



## Bassett Healthcare Network

Bassett Medical Center

A.O. Fox Hospital

At Home Care

Cobleskill Regional Hospital

First Community Care of Bassett

Little Falls Hospital

O'Connor Hospital

Tri-Town Regional Hospital

Valley Health Services

### NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

Updated: November 20, 2010

*Dear Patient,*

*Welcome to Bassett Healthcare Network. As a new or returning patient to Bassett Healthcare Network, it is important that you are made aware of government regulations that took effect on April 14, 2003, relating to the Health Insurance Portability and Accountability Act, also known as HIPAA. In accordance to those regulations, enclosed please find our Notice of Privacy Practices. The Notice of Privacy Practices details our pledge to keep your personal health information private and describes how we may use and disclose your information. This notice also describes how you may contact us to address your privacy concerns.*

*As always, Bassett Healthcare Network takes the protection of your information seriously and is committed to maintaining privacy and confidentiality of your health information.*

*Sincerely,*

*William F. Streck MD*

*William F. Streck, MD*

*President and CEO*

*Bassett Healthcare Network*

## 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, please contact our Privacy Office at the address or phone number at the bottom of this notice.

### *Who will follow this notice?*

All Bassett Healthcare Network professionals who are authorized to access information in the patients' chart will follow this notice. The privacy practices in this notice will be followed by:

- Any health care professional who treats you at any of our locations.
- All departments and units of our organization, including Multi-Specialty Centers, Health Centers, School Based Clinics, and The Mary Imogene Bassett Hospital.
- All employees, medical staff, residents, students or volunteers of our organization.
- Any affiliated covered entity of Bassett Healthcare Network.

### *Our pledge to you.*

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by facility staff or your personal doctor. We are required by law to:

- Keep medical information about you private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

### *Changes in this Notice.*

We may change our privacy policies at any time. Changes will apply to medical information we already hold as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in waiting areas, exam rooms, and on our Website at [www.bassett.org](http://www.bassett.org). You can receive a copy of the current notice at any time. The effective date is listed just below the title. A copy of the current notice will be available at your request each time you register at our facility for treatment.

### *How we may use and disclose medical information.*

- We may use and disclose medical information about you for **treatment** (such as sending medical information about you to a specialist as part of a referral); **to obtain payment for treatment** (such as sending billing information to your insurance company or Medicare); and **to support our health care operations** (such as comparing patient data to improve treatment methods).
- We may use or disclose medical information about you **without** your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for **public health purposes, abuse or neglect reporting, health oversight activities or inspections, research studies, funeral arrangements and organ donation, public safety, workers' compensation purposes, and emergencies.** We also disclose medical information **when required by law**, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative proceedings.
- We also may contact you for **appointment reminders**, or tell you about or recommend **possible treatment options, alternatives, health-related benefits or services** that may be of interest to you, or to support **fundraising efforts.**
- We may use and disclose medical information about you for **research purposes.** All research is subject to a special approval process in which they balance the research needs with the patients' need for privacy. Health information about you may be disclosed to people preparing to conduct a research project, however this information will not leave the hospital. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that will reveal who you are.
- If admitted as a patient, unless you tell us otherwise, we will list **in the patient directory** your name, location in the hospital, your general condition (good, fair, etc.), discharge information (including date and time of anticipated discharge), and your religious affiliation, and will release all but your religious affiliation to anyone who asks about you by name. Your religious affiliation may be disclosed only to a clergy member, even if they do not ask for you by name.
- We may disclose medical information about you to a **friend or family member who is involved in your medical care**, or to disaster relief authorities so that your family can be notified of your location and condition.

### *Other uses of medical information.*

- In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

### *Your rights regarding medical information about you.*

- **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. 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 you believe that information in your record is incorrect or if important 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 could deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that the record is accurate. You may appeal, in writing, a decision by us not to grant your request to amend a record.
- When you submit a written request, you have the right to a list of those instances where we have disclosed medical information about you, other than for treatment, payment, health care operations or when you specifically authorized a disclosure. Your request will be processed within 10 days. The request must state the time period desired for the accounting, which must be less than a 6-year period and start after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.
- You have the right to request the restriction of the use or disclosure of your health information (1) to carry out treatment, payment or health care operations; (2) to any person responsible for your care or the payment of such care; (3) to notify family members or other about your general condition, location or death; or (4) to public or private entities assisting in disaster relief efforts. We are not required to agree to a restriction, but will advise you in writing of our decision.
- If this notice was sent to you electronically, **you have the right to a paper copy of this notice.**
- **You have the right to request that medical information about you be communicated to you in a confidential manner**, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.

### *Complaints*

- **You have the right to file a Complaint** – If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Office of Civil Rights. To file a complaint with the hospital, please call the privacy office at (607) 547-7122, or please mail your complaint to:

Privacy Office  
Bassett Healthcare Network  
One Atwell Road  
Cooperstown, NY 13326

All complaints will be investigated. You will not be penalized for filing a complaint. If your complaint cannot be resolved by Bassett Healthcare Network, you may contact: Office of Civil Rights, 26 Federal Plaza, Ste. 3313, New York, NY 10278; e-mail [OCRMAIL@HHS.gov](mailto:OCRMAIL@HHS.gov); phone (800) 368-1019.

### **I acknowledge receipt of the Bassett Healthcare Network Notice of Privacy Practices.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

#### ***Please clip and return to:***

Privacy Office  
Bassett Healthcare Network  
One Atwell Road  
Cooperstown, NY 13326