



NOTICE OF PROTECTED HEALTH INFORMATION PRACTICES

SUNY Downstate Digestive Disease Center has developed this notice of protected health information practices to comply with the Health Insurance Portability and Accountability Act (HIPAA) of 2003. HIPAA was enacted by Congress to establish standards for protecting the confidentiality and security of your health information.

A Notice of Protected Health Information Practices is a document that identifies the general ways in which your protected health information can be used to carry out treatment, payment and health care operations. Protected health information refers to the personal health information found in your medical and billing records. This information is created or received by a healthcare provider, insurance company or employer, and relates to your past, present or future physical or mental health conditions.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding Your Health Information

A medical record is made during each visit to a hospital or other healthcare provider. Typically, the record is paper or electronic and contains health information such as symptoms, examination, test results, diagnosis, treatment, and a plan for future care or treatment. This health information is used for the purposes listed below:

- A basis for planning your care or treatment.
- A means of communication among the health professionals who contribute to your care.
- A legal document describing the care you received.
- A means by which you or an insurance company can verify services provided.
- A tool for educating health professionals.
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of the nation.
- A tool that can be used to continually improve the care we give and the outcomes we achieve.

Understanding what is in your records and how your health information is used helps you to:

- Ensure its accuracy.
- Have a better understanding of access to your health information.
- Make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

You have the right to:

- Request restriction of certain uses and disclosures of your information. (The Digestive Disease Center is not, however, required to comply with such a request.)
- Receive confidential communication of protected health information.
- Obtain a paper copy of the notice of information practices upon request.
- Inspect or obtain a copy of your health record. (The Digestive Disease Center may charge a reasonable fee to cover costs, approximately 75 cents per page).
- Amend your health record. (Requests for amendments must be in writing.)
- Obtain an accounting of disclosures of your health records. (If you make more than one request in a 12-month period, the Digestive Disease Center may charge a reasonable fee to cover costs.)
- Request communication of your health information by alternative means or at alternative locations (for example, appointment messages sent by mail only, or no telephone calls to home phone).
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken. (Revocation must be in writing.)

(Cont'd on back)

Our Responsibilities *

The Digestive Disease Center is required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations.

** We reserve the right to change our practices and make new provisions effective for all protected health information we maintain.*

We will not use or disclose your health information without your authorization except as described in this notice. *

We will use your health information for:

Treatment: Information obtained by a member of your healthcare team will be recorded in your record along with orders, actions, observations and your response to treatment. We will also provide your physician or an alternative healthcare provider with copies of various reports that should assist him or her in treating you.

Payment: A bill may be sent to you and/or your insurance company. The information in or accompanying the bill may include information about your diagnosis, procedures and supplies used.

Routine Health Operations: Members of the medical staff, risk management or compliance program, and the quality improvement manager may use information in your health record to examine the care and outcome in your case and others like it. This information will then be used to improve the quality of care and services provided.

Appointments and Alternatives: We may contact you to provide reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Business Associates: There are some services provided in our organization through contracts with business associates. When these services are used, we may give your health information to our business associates so that they can perform the job we've asked them to do and bill you or your insurance company for services provided. We require the business associate to keep your information safe and confidential.

Communication with Family: Health professionals, using their best judgment, may disclose health information to a family member, relative, close personal friend or any other person you identify.

Group Health Plans: A group health plan, or a health insurance issuer or HMO with respect to a group health plan, may disclose protected health information to the sponsor of your plan.

Law Enforcement: We may disclose health information for law enforcement purpose as required by law or in response to a valid subpoena. Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and potentially endangered one or more patients, workers or the public.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care of your location and general condition.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Research: We may disclose information to researchers when their research has been approved and protocols established to ensure the privacy of your health information.

School Information: We may provide information to schools in order to complete health medical forms or physicals.

Workers' Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to Workers' Compensation or similar programs established by law.

Written Authorization: Other uses and disclosures will be made only with the individual's written authorization. You may revoke such authorization in writing.

** We may seek authorization for additional purposes relating to specified health care providers and their research, marketing and development.*

For more information or to make a complaint, please contact our Medical Director at (718) 282-7234.