

**UNITED MEMORIAL MEDICAL CENTER
NOTICE OF PRIVACY PRACTICES
FOR PROTECTED HEALTH INFORMATION**

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.

If you have any questions or wish to receive additional information about the matters covered by this Notice of Privacy Practices, please contact Quality Management Department at (585)344-5409 or Privacy Officer at (585) 343-6030.

United Memorial Medical Center (the “Hospital”) is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. The Hospital is required to abide by the terms of this Notice of Privacy Practices (this “Notice”).

Your “protected health information” consists of all individually identifiable information which is created or received by the Hospital and which relates to your physical or mental health or condition, the provision of health care to you or the payment for health care provided to you.

Changes To This Notice: The Hospital reserves the right to change the terms of this Notice at any time. Any revised Notice will apply to all protected health information that the Hospital maintains. If this Notice of Privacy Practices has been changed since your last visit, the Hospital will provide a copy of the current Notice of Privacy Practices to you when you register for your appointment or are admitted to the Hospital.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR WHICH YOUR CONSENT OR AUTHORIZATION IS NOT REQUIRED

1. **Treatment:** The Hospital will use and disclose your protected health information to provide, coordinate or manage your health care and related services by the Hospital and other health care providers, including consulting with other health care providers about your health care or referring you to another health care provider for treatment. For example, the Hospital will disclose your protected health care information to a specialist to whom you have been referred to ensure that the specialist has the necessary information he or she needs to diagnose and/or treat you.
2. **Payment:** The Hospital will use and disclose your protected health information, as needed, to obtain payment for the health care the Hospital provides to you. For example, prior to providing services, the Hospital may disclose to your insurance carrier the treatment you are going to receive to ensure that your insurance carrier will cover that treatment. Additionally, the Hospital may disclose to your insurance carrier, as necessary, the treatment you received to ensure that the Hospital is paid or you are reimbursed for the cost of your treatment.
3. **Health Care Operations:** The Hospital may use or disclose your protected health information in order to support the business activities of the Hospital. These activities include, but are not limited to, quality assessment and improvement activities, reviewing the competence or qualification of health care professionals, conducting training programs in which students provide treatment under the supervision of one of the Hospital’s physicians, business planning and development and business management and general administrative activities. For example, the Hospital may disclose your protected health information to medical school students that see patients of the Hospital. Additionally, the Hospital may use your protected health information to ensure that all of the physicians at the Hospital provide the highest quality health care.
4. **Appointment Reminders:** The Hospital may use or disclose your protected health information in order to contact you and remind you of a scheduled appointment.
5. **Treatment Alternatives:** The Hospital may use or disclose your protected health information to inform you about treatment alternatives.
6. **Health Related Benefits and Services:** The Hospital may use and disclose your protected health information to inform you about health-related benefits and services that may be of interest to you.
7. **Fundraising Activities:** The Hospital may use or disclose your protected health information to raise funds for the Hospital. If you do not wish to be contacted for fundraising purposes, please contact the Privacy Officer at (585)343-6030.
8. **Others Involved in Your Health Care and Disaster Relief.** Unless you object, the Hospital may disclose to a family member, other relative, close personal friend or any other person identified by you protected health information related to that person’s involvement in your health care or payment related to your health care. The Hospital may also use or disclose to a person responsible for your care your protected health information that relates to your location, general condition or death. If the opportunity for you to agree or object to any such disclosure cannot be provided due to emergency circumstances, the Hospital will make these disclosures if they are in your best interests. Additionally, the

Hospital may disclose protected health information relating to your location, general condition or death to any public or private entity authorized to assist in disaster relief efforts.

9. Public Health: The Hospital may disclose your protected health information to a public health authority authorized to collect such information for the purpose of:

- a. preventing or controlling disease, injury or disability;
- b. reporting disease or injury;
- c. reporting vital events such as births or deaths;
- d. conducting public health surveillance, public health investigations and public health interventions; or
- e. at the direction of a public health authority, to an official of a foreign government agency acting in collaboration with a public health authority; or
- f. reporting child abuse or neglect.

10. Food and Drug Administration: The Hospital may disclose your protected health information to a person subject to the jurisdiction of the Food and Drug Administration (“FDA”) for the purpose of activities related to the quality, safety or effectiveness of FDA regulated products.

11. Communicable Diseases. The Hospital may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of spreading a disease or condition.

12. Employer. The Hospital may disclose your protected health information to your employer if the Hospital is providing health care to you at the request of your employer and the health care is to evaluate whether you have a work-related illness or injury, or relates to medical surveillance of the workplace. The Hospital will notify you before your protected health information relating to the medical surveillance of the workplace and work-related illnesses and injuries is disclosed to your employer by providing you with written notice at the time the Hospital renders health care to you.

13. Abuse, Neglect or Domestic Violence. The Hospital may disclose your protected health information to a government authority authorized to receive reports of abuse, neglect or domestic violence if the Hospital reasonably believes that you are a victim of abuse, neglect or domestic violence. Any such disclosure will be made (1) to the extent it is required by law, (2) to the extent that the disclosure is authorized by statute or regulation and the Hospital believes the disclosure is necessary to prevent serious harm to you or other potential victims, or (3) if you agree to the disclosure.

14. Health Oversight Activities. The Hospital may disclose your protected health information to a health oversight agency for any oversight activities authorized by law, including audits; investigations; inspections; licensure or disciplinary actions; civil, criminal or administrative actions or proceedings; or other activities necessary for the oversight of the health care system, government benefit programs, compliance with government regulatory program standards or compliance with applicable civil rights laws.

15. Judicial and Administrative Proceedings. The Hospital may, upon certain conditions, disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal, a subpoena, discovery request, or other lawful process.

16. Law Enforcement Purposes. The Hospital may disclose your protected health information for law enforcement purposes to a law enforcement official:

- a. In compliance with a court order, a court-ordered warrant, a subpoena or summons issued by a judicial officer or an administrative request;
- b. In response to a request for information for the purposes of identifying or locating a suspect, fugitive, material witness or missing person;
- c. In response to a request about an individual that is suspected to be a victim of a crime, if, under limited circumstances, the Hospital is not able to obtain your consent;
- d. If the information relates to a death the Hospital believes may have resulted from criminal conduct;
- e. If the information constitutes evidence of criminal conduct that occurred on the premises of the Hospital; and
- f. In certain emergency circumstances, to alert law enforcement of the commission and nature of a crime, the location and victims of the crime and the identity, or description and location of the perpetrator of the crime.

17. Coroners, Medical Examiners and Funeral Directors. The Hospital may disclose your protected health information to a coroner or medical examiner for the purpose of identifying you, determining a cause of death or other duties authorized by law. The Hospital may disclose your protected health information to a funeral director, consistent with all applicable laws, in order to allow the funeral director to carry out his or her duties.

18. **Organ and Tissue Donation.** The Hospital may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating organ, eye and tissue donation and transplantation.

19. **Medical Research.** The Hospital may disclose your protected health information for research purposes, provided that an institutional review board authorized by law or a privacy board waives the authorization requirement and provided that the researcher makes certain representations regarding the use and protection of the protected health information to be disclosed.

20. **Serious Threat to Health or Safety.** The Hospital may disclose your protected health information, in a manner which is consistent with applicable laws, if the disclosure is necessary to prevent or lessen a serious threat to health or safety or the information is necessary to apprehend an individual.

21. **Military and Veterans Activities.** The Hospital may, if you are a member of the United States or foreign Armed Forces, disclose your protected health information for activities that are deemed necessary by appropriate military command authorities to assure the proper execution of a military mission.

22. **National Security and Protection of the President and Others.** The Hospital may disclose your protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence and other national security activities authorized by law. Additionally, the Hospital may disclose your protected health information to authorized federal officials for the provision of protective services to the President, foreign heads of state, or other people authorized by law and to conduct investigations authorized by law.

23. **Inmates.** The Hospital may disclose your protected health information to a correctional institution or a law enforcement official having lawful custody of you if the correctional institution or law enforcement official represents that the information is necessary to (1) provide health care to you; (2) the health and safety of other inmates; (3) the health and safety of the officers and employees of the correctional institution or the people responsible for transporting the inmates; (4) law enforcement on the premises of the correctional institution; or (5) the administration and maintenance of the safety, security and good order at the correctional institution.

24. **Workers' Compensation.** The Hospital may disclose your protected health information as authorized by, and in compliance with, laws relating to workers' compensation and other similar programs established by law that provide benefits for work-related illnesses and injuries without regard to fault.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Any use or disclosure of your protected health information that is not listed above will be made only with your written authorization. You have the right to revoke your authorization at any time, except to the extent that the Hospital has already used or disclosed your protected health information in reliance on the authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

1. **Restriction of Use and Disclosure.** You have the right to request that the Hospital restrict the protected health information the Hospital uses and discloses in carrying out treatment, payment and health care operations. You also have the right to restrict the protected health information the Hospital discloses to a family member, other relative or any other person identified by you, which is relevant to such person's involvement in your treatment or payment for your treatment. The Hospital is not obligated to agree to any requested restriction, unless: (a) the disclosure is to your health insurer for purposes of receiving payment or carrying out other health care operations and (b) the Hospital has been paid in full by you for the services about which the restriction relates. If the Hospital agrees to a restriction, however, the Hospital may only disclose your protected health information in accordance with that restriction, unless the information is needed to provide emergency health care to you.

If you wish to request a restriction on the use and disclosure of your protected health information, please send a written request to the Privacy Officer which specifically sets forth (1) whether you are restricting the use or the disclosure of your protected health information, (2) what protected health information you wish to limit, and (3) to whom you wish the limits to apply (i.e., your spouse). The Hospital will not ask why you are requesting the restriction. The Privacy Officer will review your request and notify you whether or not the Hospital will agree to your requested restriction.

2. **Confidential Communications.** You have the right to request that you receive communications of your protected health information from the Hospital in alternative means or at alternative locations. The Hospital will accommodate all reasonable requests. To request that the Hospital make communications of your protected health information by alternative means or at alternative locations, please send a written request to the

Privacy Officer setting forth the alternative means by which you wish to receive communications or the alternative location at which you wish to receive such communications. The Hospital will not ask why you are making such a request. When appropriate, the Hospital may condition the provision of a reasonable accommodation upon receiving information relating to how payment, if any, will be handled.

3. Access to Protected Health Information. You have the right to inspect and obtain a copy of your protected health information that the Hospital maintains in a designated record set, for so long as that protected health information is maintained in a designated record set. A “designated record set” is a group of records maintained by or for the Hospital which includes billing records and records used in whole or in part to make decisions about you. You do not have the right to inspect or copy psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding, or information that the Hospital is otherwise prohibited by law from disclosing.

If you wish to inspect or obtain a copy of your protected health information, please send a written request to the Privacy Officer. If you request a copy of your protected health information, the Hospital may charge a fee for the cost of copying and mailing the information.

The Hospital may, for certain limited reasons, deny your request to inspect or obtain a copy of your protected health information. If the Hospital denies your request, you may be entitled to a review of that denial. If you are entitled to a review and you wish to have the Hospital’s decision reviewed, please contact the Privacy Officer. The Privacy Officer will designate a licensed health care professional to review your request. This reviewing health care professional will not have participated in the original decision to deny your request. The Hospital will comply with the decision of the reviewing health care professional.

4. Amending Protected Health Information. You have the right to request that the Hospital amend your protected health information in a designated record set for so long as that information exists in a designated record set. To request that an amendment be made to your protected health information, please send a written request to the Privacy Officer. Your written request must provide a reason that supports the requested amendment.

The Hospital may deny your request if it does not contain a reason that supports the requested amendment. Additionally, the Hospital may deny your request to have your protected health information amended if the Hospital determines that (1) the information was not created by the Hospital, unless the person or entity that created the information is no longer available to make the amendment; (2) the information is not part of a designated record set; (3) the information is not available for your inspection; or (4) the information is accurate and complete.

5. Accounting of Disclosures of Your Protected Health Information. You have the right to request a listing of certain disclosures of your protected health information made by the Hospital during the period of up to six (6) years prior to the date on which you make your request. Any accounting you request will not include (1) disclosures made to carry out treatment, payment or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to an authorization given by you; (4) disclosures made to other people involved in your care or made for notification purposes; (5) disclosures made for national security or intelligence purposes; (6) disclosures made to correctional institutions or law enforcement officials; or (7) disclosures made prior to April 14, 2003. The right to receive an accounting is subject to certain other exceptions, restrictions and limitations set forth in applicable statutes and regulations.

To request an accounting of the disclosures of your protected health information made by the Hospital, please send a written request to the Privacy Officer. Your written request must set forth the format in which you want the accounting (i.e., hard copy, electronically) and the period for which you wish to receive an accounting. The Hospital will provide one free accounting during each twelve (12) month period. If you request additional accountings during the same twelve (12) month period, you will be charged for all costs the Hospital incurs in preparing and providing that accounting. The Hospital will inform you of the fee for each accounting in advance and will allow you to modify or withdraw your request in order to reduce or avoid the fee.

6. Obtaining a Copy of this Notice. You have the right to request and receive a paper copy of this Notice from the Hospital at any time. A copy of this Notice is posted on the Hospital’s website, www.ummc.org.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with the Hospital or with the Secretary of Health and Human Services. To file a complaint with the Hospital, please contact the Quality Management Department at (585)344-5409. All complaints must be submitted in writing. THE HOSPITAL WILL NOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT.