

- You may request an amendment of your PHI in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with us. We may prepare a rebuttal and will provide you with a copy of it. Requests for amendment must be in writing and must be directed to our Health Information Management Department. In this written request, you must provide a reason to support the requested amendments.
- You have the right to request from us an accounting of certain disclosures of your PHI. This right applies to disclosures for purposes other than treatment, payment or health care operations. We are not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a facility directory, to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to our Health Information Management Department. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that took place prior to April 14, 2003, or for a period of time in excess of six years. We will provide without charge the first accounting you request during any 12-month period. We may charge a reasonable fee for subsequent accounting requests.

- Upon request, we will provide a separate paper copy of this notice even if you have already received a copy of the notice or have agreed to accept this notice electronically.

## Our Duties

SLCH is required by law to maintain the privacy of your PHI and to provide you with this Notice of our duties and privacy practices. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that we maintain. If we change the Notice, we will provide a revised copy via regular mail or through in-person contact, upon request.

## Complaints

You have the right to express complaints to SLCH and to the US Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint.

Complaints against SLCH can be mailed to:

St. Luke's Cornwall Hospital  
Patient Relations Department  
70 Dubois Street, Newburgh, NY 12550  
Phone: (845) 568-2300

Michael Carter, Regional Manager  
Office for Civil Rights  
U.S. Department of Health and Human Services  
Jacob Javits Federal Building  
26 Federal Plaza – Suite 3312  
New York, NY 10278  
Phone: (202) 264-3039

## Contact Person

All issues regarding patient privacy and your rights under the federal privacy standards are handled by our Compliance Officer. Information regarding matters covered by this Notice can be requested by contacting the Compliance Officer at 70 Dubois Street, Newburgh, NY 12550 (845) 568-2856.

## Effective Date

This Notice is effective April 2010.



## 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.**

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases.

Your "protected health information" means any of your written, electronic, and oral health information, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

St. LUKE'S CORNWALL  
HOSPITAL

**Cornwall campus**  
19 Laurel Avenue, Cornwall, NY 12518 (845) 534-7711  
**Newburgh campus**  
70 Dubois Street, Newburgh, NY 12550 (845) 561-4400

St. LUKE'S CORNWALL  
HOSPITAL  
[www.stlukescornwallhospital.org](http://www.stlukescornwallhospital.org)

## Uses and Disclosure of Protected Health Information

St. Luke's Cornwall Hospital (SLCH) may use your Protected Health Information (PHI) without your specific consent or authorization so that we may provide treatment, obtain payment for treatment, and conduct health care operations.

- **Treatment** - We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. For example, we may disclose your PHI to a pharmacy to fulfill a prescription, to a laboratory to order a blood test, to a home health agency that is providing care in your home, or to other physicians who may be treating you.

- **Payment** - Your PHI may be used to obtain payment for services provided. For example, if a hospital admission is recommended, we may need to disclose information to your health insurer to get prior approval for the hospitalization.

We may also disclose PHI to your insurance company to determine whether you are eligible for benefits, or whether a particular service is covered under your health plan, or to obtain payment for your services.

- **Operations** - We may use or disclose your PHI for our own health care operations in order to assure that you receive quality care. Health care operations include such activities as quality assessment and improvement activities, employee review activities, training programs, accreditation, certification, licensing or credentialing activities, review and auditing, business management and general administrative activities.

- **Other Uses and Disclosures** - We may also use or disclose your PHI to contact you about appointment reminders, treatment alternatives and other health related benefits and services, as well as in fundraising for ourselves. If you do not wish to be contacted regarding fundraising, please contact our Compliance Officer.



## Other Uses and Disclosures That Can Be Made Without Your Consent or Authorization

- **When Legally Required** - We will disclose your PHI when we are required to do so by any federal, state or local law including in judicial settings and to health oversight regulatory agencies and law enforcement.

- **When There are Risks to Public Health** - We may disclose your PHI in emergency situations or to avert serious health and safety situations.

- **To Coroners, Funeral Directors, and for Organ Donation** - We may disclose PHI to medical examiners, coroners or funeral directors to aid in identifying you or to help them in performing their duties.

- **For Research Purposes** - We may use or disclose your PHI for research when the use or disclosure for research has been approved by an institutional review board or privacy board.

- **For Specified Government Functions** - In certain circumstances, federal regulations authorize the provider to use or disclose your PHI to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

- **For Worker's Compensation** - The provider may release your PHI to comply with worker's compensation laws or similar programs.

## Uses and Disclosures Permitted without Authorization but with Opportunity to Object

We may disclose your PHI to your family member or a close personal friend if it is directly relevant to the person's involvement in your care or payment related to your care. We can also disclose your PHI in trying to locate or notify family members or others involved in your care concerning your location, condition or death.

You have the right to object to these disclosures. If you do not object to these disclosures, if we can infer that you do not object or, if we determine that it is in your best interests for us to disclose information that is directly relevant to someone's involvement with your care, we may disclose your PHI.

## Uses and Disclosures That You Authorize

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

## Your Rights

You have the following rights regarding your PHI:

- You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" usually contains medical and billing records, but does not include psychotherapy notes; information compiled for use in a civil, criminal, or administrative action or proceeding; and PHI to which access is prohibited by law.

We may deny your request to inspect or copy your PHI if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision.

To inspect and copy your medical information, you must submit a written request to the Compliance Officer, whose contact information is listed on the last page of this Notice. If you request a copy of your information, we may charge you a fee to cover copying, mailing or other costs incurred by us in complying with your request. Please contact our Health Information Management Department if you have questions about access to your medical record.

- You may ask us not to use or disclose certain parts of your PHI for the purposes of treatment, payment or health care operations. You may also request that we not disclose your information to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific nature of the restriction and to whom you want the restriction to apply. Please bear in mind that St. Luke's Cornwall Hospital is not required to agree to the restriction.

If we do agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction.

- You have the right to request that we communicate with you in certain ways, and we will accommodate reasonable requests. We will not require you to provide an explanation for your request. Requests must be made in writing to our Compliance Officer.

