

**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 about this Notice of Privacy Practices (“Notice”), please contact: Privacy Officer at Rome Memorial Hospital, 1500 N. James Street, Rome, New York 13440.**

**WHO WILL FOLLOW THIS NOTICE?**

This notice describes Rome Memorial Hospital’s privacy practices and that of:

- Any health care professional authorized to enter information into your medical record maintained by the Hospital.
- All hospital employees in every department or unit of the hospital having access to your medical information.
- Any member of a volunteer group we allow to help you while you receive services in the hospital.
- All Hospital employees at the entities, sites and locations listed below who have access to your medical information. In addition, these entities may share your medical information with each other for the treatment, payment or Hospital operations purposes described in this Notice:  
PrimeCare, Boonville Family Care, Mohawk Valley Radiation Medicine, Chestnut Commons Physical Therapy and Rehabilitation Center, Community Recovery Center and all other Rome Memorial Hospital diagnostic and treatment services at these locations: Rome Medical Group, 1617 North James Street, The Beeches, East Shore Medical and 1819 Black River Blvd., Mohawk MRI Associates, LLC, and Rome Memorial Hospital Retail Pharmacy, LLC.

**OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the Hospital, whether made by Hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This Notice will tell you about the ways in which we may use and disclose your medical information. This Notice also describes your rights and our obligations regarding the use and disclosure of your medical information.

**We are required by law to:**

- Keep your medical information private;
- give you this Notice of our legal duties and privacy practices with respect to your medical information; and
- follow the terms of the Notice currently in effect.

**HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

We may use and disclose medical information about you for treatment, payment and hospital operations. An example is listed below for each of the ways we are permitted to use and disclose your medical information:

- **For Treatment.** We may use and disclose your medical information to provide you with medical treatment or services. Doctors, nurses, technicians, medical students, or other hospital personnel may

share medical information about you in order to coordinate your medical care. For example, your doctor may tell the dietician that you are a diabetic to arrange for appropriate meals during a hospital stay. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the Hospital, such as family members or health service providers.

- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the Hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about services you received at the Hospital so your health plan will pay us or reimburse you for them. We may also tell your health plan about services you are going to receive to obtain prior approval or to determine whether your plan will cover them.
- **For Health Care Operations.** We may use and disclose medical information about you for Hospital operations. These uses and disclosures are necessary to run the Hospital and make sure that all of our patients receive quality care. For example, we may use your medical information for quality improvement, to assess the effectiveness of services, the need for new services and to educate staff. We may 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 your specific identity.

There are other situations when we are permitted to use or disclose your medical information without your prior authorization. These uses and disclosures are outlined below.

- **Appointment Reminders.** We may contact you as a reminder that you have an appointment for treatment or medical care at the hospital.
- **Treatment Alternatives.** We may contact you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may contact you to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We may contact you in an effort to raise money for the hospital and its operations. We may release contact information, such as your name, address and phone number and the dates you received treatment or services at the Hospital to a foundation related to the Hospital so that the foundation may contact you in raising money for the Hospital. If you do not want the Hospital to contact you for fundraising efforts, you must notify in writing: the Foundation Director, 1617 North James Street, Suite 575, Rome, New York 13440.
- **Hospital Directory.** To enable your family, friends and clergy to visit you in the Hospital and generally know how you are doing, we will include certain limited information about you in the Hospital directory while you are a patient at the Hospital. This information may include your name, location in the Hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may be released to **anyone** who asks for you by name. Your religious affiliation may be given to a member of the clergy (*or designee*) even if they don't ask for you by name. You will automatically be included in the Hospital directory, unless you tell us otherwise.
- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object or as otherwise instructed by you, or as authorized or required by law, we may release medical information about you to a friend or family member who is involved in your medical care. Similarly, we may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the Hospital. In addition, we may disclose medical 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.

- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical 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. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Workers' Compensation.** We may release your medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Cancer Registry.** If you have a newly diagnosed cancer, we will release your medical information to the New York State Cancer Registry.
- **Public Health Risks.** We may disclose your medical information for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; 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; or to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose your medical information to a health oversight agency for activities as authorized or required by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** In connection with lawsuits or other legal proceedings, we may, as authorized or required by law, disclose your medical information in response to a court or administrative order, subpoena, discovery request, warrant, summons or other lawful process.
- **Law Enforcement.** If we are asked to do so by a law enforcement official, and as authorized or required by law, we may release your medical information:
  - 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 if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at the Hospital; or
  - 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.
- **Coroners, Medical Examiners and Funeral Directors.** We may release your medical 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 your medical information to funeral directors as necessary to carry out their duties.

- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities as authorized or required by law.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

#### **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION.**

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy your medical information. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy your medical information, you must submit your request in writing to Rome Memorial Hospital Medical Records Department, 1500 North James Street, Rome, NY 13440. 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 in accordance with Hospital policy and New York State Law.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed through the New York State Department of Health appeal process. The form to request such an appeal may be obtained in the Hospital's Medical Records Department at the address listed above.

- **Right to Request an Amendment.** If you feel 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 the Hospital.

To request an amendment, your request must be made in writing and submitted to Rome Memorial Hospital Medical Records Dept, 1500 North James Street, Rome, NY 13440. In addition, you must provide 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 supporting 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 the Hospital;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete based upon available documentation.

- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures which lists those instances when we disclosed information about you, excluding disclosures for purposes of treatment, payment or operations or disclosures you specifically authorized. To request an accounting of disclosures, you must submit your request in writing to: Privacy Officer, Rome Memorial Hospital, 1500 North James Street, Rome, NY 13440. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost 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 request a restriction or 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 the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had to a family member.

*We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to: Privacy Officer, Rome Memorial Hospital, 1500 North James Street, Rome, NY 13440. 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 spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to: Privacy Officer, Rome Memorial Hospital, 1500 North James Street, Rome, NY 13440. We will not ask your reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, contact the Director of Patient Registration, Rome Memorial Hospital, 1500 North James Street, Rome, NY 13440. You may also obtain a copy of this Notice at our website, [www.romehospital.org](http://www.romehospital.org).

### **CHANGES TO THIS NOTICE.**

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the Hospital. The Notice will contain the effective date on the first page, in the top right-hand corner. In addition, each time you register at or are admitted to the Hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current Notice in effect.

### **COMPLAINTS.**

If you believe your privacy rights have been violated, you may file a complaint with the Hospital or with the Secretary of the United States Department of Health and Human Services. To file a complaint with the Hospital, contact: Privacy Officer, Rome Memorial Hospital, 1500 North James St., Rome, NY, 13440. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

### **OTHER USES OF MEDICAL INFORMATION.**

Other uses and disclosures of your medical information not covered by this Notice or the laws that apply to us will be made only with your written Authorization. In those instances where your prior written permission for the use and disclosure of your health information is necessary, we will provide you with the Hospital's Authorization for to sign. You may revoke your Authorization, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written Authorization. You understand that we are unable to take back any disclosures we have already made with your permission. Depending upon the nature of your health information, we may be required by law to comply with additional requirements prior to using or disclosing your health information. For example, use and disclosure of HIV-related, alcohol and substance abuse, genetic and mental health information will need your specific authorization.