

# **Patient Privacy Notice from Glens Falls Hospital**

This is the Joint Notice of Privacy Practices from Glens Falls Hospital (GFH) and the doctors of the GFH Medical Staff. This Joint Notice of Privacy Practices (“Notice”) will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you directly, or could be used to identify you. This Notice also will tell you about your rights and our duties with respect to your medical information. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

## **How We May Use and Disclose Medical Information About You:**

This Notice applies to the medical and billing records relating to your care in GFH and any of its departments or off-site facilities and includes portions of the record created by doctors participating in your care (who may not be employed by GFH). This Notice does not apply to your doctor’s office records including billing records unless that doctor is employed by GFH.

### **For your treatment**

The doctors, nurses, and other personnel who are providing care to you at Glens Falls Hospital may use your health information. Also, we may consult with other health care providers about your care, or refer you to another health care provider for additional care. In these cases, we may send your health information to other health care providers.

### **To receive payment for healthcare we provide to you**

We may use and disclose medical information about you so we can be paid for the services we provide to you. This can include billing you, your insurance company, or a third party payer (such as Medicare).

### **For healthcare operations**

We may use and disclose your medical information for our own healthcare operations. These are necessary for us to operate the Hospital and to maintain quality health care for our patients.

### **To business associates**

We may use a third party to help us receive payment for health care or assist with our operations, or to provide management, financial, legal, consulting, and other services. When we contract for these services, we may disclose your medical information to our business associates so that they can perform the job we have asked them to do.

### **Patient information directory**

We may include certain limited information about you in the hospital directory while you are a patient at Glens Falls Hospital. This information may include your name, location in the hospital, your general condition and your religious affiliation. You may ask to restrict the information that is given out about you.

### **To your family or close friend**

Unless you object, we may use or disclose your medical information in order to notify a family member, personal representative, or other person responsible for your care that you are at the hospital, and we

may describe your general condition. If you are unable to express an objection, we will use our judgment on whether providing information to your family is in your best interest.

We may use and disclose medical information to contact you (e.g.: by telephone or postcard) about scheduled or cancelled appointments, registration/insurance updates, billing or payment matters, pre-procedure assessment or test results.

### **Health-related benefits and treatment alternatives**

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you or recommend possible treatment options or alternatives or other health-related information that may be of interest to you.

### **As required or permitted by law**

The law permits or requires the hospital to disclose health information in some cases when required by state and/or federal law. We can share health information in response to a court or administrative order or in response to a subpoena.

### **Other uses and disclosures**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research and can include:

- Deaths – working with a medical examiner or funeral director
- Organ, eye, or tissue donation
- Workers' Compensation

### **For marketing communications**

We may tell you about other products or services in a face-to-face communication. We may not use or disclose your medical information to encourage you to purchase products or services without your written authorization.

### **To request donations to the hospital**

We may use and disclose your medical information to contact you to raise funds for Glens Falls Hospital. If you do not wish to be contacted for marketing or fund-raising efforts, please ask us about this.

### **With your authorization**

The Hospital may not make any other uses or disclosures of your medical information without your written authorization. You may revoke your authorization at any time by written notice to Glens Falls Hospital.

### **Prohibition on the sale of medical information**

We may not receive direct or indirect payment in exchange for any of your medical information unless we have obtained a valid authorization from you.

## **Prohibition on disclosure of psychotherapy notes**

Most uses and disclosure of psychotherapy notes require your express authorization.

## **What special state laws protect privacy of certain patient records?**

In certain cases, New York law and other federal law provide more stringent privacy protections for specific kinds of medical information than HIPAA requires. Glens Falls Hospital must follow the state law and may not reveal, except in certain exceptions that the patient has received services without written authorization:

- Behavioral Health Patients
- HIV/AIDS
- Alcohol or Drug Abuse Treatment

## **What are your rights concerning your medical information?**

### **To inspect your record and get a copy**

With some exceptions, you have the right to inspect and obtain an electronic or paper copy of your medical record and other health information we have about you. You have the right to look at your medical information within ten (10) days from receipt of your written request. We will respond within thirty (30) days from receipt of your written request for copies of your medical information. If you request a copy of the information, we may charge you a fee to cover the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy medical information in limited circumstances.

### **To request an amendment of your record**

You have the right to ask us to amend medical information about you as long as the medical information is maintained by us. We will act on your request within sixty (60) calendar days after we receive it. We may deny your request to amend medical information about you and will inform you of the basis for the denial. You will have the right to submit a statement disagreeing with our denial. You also will have the right to complain about our denial of your request.

### **To request restrictions on uses or disclosures of you medical information**

You have the right to request that we restrict the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) public or private entities for disaster relief efforts.

We are not required to agree to any requested restriction. However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

### **To request that we communicate in a special confidential way**

Unless you tell us otherwise in writing, we may contact you by either telephone or by mail, at either your home or workplace. At either location, we may leave messages for you on the answering machine or voice mail but we will not disclose your medical information. If you want us to communicate with you only in a certain way or at a certain location, you can request this. For example, you can ask that we only contact you by mail or at work. We will not ask you to tell us why you are asking for the confidential communication.

### **To receive an accounting of disclosures of medical information about you**

You have the right to request an “accounting of non-authorized disclosures”. This is a list of the disclosures we made of medical information about you not as part of our normal operations or that you did not authorize. We will respond to your request within 60 days. There is no charge for the first accounting we provide to you in any 12 month period. For additional accountings, we may charge you for the cost of providing the list.

### **Not to disclose to your health insurer**

If you pay in full for the services you receive, you may request that the services you received not be disclosed to your health insurer.

### **To receive notification if your medical information is breached**

We must notify you within sixty (60) days from discovery that there has been a breach of your medical information has been or is reasonably believed by us to have been accessed, acquired or disclosed as a result of such breach.

### **To receive paper copy of this notice**

You can ask for a paper copy of this notice at any time and will promptly receive one.

### **Changes to this Notice**

We reserve the right to change this notice and the changes will apply to all information we have about you. The new notice will be available upon request in all of our locations providing patient care and on our website.

### **Complaints**

If you believe your privacy rights have been violated or you disagree with any action we have taken with regard to your medical information, we want you, your family, or your guardian to speak with us. If you present a complaint, your care will not be affected in any way. It is the goal of Glens Falls Hospital to give you the best care while respecting your privacy. You may file a complaint by contacting the Privacy Officer as listed at the end of this Notice. You may also send a written complaint to the U.S. Department of Health and Human Services. We will take no retaliatory action against you if you file a complaint. Below please find their contact information:

### **U.S. Department of Health and Human Services**

Jacob Javits Federal Building  
26 Federal Plaza — Suite 3312

New York, NY 10278

**Phone:** 212-264-3313

**Email:** [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

**For more information, please contact:**

Albany Med Health System Privacy Officer

**Phone:** 518-262-4692

Glens Falls Hospital Health Information Management

**Phone:** 518-926-5402

Glens Falls Hospital Patient Representative

**Phone:** 518-926-3450