



## NOTICE OF PRIVACY PRACTICES

Effective Date: 9/22/13

**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.**

### OUR COMMITMENT TO PRIVACY

You have entrusted A.O. Fox Memorial Hospital, an affiliate with the Bassett Healthcare Network with the responsibility of providing health care for you and your family. We are dedicated to maintaining your trust. We know that the privacy of your medical information is important to you. That's why we take our responsibility to protect the privacy of your medical information very seriously.

This privacy notice describes how we protect your privacy as we provide coverage and services to you. It describes the medical information we collect about our patients, how we use it, and with whom we share it. This notice also explains your rights and certain obligations we have regarding the use and disclosure of your medical information.

This notice applies to services provided by A.O. Fox Memorial Hospital's hospital, specialty clinics, retail facilities, and urgent care centers. A complete list of covered entities and a copy of this Notice of Privacy Practices can be found at [www.bassett.org/ao-fox-hospital](http://www.bassett.org/ao-fox-hospital); if you do not have access to a computer, then you may call our Privacy Office at (607)431-5441 to request a complete list of affiliated services. A.O. Fox Hospital may share your medical information for treatment, payment or healthcare operations, as described in this Notice and by law. We are required by law to make sure that medical information that identifies you is kept private, give you this notice of our legal duties and privacy practices concerning your medical information, and follow the terms of the notice that is currently in effect.

### COMPLAINTS

If you have any questions about this Notice of Privacy Practices, or questions or complaints about the handling of your medical information, you may contact the Information Privacy Office, in writing or call to submit a report to our Privacy Office. You may also send a written complaint to the Secretary of the United States Department of Health and Human Services. You will not be penalized for filing a complaint.

A.O. Fox Memorial Hospital  
Privacy Office  
One Norton Avenue, Oneonta NY 13820  
Telephone: 607-431-5441  
Toll Free: 1-800-273-8452

## CHANGES TO OUR NOTICE OF PRIVACY PRACTICES

We may change our Notice of Privacy Practices from time to time. The changes will apply to all medical information about you that we have at the time of the change, and to all medical information about you that we keep in the future. Generally, the changes will take effect when they appear in a revised Notice of Privacy Practices. A copy of our current Notice will be posted in our facilities and be available to all patients. Also, a copy can be obtained on our website at [www.bassett.org/ao-fox-hospital](http://www.bassett.org/ao-fox-hospital).

## OUR USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

Each time you receive services from a hospital, physician or other health care provider, a record of your encounter is made. Typically this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information is often referred to as your health or medical record. This information, linked with your name or other identifying information is used in many ways such as providing care, obtaining payment for your care and running our business. Disclosures of your medical information for purposes described in this Notice may be in writing, orally, electronically, or by facsimile.

As permitted by HIPAA and New York State law, we may use or disclose your medical information for several purposes. Here are some examples of how we may use or disclose your medical information. Except as listed below and as permitted by law, we will not use or disclose your medical information without your written authorization. If you give us written authorization, you can cancel that authorization except for uses and disclosures already made based on your authorization.

**Treatment:** We may use your medical information to provide you with medical care in our facilities or in your home. We also may share your medical information with others who provide care to you, such as hospitals, nursing homes, doctors, nurses, physician assistants, medical and nursing students, therapists, technicians, emergency service and transportation providers, medical equipment providers, pharmacies, and others involved in your care. For example different hospital departments may share your medical information to coordinate your prescriptions, laboratory, x-rays and other medical needs.

**Payment:** We may use and disclose your medical information as needed to get paid for the medical care that we provide to you or to assist others who care for you to get paid for that care. For example, we may share your medical information with a billing company or with your health insurance plan to obtain prior approval for your care or to make sure your plan will cover your care.

**Health Care Operations:** We may use or disclose your medical information for our quality assurance activities and as needed to run our health care facilities. We also may use or disclose your medical information to get legal, auditing, accounting and other services and for teaching, business management and planning purposes. We may use your medical information in combination with other patients' medical information to compare our efforts and to learn where we can improve our care and services. We may disclose your information to businesses and individuals (e.g., medical transcription service) who perform services for us involving medical information as long as they agree to protect the privacy of that information.

**Media Condition Reports:** We may release your medical information for an update to the media if the media requests information about you using your full name. The following information may be disclosed: your condition described in general terms such as “good”, “fair”, “serious”, or “critical”. You have the right to request that this information not be released.

**Marketing/Appointment reminders/Information about treatment alternatives/Psychotherapy notes:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Most uses or disclosures of psychotherapy notes (when appropriate), uses and disclosures for marketing purposes and disclosures that constitute a sale of protected health information require your authorization. You have the right to opt out of receiving marketing communications. If you wish to do so, contact the Information Privacy Office at 607-431-5441.

**On-Site Contacts:** While in our facilities, we may need to contact you by overhead page or ask you to write your name on a sign-in sheet. In these instances, we take reasonable precautions to protect your privacy.

**Directory:** Unless you notify us that you object, we may use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, a personal representative, or another person responsible for your care, location and general condition.

**Communication with family:** Unless you object, we, as health professionals, using our best judgment, may disclose to a family member, another relative, a close personal friend, or any other person that you identify, health information relevant to that person’s involvement in your care or payment related to your care. We may disclose information about you to disaster relief authorities so that your family can be notified of your location and condition.

**Fundraising:** We may contact you as a part of a fundraising effort. You have the right to request not to receive subsequent fundraising materials by notifying our Fox Foundation Office at 607-431-5472 or by email at [foundationoffice@aofmh.org](mailto:foundationoffice@aofmh.org).

**Research:** Unless you object, we may use portions of your medical information for research purposes, without your authorization. This might include reviewing medical information in preparation for conducting research (e.g., to help identify a group with specific medical conditions to aid in finding a cure). Medical information used in preparation for conducting research will not leave the institution. Research projects must be cleared through a special approval process before any medical information is made available to the researchers. Researchers will be required to protect the medical information they receive. The established methods for the consent process for all research proposals are subject to the oversight of the A.O. Fox Hospital’s Board of Directors, Institutional Review Board (IRB) Committee.

**Opt Out Options:** We may use your medical information when conducting research projects, fundraising events and marketing campaigns, as noted above. We ask that you aid us in our efforts, while being confident that we are protecting your medical information and only using the minimum necessary to carry out these activities. If you do not wish for us to use you medical information for these activities, you may request to “opt-out” by writing to the Privacy Office, A.O. Fox Memorial Hospital, One Norton Ave., Oneonta, NY 13820.

## DISCLOSURES AS REQUIRED BY LAW OR TO ASSIST IN LAW ENFORCEMENT

**Organ and tissue donation and transplant reports:** We may release medical information as required by regulatory organizations as necessary to facilitate organ and tissue donation and transplant.

**Funeral Directors:** We may release medical information to funeral directors consistent with applicable law to enable them to carry out their duties.

**Workers compensation or other rehabilitative activities reporting:** We may release medical information as required by law to insurers to provide benefits for work-related or victim injuries or illnesses.

**Community/public health activities and reports:** As required by law, we may disclose your health information to public health or legal authorities charge with preventing or controlling disease, injury, disability, abuse or neglect, and health and vital statistics.

**Administrative oversight:** We may disclose health information to health oversight agencies and/or public health authorities such as the Department of Health for activities such as audits, investigations, licensure, or determining cause of death.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

**Correctional Institution:** If you are an inmate of a correctional institution, or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

## YOUR INDIVIDUAL RIGHTS

**Access and Copies:** In most cases, you have the right to look at or get a copy of medical information that we use to make decisions about your care, when you submit a written request. We will process your request based on NYS Patient Access Law within 10 days of receipt of your request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies as permitted by law. If we deny your request to review or obtain a copy of your medical information, you may submit a written request for a review of that decision. If your medical information is maintained by us in electronic format, you have the right to receive a copy of your medical information in an electronic form and format requested by you, if it is readily producible, or if not, in a readable electronic form or format agreed to by you and us. You will be charged a reasonable cost-based fee to create and copy the electronic medical information.

**Amendments:** If you believe that information in your record is incorrect or that information is missing, you have the right to request that we correct the records, by submitting a request in writing that provides your reasons for requesting the amendment. We may deny your request to amend a record if the information was not created by us, if our information is complete and accurate, is not part of the medical information kept by or for the hospital or is not part of the information that you would be permitted to inspect and copy under certain circumstances.

**Disclosure List:** You have the right to obtain a list of non-routine disclosures of your medical information (those other than for treatment, payment and health care operations) that we made without your authorization. You may submit a written request for a time period up to six years from the date of disclosure. Your first request in a 12-month period is free. After that, we may charge for additional requests.

**Notification:** You will be notified following a breach of your unsecured medical information.

**Confidentiality:** You have the right to request that your medical information be shared with you in a confidential manner, such as at home rather than at work by notifying us in writing of the specific way or location for us to use to communicate with you.

**Restrictions:** You have the right to request that we restrict disclosure of your medical information to a health plan if disclosure is for payment or healthcare operations and pertains to a health care item or service for which you or someone on your behalf paid for in full. You may submit a written request to restrict how we use or disclose medical information about you. We will send you a written response informing you about our ability to honor your request.

**Who to Contact:** To exercise any of the rights described above, please send a written request to our Privacy Office at One Norton Ave. Oneonta NY 13820 or by downloading and completing the coordinating form located on [www.bassett.org/ao-fox-hospital](http://www.bassett.org/ao-fox-hospital). If you do not have access to a computer then you may call our Privacy Office at 607-431-5441 and request a form be mailed to you. Completed forms can be mailed to our address above, or faxed to 607-431 - 5046.

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required or allowed by law. Other uses and disclosures not described in this notice will be made only with your written authorization.



John R. Remillard  
President  
A.O. Fox Memorial Hospital