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs, or replacement.
- **Legal Proceedings:** in the course of legal proceedings, such as in response to a valid subpoena.
- **Law Enforcement:** for law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.
- **Coroners, Medical Examiners, Funeral Directors, and Organ Donation:** for the coroner, medical examiner, or funeral director to perform duties authorized by law and for organ donation purposes.
- **Research:** to researchers when an Institutional Review Board has approved their research.
- **Soldiers, Inmates, and National Security:** to military supervisors of Armed Forces personnel or to custodians of inmates, as necessary. Preserving national security may also necessitate sharing protected health information.
- **Workers' Compensation:** to comply with workers' compensation laws.
- **Compliance:** to the Department of Health and Human Services to investigate our compliance.