

## OLEAN GENERAL HOSPITAL NOTICE OF PRIVACY PRACTICE

**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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**

### **Olean General Hospital's Legal Duty**

We are legally required to protect the privacy of your medical information. This information is often referred to as "**protected health information**" or "**PHI**" for short. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect.

This notice takes effect February 17, 2010; we reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all PHI that we maintain, including protected health information we created or received before we make the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us referring to the information listed at the end of this notice, or visit our web site at: [www.ogh.org](http://www.ogh.org)

### **Who will follow this Notice?**

This notice describes the hospital's privacy practices and applies to the following personnel:

- Any health care professional authorized to enter information into your hospital chart,
- All departments and units of the hospital,
- Any member of a volunteer group we allow to help you while you are in the hospital,
- All hospital personnel.

All entities, sites, and locations of Olean General Hospital must follow the terms of this notice. In addition, these entities, sites, and locations may share protected health information with each other for treatment, payment, or hospital operations as described in this notice.

### **How We May Use and Disclose Your Protected Health Information**

We use and disclose protected health information for many different reasons. For some of these uses or disclosures, we need your prior consent or specific authorization. Below, we describe the different categories of our uses and disclosures and give some examples of each category.

### **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations do not require written consent.**

We may use and disclose your protected health information for the following reasons:

**Treatment** - we may disclose your protected health information to physicians, nurses, medical students, and other health care personnel who are involved in taking care of you at the hospital.

For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Your PHI may also be disclosed to the physical therapy department in order to coordinate services for your care. Different departments of the hospital also may share medical information about you in order to coordinate different things you need, such as prescriptions, lab work, and x-rays. We also may disclose your PHI to people outside the hospital who are involved in your medical care after you leave the hospital. This may include family members, clergy, home infusion services, home health aides, or others we use to provide services as part of your care.

**Payment** - we may use and disclose your PHI in order to bill and collect payment for your treatment from you, and insurance company or a responsible third party.

For example, we may provide portions of your protected health information to our billing department and your health plan to get paid for the health care services we provided to you. We may share information with your health plan about your surgery in order to get paid for your surgery. We may need to disclose your protected health information to your health plan about a treatment you are going to receive in order to obtain prior approval or determine whether your plan

will cover this treatment. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.

**Health Care Operations** - we may use and disclose protected health information about you in order to operate this hospital and make sure that all of our patients receive quality care. When disclosure of your identity is not necessary for such purposes, we shall remove such identifying information.

For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine protected health information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students and other hospital personnel for review and learning purposes. We shall remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are. Additionally, we may also provide your PHI to our accountant, attorney, consultants, and others only whenever necessary to make sure we are complying with the laws that affect us.

### **You to Have the Opportunity to Object to the following Uses and Disclosures**

**Patient directories** - we may include your name, location in this facility, general condition, and religious affiliation, in our patient directory for use by clergy and visitors who ask for you by name, **unless you object in whole or in part**. This is so your family, friends, and clergy can visit you in the hospital and generally know how you are doing. The opportunity to consent may be obtained retroactively in emergency situations.

**Disclosure to family, friends or others** - we may provide your PHI to a family member, friend, or other person that you indicate is involved in your medical care. We may also give information to someone who helps pay for your care, **unless you object in whole or in part**. In addition, we may disclose protected health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. The opportunity to consent may be obtained retroactively in emergency situations.

**We may use or disclose your protected health information without consent for the following reasons:**

**Appointment reminders and health-related benefits or services** - we may use and disclose PHI to contact you as a reminder that you have an appointment with us. We may also use and disclose protected health information to give you information about treatment alternatives, or other health care services or benefits we offer.

**Fundraising activities** - we may use or disclose protected health information to a business associate or a hospital related foundation for the purpose of raising funds for the hospital without receiving authorization from the patient. The information will be limited to demographic information, name, address, phone number, and dates of healthcare provided to the patient. Olean General Hospital will not release any other confidential healthcare information for fundraising purposes. Olean General Hospital will include in any fundraising materials sent to a patient, directions on how the patient can choose to stop receiving any future fundraising materials. If you do not want the hospital to contact you for fundraising efforts, you must notify the *Olean General Hospital Foundation, 515 Main St., Olean, NY 14760* in writing. All reasonable efforts will be made to ensure those patients who do not want to receive fundraising materials will be removed from the fundraising mailing list.

**Research** - in certain circumstances, we may use and disclose protected health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects are subject to a special approval process which evaluates the project and its use of medical information trying to balance the research needs with patients' need for privacy of their medical information. We will provide your name, address or other information that reveals who you are, or will be involved in your care, only with your prior consent.

**As required by law** - we will disclose protected health information about you when required to do so by federal, state, or local law. For example, we make disclosures when a law requires that we report information to a government agency and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds, or when ordered in a judicial or administrative proceeding.

**To avoid harm** - we may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Under these circumstances, disclosures would only be made to someone with who is able to prevent or lessen such harm.

**Public health activities** - we report information about births and deaths to government officials in charge of collecting that information. We also disclose protected health information to prevent or control disease, injury, or disability, to report reactions to medications or problems with products, or to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Health oversight activities** - we may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure, if these activities are necessary for the government to monitor the health care system, government programs, and comply with civil rights laws.

**Organ and tissue donation** – We may disclose protected health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of cadaver organs, eyes or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

**Workers' Compensation** - we may release protected health information about you for workers' compensation or similar programs if these programs provide benefits for work-related injuries and illness.

**Specific government functions** - as a member of the armed forces, we may release protected health information about you as required by military command authorities. We may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.

**Inmates** - if you are an inmate of a correctional facility, or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official, if this release would be necessary for the institution to provide you with health care, to protect the health and safety of you or others, and for the safety and security of the correctional institution.

**Coroners, medical examiners, and funeral directors** - we may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

**Lawsuits and disputes** - if you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if good faith efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law enforcement** - we may release protected health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, to identify or locate a suspect, fugitive, material witness, or missing person, about the victim of a crime, about a death we believe may be the result of criminal conduct, about criminal conduct at the hospital, and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Disaster relief** - we may use and disclose PHI to a public or private agency authorized by law to assist in disaster relief efforts so that your family can be notified about your condition, status and location.

All other uses and disclosures require your prior written authorization.

## **YOUR RIGHTS**

**Access:** In most cases, you have the right to look at or get copies of your protected health information that we have, but you must make the request in writing. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. If we don't have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.

If you request copies of your PHI, we will charge you \$0.75 for each page. Your request will not be refused based on inability to pay. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the protected health information as long as you agree to that and to the cost in advance.

**Restrictions:** We will allow every patient the right to request in writing a restriction on the uses and disclosures of protected health information to carry out treatment, payment, or health care operations. We will allow every patient to request if necessary, a restriction on the disclosure of PHI about the patient to a family member, other relative, or others designated by the patient relating to such persons involvement with the patient's care or payment for the patient's health care or to inform a family member, other relative, close personal friend or other person responsible for the care of the patient about the patient's location, general condition or death. Olean General Hospital is not obligated to agree to any restriction that a patient requests, however upon agreement to any requested restriction, Olean General Hospital will not disclose any PHI in violation of the restriction, except to the extent such PHI is necessary to provide emergency treatment to the patient.

**Confidential Communications:** You have the right to request that we send information to you to an alternate address or by alternate means. For example, sending information to your work address rather than your home address, or e-mail rather than regular mail. This request must be in writing, and we must accommodate your request if it is reasonable and specifies the alternative means or location.

**Accounting of Disclosures:** You have the right to get a list of instances in which we have disclosed your protected health information. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, to your family, or in our facility directory. The list also will not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before February 17, 2010, unless required by law.

We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years, unless you request a shorter time. This list will include the date of the disclosure, to whom PHI was given, a description of the information disclosed, and the reason for the disclosure. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Amendments:** If you believe there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (a) correct and complete, (b) not created by us, (c) not allowed to be disclosed, or (d) not part of our records. Our written denial will state the reason for the denial and explain your right to file a written statement of disagreement with the denial. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people and entities you name.

**Electronic Notice:** You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

**Breach Notification:** Under the recent federal changes to the Privacy rule, specifically the HITECH Act of 2009 (Health Information Technology for Economic and Clinical Health Act) all individuals will receive notification whenever a breach of unsecured protected health information has occurred. We will follow all notification requirements as promulgated by law.

### **Questions and Complaints**

If you want more information about our privacy practices or have questions or concerns, please contact us referring to the information listed at the end of this notice. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we make about access to your protected health information or in response to a request you made to amend or restrict the use or disclosure of your protected health information or to have us communicate with you by alternative means, or at an alternative location, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

### **Contact Information:**

**Privacy Officer  
Olean General Hospital  
515 Main Street  
Olean, NY 14760**

