



NOTICE OF PRIVACY PRACTICES

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.

One Brooklyn Health System (“OBHS”), which is comprised of Brookdale Hospital and Medical Center, Interfaith Medical Center, Kingsbrook Jewish Medical Center, Rutland Nursing Home and Schulman and Schachne Institute, values the privacy of each of its patients and residents. OBHS is required by law to maintain confidentiality of your protected health information (PHI). This Notice of Privacy Practices tells you how your PHI may be used and how OBHS keeps your information private and confidential and applies regardless on which campus or facility in which you receive care. This explains the legal duties and practices related to your PHI. This Notice of Privacy Practices are provided to you as part of these legal duties.

The first time that you are registered or admitted to an OBHS facility for treatment or health care services, we will make copies of the current Notice of Privacy Practices available to you.

OBHS is required to abide by the Notice of Privacy Practices currently in effect. OBHS reserves the right to make changes to the Notice of Privacy Practices. Any revisions to our Notice of Privacy Practices will be posted on the OBHS website at <https://onebrooklynhealth.org> and a copy may be obtained at any time upon request.

USES AND DISCLOSURES OF PHI

We may use and disclose your medical information in the ways described below.

Treatment: We may use medical information about you to provide you with medical treatment or services you require. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other OPBHS personnel who are involved in taking care of you. An example would be if your physician discloses your health information to another doctor for the purposes of a consultation. Different departments and/or campuses also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside OBHS who may be involved in your medical care. Also, we may contact you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Payment: We may use and disclose your health information for the purpose of allowing us, as well as other entities, to secure payment for the health care services provided to you. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose information about you to other healthcare facilities for purposes of payment as permitted by law.

Health Care Operations: We may use and disclose your information for the purposes of our day-to-day operations and functions. For example, we may compile your health information, along with that of other patients, in order to allow us to review that information and make suggestions concerning how to improve the quality of care. We have agreed, to the extent permitted by law, to share your PHI amongst ourselves for purposes of treatment, payment or health care operations. This enables us to better address your health care needs.

Fundraising: In accordance with existing law, OBHS may contact you as part of our efforts to raise funds for OBHS. You have the right to opt out of fundraising communications. All such elections should be sent to the Privacy Officer at the address listed at the end of this Notice of Privacy Practices.

Inpatient Directory: We may include certain limited information about you in our directory while you are a patient at OBHS, so that your family, friends and clergy can visit you and generally know how you are doing. This information may include your name and location within the facility, your religious designation, and information about your condition in general terms that will not communicate specific medical information about you. Your religious affiliation may be shared with a clergy member, even if they don't ask for you by name. Directory Information, except for your religion, may be released to anyone who asks for you by name. This is so your family, friends and clergy can know how you are doing. If you do not want any information being given out, please let the admitting staff *know* of your wishes.

Individuals Involved in Your Care: We may release your medical information if you become incapacitated to the person you named in your Durable Power of Attorney for Health Care (if you have one), or otherwise to a friend or family member who is your personal representative (i.e., empowered under state or other law to make health-related decisions for you). We may give information to someone who helps pay for your care. In addition, we may disclose your medical information to an entity assisting in disaster relief efforts so that your family can be notified about your condition. HIPAA also allows us at certain times to speak with those who are/were involved in your care/payment activities while being treated as patient and/or even after your death, if we reasonably infer based on our professional judgment that you would not object. If you do not wish for us to speak with a person about your care, you should notify your nurse or care provider.

Research. We may use and disclose your medical information for research purposes. Most research projects, however, are subject to a special approval process. Most research projects require your permission if a researcher will be involved in your care or will have access to your name, address or other information that identifies you. However, the law allows some research to be done using your medical information without requiring your written approval.

Required By Law. We will disclose your medical information when federal, state or local law requires it. For example, OBHS and its personnel must comply with child and elder abuse reporting laws and laws requiring us to report certain diseases or injuries or deaths to state or federal agencies.

Serious Threat to Health or Safety. We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may release your medical information to the correctional institution or a law enforcement officer. This release would be necessary for OBHS to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the law enforcement officer or the correctional institution.

Business Associates. Your medical or billing information could be disclosed to people or companies outside OBHS who provide services to us. For example, we may use a billing agency to collect outstanding payments to OBHS. We make these companies sign special confidentiality agreements with us before giving them access to your information. They are also subject to fines by the federal government if they use/disclose your information in a way that is not allowed by law.

Exceptions: The following categories of information receive special protection under state law, and will be used and disclosed only as allowed by New York law:

- HIV-related information;
- Records of mental health treatment; and
- Substance abuse records.

Authorization: Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will require your written authorization. This authorization will have an expiration date that can be revoked by you in writing. These uses and disclosures may be for marketing, fundraising and for research purposes. Certain uses and disclosure of psychotherapist notes will also require your written authorization.

INDIVIDUAL RIGHTS

You have the right to make certain requests of us related to your PHI. You have the right to:

Right to Access and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. This right does not include information compiled for use in a legal proceeding and generally does not include psychotherapy notes.

In order to inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to OBHS's Health Information Management Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. A licensed healthcare professional will conduct the review. The reviewer will not be the person who denied your original request. We will comply with the outcome of the review.

You have a right to request that we provide you with an electronic copy of your medical record. OBHS will try to provide the information in the format you request. However, if the format is not available, we are permitted to offer other electronic formats. If none of the offered formats are acceptable to you, OBHS is permitted to provide you with a "hard copy".

Right to Amend: If you think 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 OBHS. To request an amendment, your request must be made in writing and submitted to OBHS's Health Information Management Department. You must give 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 OBHS;
- is not part of the information that you would be permitted to inspect and copy; or
- is accurate and complete.

We will provide you with written notice of action we take in response to your request for amendment.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of medical information about you. If your PHI is disclosed through an electronic health record (EHR), we are required to provide you with an accounting, when requested, for up to three years prior to the request. Uses and disclosures of PHI through an electronic health record include treatment, payment and healthcare operations.

To request an accounting of disclosures, you must submit your request in writing to Health Information Management Department. Your request must state a time period. We will attempt to honor your request. If you request more than one accounting in any 12-month period, we may charge you for our reasonable retrieval, list preparation and mailing costs for the second and subsequent requests. We will notify you of the costs 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 make a written request to restrict or put a limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on your medical information that we disclose to

someone involved in your care or the payment for your care, like a family member or friend. If we agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment. *We are generally not required to agree to your request except as follows:*

Payor Exception: If otherwise allowed by law, we are required to agree to a requested restriction, if (1) the disclosure is to your health insurance plan for purposes of carrying out payment or health care operations and (2) the medical information to be restricted relates solely to a health care item or service for which all parties have been paid in full out of pocket. NOTE: During a single visit you may receive a bill for payment from multiple sources, including the laboratories, individual physicians who cared for you, specialists, radiologists, etc. Therefore, if you wish to restrict a disclosure to your health insurance company from all these parties, you must contact each independent health care provider separately and you must submit payment in full to each individual provider. OBHS expressly disclaims any responsibility or liability for independent medical staff acts or omissions relating to your HIPAA privacy rights.

If we do agree to a request for restriction, we will comply with your request unless the information is needed to provide you with emergency treatment or to make a disclosure that is required under law. 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 adult children.

Right to Request Confidential Communications: You have the right to receive confidential communications about your own health information by alternative means or at alternative locations. This means that you may, for example, designate that we contact you only via e-mail, or at work rather than home. To request communications via alternative means or at alternative locations, you must submit a written request to Health Information Management Department. All reasonable requests will be granted.

Breach Notification: OBHS is required by law to notify you of any breach of unsecured protected health information.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice at your first treatment encounter at OBHS. You may get an additional copy of this Notice at any time by contacting the Admitting Department. You may also obtain a copy of this notice at our website, <https://onebrooklynhealth.org>.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with OBHS. The complaint must be in writing, describing the acts or omissions that you believe violate your privacy rights. OBHS will not retaliate against you for filing a complaint. All complaints must be submitted in writing to:

Brookdale Hospital Medical Center (Including Schulman and Schachne Institute):

Corporate Compliance Department
Brookdale Hospital Medical Center
1 Brookdale Plaza
Brooklyn, N.Y. 11212

Interfaith Medical Center:

Corporate Compliance Department
Interfaith Medical Center
1545 Atlantic Avenue
Brooklyn, N.Y. 11213

Kingsbrook Jewish Medical Center (Including Rutland Nursing Home):

Corporate Compliance Department
585 Schenectady Avenue
Brooklyn, N.Y. 11203

You also may file a complaint with the Secretary of Health and Human Services in Washington, D.C. We will not retaliate or penalize you for filing a complaint the Secretary. To file a complaint with the Secretary of Health and Human Services, write to:

Secretary of Health and Human Services
200 Independence Ave., S.E.
Washington, D.C. 20201

Access/ Amendments/Accounting & Disclosures: If you wish to request access to your records, an amendment of the records or accounting of disclosures please submit your request in writing to:

Brookdale Hospital Medical Center (Including Schulman and Schachne Institute):

Department of Health Information Management
One Brookdale Plaza, Suite L-9
Brooklyn, New York 11212

Interfaith Medical Center:

Department of Health Information Management
Interfaith Medical Center
1545 Atlantic Avenue
Brooklyn, N.Y. 11213

Kingsbrook Jewish Medical Center (Including Rutland Nursing Home):

Department of Health Information Management
585 Schenectady Avenue
Brooklyn, N.Y. 11203



NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT OF RECEIPT

Print Patient's Name: _____

Print Name of Patient's Representative: _____

Relationship to Patient: _____

Medical Record Number: _____

I acknowledge receipt of the Notice of Privacy Practices.

Patient's or Patient's Representative Signature: _____

Date: _____

Time: _____