



HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: 4/14/2003

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 about this notice, please contact the Compliance Department at (585) 396-6792.

This notice describes privacy policies that will be followed by the components of Thompson Health listed below:

- F.F. Thompson Hospital Inc.
 - Departments of the Hospital at Farmington Medical Center
 - FF Thompson Hospital Physician Practices
- F.F. Thompson Continuing Care Center Inc.
 - Brighter Day
- Ontario County Advanced Life Support
- F.F. Thompson Foundation, Inc.

All these entities, sites and locations follow the terms of this notice. This notice details how your protected health information may be used and disclosed to third parties to carry out your treatment, payment for your treatment, health care operations of Thompson Health, and for other purposes permitted or required by law. This notice also details your rights regarding your protected health information.

WHO WILL FOLLOW THE POLICIES DESCRIBED IN THIS NOTICE?

- Health care professionals authorized to enter information into your medical record.
- Thompson Health Volunteers
- Employees, Medical Staff and other Thompson Health personnel.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

Medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care held by Thompson Health, whether made by Thompson Health personnel, your personal doctor or other healthcare professionals. Physician practices not owned by Thompson Health may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

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 with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other Thompson Health personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of Thompson Health also may share medical information about you in order to coordinate your different needs, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside Thompson Health who may be involved in your medical care before, during or after your visit at Thompson Health, such as consulting physicians, healthcare facilities to which you may be transferred, or others we use to provide services that are part of your care.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at Thompson Health may be billed to, and payment may be collected from, you, an insurance company and/or a third party. For example, we may need to give your health insurer information about

surgery you received at the hospital so your health insurer will pay us or reimburse you for the surgery. We may also tell your health insurer about a treatment you are going to receive to obtain prior approval or to determine whether your health insurance plan will cover the treatment. We may give your information to treating physicians so that they may bill for services delivered at Thompson Health.

- **For Health Care Operations.** We may use and disclose medical information about you for healthcare operations. These uses and disclosures are necessary to run Thompson Health and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients and residents to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other Thompson Health personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care within Thompson Health.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** Thompson Health may use information relating to your interactions with Thompson Health as part of our fundraising efforts. Thompson Health may make this information available to a foundation affiliated with Thompson Health so that the foundation may contact you in raising money for Thompson Health. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at Thompson Health. If you do not want Thompson Health to contact you for fundraising efforts, you must notify F.F. Thompson Foundation, Inc. in writing, at 350 Parrish St., Canandaigua, New York 14424.
- **Marketing:** Thompson Health may only use and/or disclose your protected health information for marketing activities if we obtain from you a prior written authorization. “Marketing” activities include communications to you that encourage you to purchase or use a product or service. This does not include communication made for your care or for services that Thompson Health provides.

- **Hospital and Continuing Care Center Directory.** Unless you object, we may include certain limited information about you in the hospital and Continuing Care Center directory while you are a patient at the hospital or resident of the Continuing Care Center. This information may include your name, location in the facility, your general condition (e.g., satisfactory, guarded) and your religious affiliation. The directory information, except for your religious affiliation, may also 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 they don't ask for you by name. If you choose not to have your information included in the directory, a request must be made in writing with the appropriate admissions department. (F.F. Thompson Hospital or F.F. Thompson Continuing Care Center)
- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may release medical information about you to a friend or family member who is designated by you to be involved in your medical care or payment for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project; for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave Thompson Health.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use or disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

OTHER USES OF MEDICAL INFORMATION

- Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission,

we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** We may use or disclose medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.
- **Active and Veteran Military Personnel and their Dependents.** If you are a member of the armed forces, we may release medical information about you, and your covered dependents, as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We will release medical information about you for workers' compensation or similar programs as required by law. These programs provide benefits for work-related injuries or illness, regardless of fault.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report a case of child or elder abuse, neglect or domestic violence;
 - to report reactions to medications or problems with products;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- **Employer.** If Thompson Health is providing health care to you at the request of your employer, we may disclose that protected health information to your employer.
- **Health Care Oversight Activities.** We may disclose medical information to a health care oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court order (without your authorization) or in response to a subpoena, discovery request or other lawful request (with your written authorization).

- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official in response to a court order or under provision of state law.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of Thompson Health to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.
- **Inmates.** 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. This release would be necessary (1) for the institution 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.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and get a copy of medical information that may be used to make decisions about your care. This does not include psychotherapy notes and other records as specified under the Public Health laws.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the specific location within Thompson Health where you received your care. If you request a copy of the information, we may charge a fee for the costs of copying.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. The review will be completed by the Medical Record Access Review Committee of the New York State Department of Health. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the

right to request an amendment for as long as the information is kept by or for Thompson Health.

To request an amendment, your request must be made in writing to the specific location within Thompson Health where you received your care. In addition, you must provide a reason that supports 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. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Thompson Health;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If you disagree with the denial, you will have the right to submit a written statement of disagreement.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you, excluding (1) disclosures made to carry out treatment, payment or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to an authorization given by you; (4) disclosures made to other people involved in your care or made for notification purposes; (5) disclosures made for national security or intelligence purposes; (6) disclosures made to correctional institutions or law enforcement officials.

To request this list or accounting of disclosures, you must submit your request in writing to Health Information Management Department, 350 Parrish St., Canandaigua, New York 14424. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to restrict the protected health information Thompson Health discloses to a family member, other relative or any other person identified by you, which is relevant to such person's involvement in your treatment or payment for your treatment.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Compliance Department, 350 Parrish Street, Canandaigua, NY 14424. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Compliance Department, 350 Parrish Street, Canandaigua, NY 14424. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.thompsonhealth.com

To obtain a paper copy of this notice, ask for one at the admissions, registration, or reception desk.

CHANGES TO THIS NOTICE

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice. The notice will contain the effective date on the first page, in the top right-hand corner. When you register for treatment or health care services after a change has been made, we will offer you a copy of the current notice.

COMPLAINTS / QUESTIONS

If you believe your privacy rights have been violated, you may file a complaint with Thompson Health or with the Secretary of the Department of Health and Human Services. To file a privacy complaint with Thompson Health, contact the Compliance Department at 350 Parrish St, Canandaigua, New York 14424. All complaints must be submitted in writing. If you have questions, please call the Privacy Officer at (585) 396-6792.

You will not be retaliated against for filing a complaint.