



Notice of Privacy Practices

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.

Get an electronic or paper copy of your medical record	<ul style="list-style-type: none"> You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request.
Ask us to correct your medical record	<ul style="list-style-type: none"> You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communications	<ul style="list-style-type: none"> 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 what we use or share	<ul style="list-style-type: none"> You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to 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 in full, 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 information	<ul style="list-style-type: none"> You can ask for a list (accounting) of the times we have 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 asked us to make). We’ll provide one accounting per year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none"> You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	<ul style="list-style-type: none"> If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"> You can complain if you feel we have violated your rights by calling 1-800-BASSETT (1-800-227-7388) and asking for the Privacy Office. 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/. <p>We will not retaliate against you for filing a complaint.</p>



You can tell us your choices about what we share in certain circumstances. 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.

<p>In these cases, you have both the right and choice to tell us to:</p>	<p>We are required to obtain your written authorization for the following uses and disclosures or your health information:</p> <ul style="list-style-type: none"> • Share of your information • Marketing purposes • Most sharing of psychotherapy notes • Other uses and disclosures of your health information not described in this notice <p>You may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your health information for the purposes described in your written authorization. We are unable to take back any disclosures already</p>
<p>Special Protections for Substance Use Disorder (SUD) Records</p>	<p>Some health information related to substance use disorder (SUD) treatment may be protected by a federal law called 42 CFR Part 2. When this law applies, your SUD records (including testimony about your SUD information in legal proceedings) generally cannot be shared without your written permission, even for treatment, payment, or healthcare operations, unless a specific exception in the law applies. This is more protective than HIPAA. If Bassett receives SUD-related records that are subject to 42 CFR Part 2, we will label or segregate them as required and will not re-disclose them without the appropriate authorization, valid court order, or other legal basis.</p>
<p>In the case of fundraising:</p>	<p>We may contact you for fundraising efforts, but you can tell us not to contact you again.</p>
<p>Patient Experience Surveys:</p>	<p>We want to understand and learn from your experience at Bassett, and your feedback is important. We may send a survey either by mail, email, or phone by our survey vendor. Your input helps us to understand what we are doing well, and what we can improve for you and future patients.</p>
<p>Health Information Exchange of NY-HIXNY and other continuity of care exchanges</p>	<p>Sharing of Health Information for Coordinated Care: To ensure that you receive the best possible care, we participate in health information exchange programs such as Care Everywhere, HIXNY, TEFCA, and others. These programs allow us to securely share your health information with your primary care provider (PCP) and other healthcare professionals involved in your care. Additionally, in compliance with the CMS Admission, Discharge, and Transfer (ADT) rule, we may send notifications to your PCP or other designated providers whenever you are admitted to, discharged from, or transferred within a hospital. This sharing of information is vital for coordinating your treatment, managing your healthcare needs, and ensuring continuity of care. Rest assured, all shared information is handled in accordance with federal and state privacy regulations. If you have questions, concerns, or want to change your preferences, please contact the Privacy Office for the Bassett Healthcare network.</p>
<p>Health Information Exchange and Nationwide Interoperability (TEFCA)</p>	<p>Bassett Healthcare Network participates in secure electronic health information exchange networks, including networks enabled under the federal Trusted Exchange Framework and Common Agreement (TEFCA). Bassett Healthcare Network will only include your information in TEFCA-enabled nationwide exchange networks if you choose to opt in.</p>



Our Uses and Disclosures

How do we typically use or share your health information?		
We typically use or share your health information in the following ways.		
Treat you	<ul style="list-style-type: none"> We can use your health information for treatment purposes and share it with other professionals who are treating you and for care coordination. 	<i>Example: A doctor, nurse, or other provider may review your medical record and share information with other members of your care team (such as specialists, labs, or hospitals) to diagnose you, treat you, or coordinate your care.</i>
Run our organization	<ul style="list-style-type: none"> We can use and share your health information to run our practice, improve your care, and contact you when necessary. 	<i>Example: We may use your information to review the quality of care our staff provides. We may use your information to train staff, conduct audits, or improve our systems and services.</i>
Bill for your services	<ul style="list-style-type: none"> We can use and share your health information for payment purposes, including to bill and get payment from health plans or other entities. 	<i>Example: We give information about you to your health insurance plan so it can pay for your care, or to determine whether a service is covered.</i>

How else can we use or share your health information?	
We are allowed or required to share your information in other ways – 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 . Please note that if a use or disclosure for any purpose described below is prohibited or materially limited by applicable law, we will limit such use and disclosure to the full extent required to comply with such applicable law. For example, we will not disclose your substance use disorder information to law enforcement or to any other third party to the extent such disclosure is prohibited by applicable law.	
Help with public health and safety issues	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> 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
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.
Workers’ compensation, law enforcement, and other government requests	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> 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.



Our Responsibilities

As required by law, Bassett Healthcare Network will

- maintain the privacy and security of your protected health information.
- let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- follow the duties and privacy practices described in this notice and give you a copy of it.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all health information we maintain. You can access our most recent notice currently in effect by visiting our website or by contacting us using the contact information below.

MyBassett Health Connection Patient Portal

Bassett Healthcare Network offers the MyBassett Health Connection patient portal, a secure electronic service that allows patients to access certain portions of their medical record and to communicate electronically with their care team.

Through MyBassett, patients may:

Access test results and visit information	Request prescription renewals
Request or manage appointments	Send secure messages to their provider’s office
Request access to medical records	Help manage the care of a loved one, such as a child, elderly parent, or other dependent, through approved proxy access

Through MyBassett, you may also be able to:

- Set or update communication preferences (such as how we contact you)
- Manage certain privacy and sharing preferences, including who may have access to your information through the portal, where permitted by law

Use of MyBassett is subject to Bassett’s portal terms and conditions and applicable law. MyBassett should not be used for urgent or emergency medical needs.

Your information in MyBassett is protected using administrative, technical, and physical safeguards in accordance with applicable federal and state law.

Effective: January 2026

The Bassett Healthcare Network entities are jointly issuing this Notice of Privacy Practices. This applies to any owned and controlled Bassett Healthcare Network entity including but not limited to Bassett Medical Center, AO Fox Memorial Hospital, At Home Care, Little Falls Hospital, Cobleskill Regional Hospital, O’Connor Hospital, Valley Health Services, Valley Residential Services, and all network clinic locations.

This Notice covers the organizations described above that are using this combined Notice of Privacy Practices and sharing information as provided by applicable law; they are not providing health care services mutually or on each other’s behalf. Each organization participating in this joint Notice is individually responsible for its own activities, including compliance with privacy laws, billing, and for the health care services it provides.

Please contact the Bassett Healthcare Networks’ Privacy Office with any questions, concerns or complaints by emailing privacy@bassett.org or calling: (607) 547-7900 Toll Free 1-800-BASSETT (800- 227-7338)



AFFIX PT LABEL

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I acknowledge receipt of the Bassett Healthcare Network Notice of Privacy Practices:

Name (Print): _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Signature: _____

Please clip and mail to: Privacy Office • Bassett Healthcare Network • One Atwell Road • Cooperstown, NY 13326