

Long Island Community Hospital

NOTICE OF HIPAA PRIVACY PRACTICES

Effective Date: September 23, 2013

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.

We are required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice that describes the health information privacy practices of our hospital, its medical staff, and affiliated health care providers that jointly provide health care services with our hospital. We are required to comply with the terms of this notice as currently in effect, although we may change our privacy practices from time to time and make the revised notice applicable to all protected health information we maintain. You may request a written copy of our most current privacy notice at any time by contacting the Privacy Officer or you can access it on our website at www.LICommunityHospital.org. If you have any questions about this notice or would like further information, please contact the Privacy Officer, at 631-687-2953.

Who Will Follow This Notice?

Long Island Community Hospital provides health care to patients jointly with physicians and other health care professionals and organizations. The privacy practices described in this notice will be followed by:

- Any health care professional who treats you at any of our locations
- All employees, medical staff trainees, students or volunteers at entities that are a part of Long Island Community Hospital at any of our locations
- Any business associates of our hospital (which are described further below)

IMPORTANT SUMMARY INFORMATION

What Health Information Is Protected

We are committed to protecting the privacy of information we gather about you while providing

health-related services. Some examples of “protected health information” or “PHI” are:

- Demographic information (such as your name, address, or insurance status)
- Unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number) and other types of information that may identify who you are
- Information indicating that you are a patient at the hospital or receiving treatment or other health-related services from our hospital
- Information about your health condition (such as a disease you may have)
- Information about health care products or services you have received or may receive in the future (such as an operation)
- Information about your health care benefits under an insurance plan (such as whether a prescription is covered)

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Requirement for Written Authorization

Your written authorization is required for (1) most uses and disclosures of psychotherapy notes, (2) uses and disclosures of PHI for marketing purposes, and (3) disclosures that constitute the sale of PHI. You may also initiate the transfer of your records to another person by completing a written authorization form. Other uses and disclosures not covered by this notice will be made only with your written authorization. You may revoke your authorization at any time, except to the extent that we have already relied upon it. To revoke a written authorization, please submit your request in writing to:

Privacy Officer
Long Island Community Hospital
101 Hospital Road
Patchogue, New York 11772-4897.

Exceptions to Written Authorization Requirement

We may use and disclose your PHI, to treat your condition, collect payment for that treatment or, for our day-to-day health care operations without your written authorization. Below are examples

of how your information may be used and disclosed for these purposes.

Treatment

We may share your PHI with doctors or nurses at the hospital who are involved in taking care of you and they may in turn use that information to diagnose or treat you. A doctor at our hospital may share your PHI with another doctor inside our hospital, or with a doctor at another hospital, to determine how to diagnose or treat you. Your doctor may also share your PHI with another doctor to whom you have been referred for further health care.

Payment

We may use your PHI or share it with others so that we may obtain payment for your health care services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you, or to determine whether your plan will cover the treatment. We might also need to inform your health insurance company about your health condition in order to obtain pre-approval for your treatment, such as admitting you to the hospital for a particular type of surgery. Finally, we may share your information with other health care providers and payers for their payment activities.

Health Care Operations

We may use your PHI or share it with others in order to conduct our daily health care operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you. Finally, we may share your health information with other health care providers and payers for certain of their health care operations if the information is related to a relationship the provider or payer currently has or previously had with you, and if the provider or payer is required by federal law to protect the privacy of your health information.

Other Exceptions

Fundraising

To support our business operations, we may use demographic information about you, including information about your age and gender, where you live or work, the dates that you received treatment, your treating physician, outcome (i.e. successful treatment or supplied durable medical

equipment) and health insurance status in order to contact you to raise money to help us operate. We may also share this information with a charitable foundation that will contact you to raise money on our behalf. You may request to opt out of receiving such fundraising communications.

Business Associates

We may disclose your PHI to contractors, agents and other business associates who need the information in order to assist us with obtaining payment or carrying out our health care operations. For example, we may share your PHI with a billing company that helps us to obtain payment from your insurance company. Another example is that we may share your PHI with an accounting firm or law firm that provides professional advice to us about how to improve our health care services and comply with the law. If we disclose PHI to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information.

Patient Directory

To best serve you, we will include your name, your location in our facility and your religious affiliation in our patient directory while you are a patient in the hospital. This directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if he or she doesn't ask for you by name. You may request that your information not be listed in the directory.

Family and Friends Involved in Your Care

If you do not object, we may share your PHI with a family member, relative, or close personal friend who is involved in your care or payment for your care. We may also notify a family member, personal representative or another person responsible for your care about your location and general condition here at the hospital, or in the unfortunate event of your death. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons.

Public Health Activities

We may disclose your PHI to authorized public health officials (including disclosure to (1) prevent or control disease, injury or disability;

(2) report births and deaths; (3) report child abuse or neglect; (4) notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; (5) notify the appropriate government authority if we reasonably believe you have been a victim of abuse, neglect or domestic violence. We will make every effort to obtain your permission before disclosing this information, but in some cases we may be required or authorized by law.

Health Oversight Activities

We may disclose your PHI to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Product Monitoring, Repair and Recall

We may disclose your PHI to a person or company that is regulated by the Food and Drug Administration for the purpose of: (1) reporting or tracking product defects or problems; (2) repairing, replacing, or recalling defective or dangerous products; or (3) monitoring the performance of a product after it has been approved for use by the general public.

Lawsuits and Disputes

We may disclose your PHI if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute.

Law Enforcement

We may disclose your PHI when requested by law enforcement officials for the following reasons:

- To comply with a court order, subpoena, warrant, summons or similar process;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- To provide information about the victim of a crime under certain limited circumstances;
- If we suspect that your death resulted from criminal conduct;
- To report a crime that occurred on our property
- To report a crime discovered during an offsite medical emergency (for example, by emergency medical technicians at the scene of a crime)

To Avert a Serious and Imminent Threat to Health or Safety

We may use your PHI or share it with others, as permitted by applicable law and standards of ethical conduct, when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public, or as necessary for law enforcement authorities to identify or apprehend an individual.

National Security and Intelligence Activities or Protective Services

We may disclose your PHI to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Military and Veterans

If you are a member of the Armed Forces, we may disclose your PHI to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Inmates and Correctional Institutions

If you are an inmate of a correctional institution or a law enforcement officer detains you, we may disclose your PHI to the prison officers or law enforcement officers if necessary (1) to provide you with health care, (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Workers' Compensation

We may disclose your PHI for workers' compensation or similar programs that provide benefits for work-related injuries.

Coroners, Medical Examiners and Funeral Directors

We may disclose your PHI to a coroner or medical examiner as this may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation

If you are an organ donor, we may disclose your PHI to organizations that handle organ procurement or organ, eyes or tissue

transplantation as necessary to facilitate organ or tissue donation and transplantation.

Research

When required, we will ask for your written authorization prior to using your health information or sharing it with others for research purposes. However, under some circumstances, we may use and disclose your PHI without your written authorization if we obtain approval through a special process to ensure that research poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly.

De-identifying Protected Health Information

We may use or disclose your PHI if we have removed certain information that would identify you, household members or your relatives such as, your name, address, social security number, phone number, e-mail address or health plan number.

Incidental Disclosures

While we will take reasonable steps to safeguard the privacy of your PHI, certain disclosures may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other patients in the treatment area may see or overhear discussion of your health information.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights to access and control your PHI. These rights are important because they will help you make sure that the health information we have about you is accurate and help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters. In addition, you have the right to receive notification in the event that there is a breach of your unsecured PHI. "Unsecured" means PHI has not been rendered unusable, unreadable or indecipherable to unauthorized individuals through the use of technology or methodology specified by the Secretary or Department of Health & Human Services.

How to Access Your Protected Health Information

You have the right to inspect and obtain a copy of PHI contained in your medical and billing

records and any other Hospital records used by us to make decisions about you and your treatment. For PHI maintained in electronic format, you may request an electronic copy of your information. The Medical Center will attempt to provide the electronic health information in the form and format you request. If PHI is not readily producible in the requested format, hardcopy may be provided. To inspect or obtain a copy of your health information, please submit your request in writing to:

Health Information Management Department
Long Island Community Hospital
101 Hospital Road
Patchogue, NY 11772-4897 or
Call 631-447-3062

To obtain a copy of your billing information, please submit your request in writing to:

Business Office
Long Island Community Hospital
101 Hospital Road
Patchogue, NY 11772-4897 or
Call 631-654-7121

If you request a copy of the information, we may charge a reasonable fee, whether your records are stored in paper format or electronically, for the costs of copying, mailing or other supplies we use to fulfill your request. Under New York State law, the fee may not exceed \$0.75 per page when patients or their personal representatives request paper copies of health information.

Under certain limited circumstances, we may deny your request to inspect or obtain a copy of your information. In this case, we will provide you with a summary of the information along with a written notice that explains our reasons for providing only a summary and a complete description of your rights to have that decision reviewed and how you can exercise those rights. The notice will also include information on how to file a complaint about these issues with us or with the Secretary of the Department of Health and Human Services. If we have reason to deny only part of your request, we will provide access to the remaining parts after excluding the denied information.

How to Correct Your Protected Health Information

You have the right to request that we amend your

PHI if you believe it is inaccurate or incomplete. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please write to:

Health Information Management Department
Long Island Community Hospital
101 Hospital Road
Patchogue, NY 11772-4897

Your request should include the reasons why you feel we should amend your information. If we deny all or part of your request, we will provide a written notice that explains our reasons for the denial. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your records. We will include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services.

How to Identify Others Who Have Received Your Protected Health Information

You have the right to receive an "accounting of disclosures" which identifies certain persons or organizations to whom we have disclosed your PHI in accordance with the protections described in this Notice for the six years prior to your request, except for the following disclosures:

- made to you or your personal representative
- made pursuant to your written authorization
- to carry out treatment, payment or health care operations
- made from the patient directory
- made to your friends and family involved in your care or payment for your care
- that were incidental to permissible uses and disclosures of your health information (for example, when information is overheard by another patient passing by)
- to federal officials for national security and intelligence activities
- made to correctional institutions or law enforcement officers

To request an accounting of disclosures, please write to:

Health Information Management Department
Long Island Community Hospital
101 Hospital Road
Patchogue, NY 11772-4897

Your request must state a specific time period for the accounting. The first accounting you request within a twelve month period will be free.

However, we may charge you for the cost of providing any additional accounting in that same 12-month period. We will notify you of any cost involved and you may choose to withdraw or modify your request before any costs are incurred.

How to Request Restrictions on Disclosure of Protected Health Information

You have the right to request restrictions on the way we use and disclose your PHI in certain circumstances. We will comply with your request when it involves disclosure to a health plan or its business associate 1) for the purpose of carrying out payment or health care operations and it is not otherwise required by law, and 2) the PHI pertains only to a healthcare item or service for which you (or a person on your behalf) has paid the Medical Center out of pocket, in full.

To request a restriction, please submit your request in writing to:

Privacy Officer
Long Island Community Hospital
101 Hospital Road
Patchogue, NY 11772-4897

Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

How to Request Alternate Communications

You have the right to reasonably request that we communicate with you about medical matters in a confidential manner by alternative means or at alternative locations such as at home instead of at work.

To request alternate communications, please submit your request in writing to:

Privacy Officer
Long Island Community Hospital
101 Hospital Road
Patchogue, NY 11772-4897

Please specify in your request how or where you wish to be contacted and we will try to accommodate all reasonable requests.

How to Learn About Special Protections

Special privacy protections apply to disclosures of HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information. If your treatment involves this information, you will be provided with separate notices explaining how the information will be protected. To request copies of these other notices, please contact the Privacy Officer, at 631-687-2953.

How Someone May Act on Your Behalf

You have the right to name a personal representative who may act on your behalf to control the privacy of your PHI. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

How to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us. No one will retaliate or take action against you for filing a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services. Please contact the Privacy Officer at 631-687-2953.