

NOTICE OF PRIVACY PRACTICES

The following Covered Entities are jointly issuing this Notice of Privacy Practices:

Albany Med Health System and its affiliated entities (collectively, the “System”), including Albany Medical Center Hospital, Albany Medical College, The Columbia Memorial Hospital, Columbia Memorial Regional Medical, PLLC, Glens Falls Hospital, Glens Falls Medical PLLC, The Saratoga Hospital, Health Partners of Saratoga, Ltd., Saratoga Care, Inc., Saratoga Regional Medical, P.C., Visiting Nurse Association of Albany, Inc., Visiting Nurse Association of Albany Home Care Corporation, and each of their respective affiliated organizations and operations.

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, AND HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION OR YOUR RIGHTS CONCERNING YOUR INFORMATION. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE IN PAPER OR ELECTRONIC FORM AND TO DISCUSS IT WITH OUR PRIVACY OFFICER LISTED BELOW IF YOU HAVE ANY QUESTIONS. PLEASE REVIEW IT CAREFULLY.

This notice applies to protected health information regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Additionally, certain Albany Med Health System facilities provide substance use disorder (SUD) treatment. Such facilities include The Saratoga Hospital. This notice applies to SUD patient records regulated under both 42 C.F.R. Part 2 and HIPAA.

Albany Med Health System, our employees, students and volunteers, and our health care providers are committed to safeguarding the confidentiality of your protected health information. We are required to abide by the terms of this notice currently in effect.

We are required by law to maintain the privacy of protected health information, to provide you with notice of our legal duties and privacy practices, and to notify you if a breach occurs that may have compromised the privacy or security of your protected health information.

What is Protected Health Information?

“Protected health information” or “information” is any information we create, receive, maintain or transmit that relates to your past, present or future health care or condition or treatment, and that identifies or can be used to identify you. This includes both your medical information and identification information, such as your address, workplace, social security number and other similar personal information. Protected health information includes information that is written, such as your medical chart, or stored in computers, such as billing data or images. It also includes other information such as information disclosed verbally. Protected health information that is disclosed in accordance with federal law may be redisclosed and is no longer protected under the HIPAA Privacy Rule.

Routine Uses and Disclosures

Typically, we will use or disclose your protected health information for the following purposes:

- **For treatment.** We may use or disclose your protected health information for treatment purposes. For example, we will allow your physician or nurse to access your medical record for the purpose of treating you, or may provide health information to another doctor in an unrelated organization to assist in your treatment. We may share this information with affiliated hospitals or health care providers and others so that they may jointly perform care and treatment activities, payment activities, and business operations along with us.

Others involved in your care, such as a laboratory technician, a consulting physician, or a social worker, may also see your information.

- **For payment.** We may use or disclose information for purposes of obtaining payment for your health care services. For example, we may need to give your health insurer(s) information about your condition and treatment to support their payment for your care or to determine whether they will cover your treatment or to obtain their preapproval.
- **For health care operations.** We may use or disclose information for health care operations purposes. For example, we may review your health information to evaluate the treatment and services provided, the performance of our staff, to educate our staff or students on how to provide or improve care, or to confirm our compliance with federal and state laws and regulations.

***Please note:** For Substance Use Disorder (SUD) patient records, you may provide a single consent for all future uses or disclosures for treatment, payment and health care operation purposes. As such, records that are disclosed to a SUD program pursuant to this single consent for treatment, payment, and health care operations may be further disclosed by that SUD program without your written consent, to the extent that federal regulations permit such disclosure.*

- **For treatment, payment and health care operations of other covered entities.** We may disclose your protected health information to other covered entities or licensed health care providers for use in their treatment of you, so they may obtain payment for care provided to you, or for their health care operations that relate to you.
- **For appointment reminders.** We may use or disclose medical information to contact you to provide appointment reminders for treatment or medical care or other operations.
- **To tell you about treatment alternatives.** We may use or disclose your information to provide you with information about treatment alternatives that may be of interest to you.
- **To a “business associate.”** We may disclose information to a person or entity with whom we contract to perform some of our functions for us, and who needs access to the information to perform those functions -- for example, a billing service or attorney.
- **To you.** We may disclose information to you or, if you lack capacity, to someone authorized to act for you.
- **To family and friends involved in your care.** We may disclose to a relative or friend information about your location and general condition, and other information directly relevant to that person’s involvement with your care or payment for your care. For example, we may tell your spouse what to look for to recognize whether your condition is improving. You may opt out of disclosures made to family and friends involved in your care, unless such persons are your legal representative.
- **For a facility directory.** We may include limited information about you in a facility directory while you are at our facility. This information may include your name, location in the facility, your general condition (e.g., “fair,” “stable,” “critical,” etc.) and your religious affiliation, if any. The directory information, except your religious affiliation, may be released to people who ask for you by name. Your directory information, including religious affiliation, may be given to a member of the clergy even if he or she does not ask for you by name. You may opt out of inclusion in the facility directory.
- **To tell you about other benefits and services.** We may use or disclose your information to provide you with information about health-related benefits and services that may be of interest to you.

Other Uses and Disclosures

Less typically, we may use or disclose your protected health information in special situations and to the extent permitted by federal and/or state laws, such as the following:

- **Required by law.** We may use or disclose your protected health information when we are required by law to do so, such as to comply with a court order.
- **Public health.** We may disclose your protected health information for public health activities and purposes. For example, we may disclose information to a public health authority that is authorized to receive such

information for the purpose of controlling disease, injury or disability. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law or rule permits us to do so.

- **Health oversight.** We may disclose your information to a health oversight agency for its oversight activities such as audits, investigations, inspections, licensure or disciplinary actions.
- **To your employer in certain instances.** We may share specific protected health information with your employer if we provide health care to you at your employer's request: (1) to conduct an evaluation relating to medical surveillance of the workplace; or (2) to evaluate whether you have a work-related illness or injury. You will be provided notice that your protected health information will be disclosed to your employer at the time the health care is provided, and the information disclosed will be limited to findings concerning a work-related illness or injury or a workplace-related medical surveillance.
- **Product monitoring, repair and recall.** We may disclose your information to a person or company that is required by the Food and Drug Administration to report or track product defects or problems, to repair, replace, recall or enable lookbacks on defective or dangerous products, or monitor product performance.
- **Abuse or neglect.** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, if we believe that you have been a victim of abuse, neglect or domestic violence, we may disclose your protected health information to the public health authority or agency authorized to receive such information.
- **Legal proceedings.** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal or, in certain circumstances, in response to a subpoena, discovery request or other lawful process. SUD records shall only be used or disclosed for the above purpose after an opportunity to be heard is provided to the patient or the holder of the record.
- **Law enforcement.** We may disclose protected health information for law enforcement purposes, including disclosures in response to limited information requests for identification and location purposes, disclosures pertaining to victims of a crime, and disclosures about decedents. We may also disclose protected health information in order to comply with laws requiring reporting of certain types of injuries or deaths, in response to court orders, to report crimes under certain emergency circumstances, or to report a crime that occurred on our property.
- **Coroners, funeral directors, and organ donation.** We may disclose protected health information to a coroner, medical examiner, or funeral director, to permit them to carry out their functions. This may be required, for example, in order to determine the cause of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation or transplantation purposes.
- **Research.** As an academic medical center, we may make information contained in our electronic medical records and other confidential data files available to researchers so that they may contact you about research. We will not use your protected health information unless you provide us with specific permission after the research has been explained to you, unless our Institutional Review Board (a body that approves research) determines that specific permission from you is not required.
- **Health or safety threat.** We may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- **Specialized governmental functions.** We may use or disclose protected health information for specialized governmental functions, such as disclosing information about a member of the armed services to the military to assure the proper execution of a military mission, or disclosing information about inmates to a correctional facility for security, continued health care or safety or other important purposes.
- **Workers' compensation.** Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.
- **Fundraising.** We may use the basic identifying information from patient lists (such as where you live or work, the dates that you received treatment, name of treating physician, department providing your treatment, outcome information, and health insurance status) to send you material in connection with our efforts to raise funds for our charitable activities. We may also provide this information to our related foundation so

that the foundation may contact you for fundraising purposes. All fundraising communications include the ability to opt-out (See more below under My Rights).

Prohibited Uses and Disclosures

We are prohibited from using or disclosing your protected health information for any of the following activities:

- To conduct a criminal, civil, or administrative investigation into any person for the act of seeking, obtaining, providing, or facilitating reproductive health care.
- To impose criminal, civil, or administrative liability on any person for the act of seeking, obtaining, providing, or facilitating reproductive health care.
- The identification of any person for the purpose of conducting such investigation or imposing such liability.

Uses and Disclosures with Your Authorization

The following uses and disclosures of protected health information require your written authorization:

- Most uses and disclosures of psychotherapy notes.
- Most uses and disclosures for marketing purposes.
- Disclosures that constitute a sale of your protected health information.

Other uses and disclosures of protected health information not covered by this Notice will be made only with your written authorization.

If you provide us written authorization to use or disclose your protected health information, you may revoke that authorization, in writing, at any time. However, uses and disclosures made before you revoked your authorization will not be affected.

Your Rights

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right:

- **To inspect and obtain a copy of your protected health information.** You may inspect and obtain a copy, in paper or electronic format (if maintained electronically), of protected health information about you that we maintain in a medical or billing record for as long as we maintain the record. We will provide the electronic protected health information in the form and format requested if readily producible, and if not, in a readable format agreed to by us and you. We may also provide you with a summary of the protected health information requested if you agree in advance. We may charge a reasonable, cost-based fee for any copy or summary provided. However, under federal and state law, you may not inspect or obtain a copy of the following records: psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to that protected health information. In some circumstances, you may have a right to have this decision reviewed. Contact the Health Information Services Department at the address below under Other Contact Information if you wish to inspect or obtain a copy of your protected health information or if you have questions about this right.
- **To request a restriction of the use or disclosure of your protected health information.** You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. Your request must state the specific restriction requested and to whom you want

the restriction to apply. If you request that we not disclose certain protected health information to your health plan for payment or health care operations purposes, and that protected health information relates solely to a health care item or service for which you personally, or another person on your behalf, paid us in full, we must agree to that request unless otherwise required by law. We are not required to agree to other restrictions that you may request. If we agree to the requested restriction, we may not use or disclose your information in violation of that restriction except for emergency treatment. Please discuss any restriction you wish to request with your treating physician. You may request a restriction or revoke a restriction previously made by you by contacting the Privacy Officer (listed below). You may also request that any part of your information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. We reserve our right to revoke previously agreed upon elective restrictions for health information created or received after informing you the restriction is being terminated.

- **To request to receive confidential communications from us by alternative means or at an alternative location.** For example, you may request that we send mail to you or call you at an office address rather than home address. We will accommodate reasonable requests, but we may ask you how payment will be handled or for the specification of an alternative address or other method for contact. We will not request an explanation from you about the reason for your request. Please make this request during your registration process.
- **To request us to amend your protected health information.** This means if you believe our records are incorrect or incomplete, you may request an amendment of protected health information about you in our records for as long as we maintain the record. Please make your request for amendment in writing to the Health Information Services Department at the address listed below. In certain cases, we may deny your request for an amendment. For example, we may deny your request if the information is accurate and complete or if we did not create the record you seek to amend unless you establish that the original entity that created the record is no longer available to act on your request. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- **To receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures: we may have made to you or your legally authorized representative; made with your authorization; for a facility directory; made to family members or friends involved in your care or for notification purposes; about inmates to correctional officers or law enforcement officers; and made before April 14, 2003. You have the right to receive specific information regarding these disclosures that occurred on or after April 14, 2003. You may request this information for a period of up to six years prior to your request. You may request a shorter time frame, for example, from January 1, 2024 to June 1, 2024. You may obtain one accounting listing within every 12-month period without charge; we may impose a charge for additional requests within the same 12-month period. The right to receive this information is subject to certain exceptions, restrictions and limitations. Additionally, you may also request a list of disclosures made by an intermediary for the past 3 years. To make either of these requests, please submit a written request for the information to the Health Information Services Department.
- **To elect not to receive fundraising communications.** All fundraising communications include an easy-to-use ability to opt-out of receiving future fundraising communications. Opting out of fundraising communications has no effect on your treatment.
- **To obtain a paper copy of this Notice from us, upon request, even if you have agreed to accept this Notice electronically.**

- **To complain.** If you believe we have violated your rights, you may file a complaint by contacting our Privacy Officer in writing or by telephone at the address and telephone number listed below. We will not retaliate against you for filing a complaint. You may also 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/.

Contacting Our Privacy Officer

If you have any questions or concerns, or require assistance in exercising your privacy rights, you may contact our Privacy Officer:

Albany Med Health System Privacy Officer
Address: MC-12, 43 New Scotland Ave., Albany, NY, 12208-3412
Telephone Number: (518) 264-TIPP (8477)

Other Contact Information

Health Information Services Department
Address: MC-67, 43 New Scotland Ave., Albany, NY, 12208-3412
Telephone Number: (518) 262-3151

Effective Date and Changes

This Notice was first published and became effective on April 14, 2003. The effective date of this Notice is the revision date at the end of this Notice. We reserve the right to change the terms of our Notice or policies at any time, and to make the new Notice effective for all protected health information that we maintain. We will make any revised Notice of Privacy Practices available to you by posting it in our facility and on our website, www.albanymed.org, or you may obtain a copy of the revised Notice upon request.

Affiliates and Combined Notice

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 which it provides. Other physicians or organizations who do not participate in this joint Notice may have different policies or notices which apply to their separate activities. Notice of their privacy practices may be obtained directly from them.