

October 18, 2022

Behavioral Health Program Update,

We would like to contact you by email, but we know that email is not private and we are committed to protecting your information. To ensure confidentiality, Four Winds - Saratoga uses an encrypted email service through Proofpoint Inc. Communication can be through this service or by phone. Please do not use email to communicate regarding clinical emergencies.

If you choose to email, your emails sent to [phpiop@fourwindssaratoga.com](mailto:phpiop@fourwindssaratoga.com) will be received by a member of the Behavioral Health staff. If you receive an email from a member of our staff, you will receive a notification message in your email inbox. That message will include instructions on how to open the message.

You should:

- Register the first time you receive an email from Four Winds by clicking the “Click Here” button on the This is a secure message screen.
- Click “Save” or “yes” when asked if you want to save the password.
- In subsequent emails you should not need to enter a password.
- Just select “Click Here” and you will be brought to a screen to enter your email address and a password of your choosing.

Sometimes your email server may initially flag a Four Winds Proofpoint email as “Junk”. To avoid this, you should add us to your trusted email list. Also, please note that only the body of the email is encrypted, not the subject line. Therefore our email will not include patients’ names in the subject line. Please do not include patients’ names in the subject line when sending email to us or replying to our email.

Thank you for your attention to this matter. Again, use of this email system is optional and choosing not to use it has no effect on other aspects of your treatment. During program hours, you can also reach a member of our staff by calling 518-584-3600 x3290.

Sincerely,

Erin Babitts, LCSW  
Program Director  
Four Winds Hospital Behavioral Health Services



**PATIENT'S BILL OF RIGHTS**  
Four Winds Hospitals Notices

Westchester  
800 Cross River Road  
Katonah, New York 10536  
914-763-8151

Saratoga  
30 Crescent Avenue  
Saratoga Springs, New York 12866  
518-584-3600

**A MESSAGE TO OUR PATIENTS AND FAMILIES**

Four Winds Hospitals is required by confidentially laws to protect against access to patient clinical information by unauthorized third parties and to assure that such information is not altered. At the current time, Four Winds will not make or accept e-mail communication about patients.

**NOTICE OF PHYSICIAN OWNERSHIP AND PHYSICIAN COVERAGE**

Four Winds Hospital believes that you are entitled to make informed decisions regarding your medical care. Medical staff, including nurses, clinicians and physicians, are either present at the Hospital or available "on-call" by telephone at all times. However, a physician is not on-site 24 hours per day, 7 days per week. If a medical emergency arises when a physician is not on-site, the Hospital will initiate its Rapid Response protocol and provide treatment to the patient, and if needed CPR and emergency transport to a local medical facility by an ambulance service dispatched by phoning 911. The physician "on-call" will be notified. The Hospital hereby notifies you that it meets the federal definition of a physician-owned hospital, pursuant to 42 C.F.R. Section 4893. The list of the Hospital's physician owners or investors is available to you upon request from Inge Haensch, the Hospital's Senior Director of Quality Management who may be reached at 914-763-8151, ext. 2597.

**BILL OF RIGHTS & RESPONSIBILTIES**

1. The right to considerate, respectful care at all times under all circumstances with recognition of personal dignity.
2. The right to impartial access to treatment or accommodations that are available or medically indicated, regardless of age, race, ethnicity, religion, culture, gender, gender identity or expression, sexual orientation, physical or mental disability, language, socioeconomic status or sources of payment for care.
3. The right of the patient to the hospital's response to his/her requests and needs for treatment and service within the hospital's capacity, stated mission, and applicable law and regulation.



**PATIENT'S BILL OF RIGHTS**  
Four Winds Hospitals Notices

4. The right to express spiritual beliefs and cultural practices that do not harm others or interfere with the planned course of treatment for the patient.
5. The right, within the law, to personal and informational privacy, as manifested by:
  - a. The right to refuse to talk with or see anyone not officially connected with the hospital, including visitors or persons officially connected with the hospital but not directly involved in his/her care.
  - b. The right to wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment.
  - c. The right to expect that any discussion or consultation involving his/her case will be conducted discreetly and that individuals not directly involved in his/her care will not be present without his/her permission.
  - d. The right to have his/her medical record read only by individuals directly involved in his/her treatment or in the monitoring of its quality, or otherwise associated with Four Winds Hospital and by other individuals only on his/her written authorization or that of his/her legally authorized representative. Information from the medical records may be used as part of research studies conducted by Four Winds Hospital or individuals associated with Four Winds Hospital. This information will be presented as part of group data only and will not include any information that would identify an individual patient.
  - e. The right to expect all communications and other records pertaining to his care, including the source of payment for treatment, to be treated as confidential.
  - f. The right to request a transfer to another room if another patient or a visitor in the room is unreasonably disturbing him/her and if another room equally suitable for his/her care and needs is available.
  - g. The right to be interviewed and examined in surroundings designed to assure reasonable, visual and auditory privacy. This includes the right to have a person of one's own sex present during certain parts of a physical examination, treatment or procedure performed by a health professional of the opposite sex and the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which the patient was asked to disrobe.
  - h. The right to be placed in protective privacy when considered necessary for personal safety.



## PATIENT'S BILL OF RIGHTS

### Four Winds Hospitals Notices

6. The right to expect reasonable safety and a sanitary environment insofar as the hospital practices is concerned.
7. The right to know the identity and professional status of individuals providing service to him/her and to know which physician or other practitioner is primarily responsible for his/her care. This includes the patient's right to know of the existence of any professional relationship among individuals who are treating him/her, as well as the relationship of any other health care or educational institutions involved in the care.
8. The right to obtain from the practitioner responsible for coordinating his/her care, complete and current information concerning his/her diagnosis (to the degree known), treatment and any known prognosis. This information should be communicated in terms the patient can reasonably be expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to a legally authorized individual.
9. The right to know the reasons for any proposed change in professional staff responsible for the patient.
10. Consent:
  - a. The right to reasonable informed participation in decisions involving his/her health care, treatment and services, including the right to have his or her family and physician promptly notified about his or her admission to the hospital. To the degree possible, this should be based on a clear, concise explanation of his/her condition and of all proposed technical procedures, including the possibilities of any risk of mortality or serious side effects, problems related to recuperation, and probability of success. The patient should not be subjected to any procedure without his/her voluntary, competent, and understanding consent or the consent of his/her legally authorized representative. Where medically significant alternatives for care or treatment exist, the patient shall be so informed. When the parents or legal guardians of a minor patient disagree on accepting treatment recommendations, the responsible clinicians shall work with the family to reach consensus. If consensus cannot be reached, and appropriately alternative treatments are not acceptable either, staff will seek transfer of the patient to an appropriate facility of the family/guardian's choice.
  - b. The right to know who is responsible for authorizing and performing the procedures or treatment.
  - c. The right to be informed if the hospital proposes to engage in or perform human experimentation or other research/educational projects affecting his/her care or treatment; the patient has the right to refuse to participate in any such activity.



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11. The right to consult with a specialist.
12. The right to receive interpretive services at no additional charge when hearing, sight or other impairment and/or limited English proficiency prevents equal opportunity to benefit from services and impedes an effective exchange of information between staff, the patient, and the patient's family. Interpretive services will be provided by interpreters qualified to provide the service. To protect confidentiality of the information and ensure accurate communication, family members or friends of the patient cannot be used as translators unless specifically requested by the patient.
13. The right to refuse care, treatment and services to the extent permitted by law and to be informed of the medical consequences of such refusal. When refusal of treatment by the patient or his/her legally authorized representative prevents the provision of appropriate care in accordance with professional standards, the relationship with the patient may be terminated upon reasonable notice. When the patient is not legally responsible, the Hospital respects the surrogate decision maker's right, as allowed by law, to refuse care, treatment and services on the patient's behalf.
14. The right to complete explanation of the need for a transfer and of the alternatives to such a transfer. The transfer must be acceptable to the other facility or organization. The patient has the right to be informed by the practitioner responsible for his care, or his delegate, of any continuing health care requirements following discharge from the hospital.
15. The right to formulate advance directives and appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law. The provision of care is not conditioned on the existence of an advance directive.
16. The right to request and receive an itemized and detailed explanation of his/her total bill for services rendered in the hospital regardless of the source of payment for his care. The patient has the right to a timely notice prior to termination of his/her eligibility for reimbursement by any third party payer for the cost of his care.
17. The right to be informed of the hospital rules and regulations applicable to his/her conduct as a patient.
18. The right to involve a significant individual such as a relative or close friend to actively participate in the development of his/her treatment plan and discharge plan.



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19. Minor patients age 16 or older have the right to object to the involvement of his/her parent(s) in treatment if it is determined by a physician that the involvement of parent(s) would not be clinically appropriate.
20. The right to a balanced and nutritional diet.
21. The right to practice religion.
22. The right to freedom from abuse and mistreatment by employees or other patients of the hospital.
23. The right to adequate grooming and personal hygiene supplies.
24. The right to a reasonable amount of safe storage space for clothing and other personal property.
25. The right to a reasonable degree of privacy in sleeping, bathing and toilet areas.
26. The right to appropriate medical and dental care.
27. The right to be free from physical pain.
28. The right to be informed about the unanticipated outcomes of care, treatment and services when not otherwise already aware of the event or when further discussion is needed. Guardians have the right to receive telephone notification of an incident involving the patient, and upon request, to receive a copy of the incident report, and to have a meeting held with the Director of Quality Management to further discuss the incident.
29. The right to bring to the hospital any questions or complaints about the quality of care without negative consequences to the patient. Inge Haensch, the Hospital's Senior Director of Quality Management who may be reached at 914-763-8151, ext. 2597 is available to receive complaints from patients and families and to discuss them. A timely response shall substantially address the complaint. The complaint is analyzed and when indicated appropriate corrective action is taken. The Special Review Committee can be utilized to resolve issues as well. Presentation of a complaint will not serve to compromise a patient's future access to care. When resolution of a complaint is not satisfactory for a patient, the patient may request review of the complaint by the Regional Office of the NY State Office of Mental Health, The Mental Hygiene Legal Service, The Justice Center, or The Joint Commission.



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30. The right to receive individualized treatment, including at least the following:
  - a. The provision of an individual treatment plan.
  - b. The periodic review of the patient's treatment plan.
  - c. The active participation of patients over twelve years of age and their parents, relatives, or guardians in planning for treatment.
  - d. The provision of an adequate number of competent, qualified, and experienced professional clinical staff to supervise and implement the treatment plan.
  - e. The provision of support services for individuals with vision, speech, hearing, or cognitive deficits.
31. The right of the patient and/or the guardian to participate in the consideration of ethical issues that arise in their care.
32. The right for each patient's family and significant other, regardless of their age, to visit the patient, unless such visits are clinically contraindicated.
33. The right to suitable areas for patients to visit in private, unless such privacy is contraindicated by the patient's treatment plan.
34. The right for patients to send and receive mail without hindrance, unless clinically contraindicated.
35. The right to conduct private telephone conversations with family and friends, unless clinically contraindicated.
36. The right to have restrictions on visitors, telephone calls or other communications evaluated for therapeutic effectiveness by the clinically responsible staff.
37. If limitations on visitors, telephone calls, or other communications are indicated, such limitations are determined with the participation of the patient and the patient's family.
38. The right to be informed of his/her rights in a language the patient understands.
39. In the event that the hospital provides care of the dying patient, the hospital shall optimize the comfort and dignity of the patient through treating primary and secondary symptoms that respond to treatment as desired by the patient or surrogate decision maker, effective management of pain and acknowledging the psychosocial and spiritual concerns of the patient and the family regarding the dying and the expression of grief by the patient and family.



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40. The right of the patient's guardian, next of kin, or legally authorized responsible person to exercise, to the extent permitted by law, the rights delineated on behalf of the patient if the patient has been adjudicated incompetent in accordance with law, is found by his/her physician to be medically incapable of understanding the proposed treatment or procedure, is unable to communicate his/her wishes regarding treatment or is a minor.

**PATIENT RESPONSIBILITIES**

1. A patient has the responsibility to provide to the best of his knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to his health. He/she has the responsibility to report unexpected changes in his/her condition to the responsible practitioner. A patient is responsible for reporting whether he/she clearly comprehends a contemplated course of action and what is expected of him or her.
2. A patient is responsible for following the treatment plan recommended by the practitioner primarily responsible for his/her care. This may include following the instructions of nurses and other health personnel as they carry out the coordinated plan of care and implement the responsible practitioner's orders, and as they enforce the applicable hospital rules and regulations. The patient is responsible for keeping appointments and, when he is unable to do so for any reason, for notifying the responsible practitioner.
3. The patient is responsible for his/her actions if he/she refused treatment or does not follow the practitioner's instructions.
4. The patient is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.
5. The patient is responsible for following hospital rules and regulations affecting patient care and conduct.
6. The patient is responsible for being considerate of the rights of other patients and hospital personnel and for assisting in the control of noise, smoking, and the number of visitors. The patient is responsible for being respectful of the property of other persons and of the hospital.



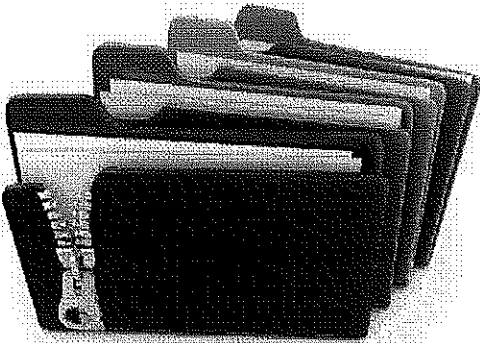
# Four Winds Hospitals

**Westchester**  
800 Cross River Road  
Katonah, NY 10536  
Phone: (914) 763-8151 1-800-111-2222

**Saratoga**  
30 Crescent Avenue  
Saratoga Springs, NY 12866  
Phone: (518) 584-3600 1-800-888-5448

[www.fourwindshospital.com](http://www.fourwindshospital.com)

**If you have any questions about this Notice please contact the Hospital's Privacy Officer, Monica Broderick, 914-763-8151 Ext. 2349**



## Your Information. Your Rights. Our Responsibilities.

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.**

### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

For certain types of disclosures of information in your medical record at a psychiatric hospital, New York State law may be more stringent than the federal law. For example the New York Mental Hygiene Law generally does not permit the disclosure of a clinical record except under circumstances specifically set forth in the law. The Hospital will follow New York law when it is more restrictive.

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#### **Get an electronic or paper copy of your medical record**

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

We will provide a copy or a summary of your health information, usually within 10 days of your request. We may charge a reasonable, cost-based fee.

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#### **Ask us to correct your medical record**

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.

We may say "no" to your request, but we'll tell you why in writing within 60 days.

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#### **Request confidential communications**

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

We will say "yes" to all reasonable requests.

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<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"> <li>• You can ask us not to use or share certain health information for treatment, payment, or our operations.</li> <li>• We are not required to agree to your request, and we may say "no" if it would affect your care.</li> <li>• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.</li> <li>• We will say "yes" unless a law requires us to share that information.</li> </ul>
<b>Get a list of those with whom we've shared information</b>	<ul style="list-style-type: none"> <li>• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.</li> <li>• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide this accounting for free.</li> </ul>
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"> <li>• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>• We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"> <li>• You can complain if you feel we have violated your rights by contacting Monica Broderick, 914-763-8151 Ext. 2349. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li> <li>• We will not retaliate against you for filing a complaint.</li> </ul>

## Your Choices

### For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

<b>In these cases, you have both the right and choice to tell us to:</b>	<ul style="list-style-type: none"> <li>• Share information with your family, close friends, or others involved in your care</li> <li>• Share information in a disaster relief situation</li> </ul> <p><i>If you are not able to tell us your preference we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i></p>
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## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

<b>To treat you</b>	<ul style="list-style-type: none"> <li>• We can use your health information and share it with other professionals who are treating you.</li> </ul>	<i>Example: The psychiatrist treating you may ask your outpatient psychiatrist about your treatment.</i>
<b>Run our organization</b>	<ul style="list-style-type: none"> <li>• We can use and share your health information to run our hospital, improve your care, and contact you when necessary.</li> </ul>	<i>Example: We use health information about you to manage your treatment and services.</i>
<b>Bill for your services</b>	<ul style="list-style-type: none"> <li>• We can use and share your health information to bill and get payment from health plans or other entities.</li> </ul>	<i>Example: We give information about you to your health insurance plan so it will pay for your services.</i>

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"> <li>• We can share health information about you for certain situations such as: <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone's health or safety</li> </ul> </li> </ul>
<b>Do research</b>	<ul style="list-style-type: none"> <li>• We can use or share your information for health research.</li> </ul> <p>All research projects for patients receiving psychiatric services are subject to a special approval process under New York law.</p>
<b>Comply with the law</b>	<ul style="list-style-type: none"> <li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services or the NYS Office of Mental Health if it wants to see that we're complying with federal and/or state privacy law.</li> <li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> <li>• For workers' compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security, and presidential protective services.</li> </ul>
<b>Inmates</b>	<p>If you are an inmate of a correctional facility, we may disclose medical information necessary for making a determination regarding your health care, security, safety or ability to participate in programs when the chief administrative officer of the facility has made a request for it.</p>

<b>Work with a medical examiner</b>	• We can share health information with a coroner or medical examiner when an individual dies.
<b>Respond to organ and tissue donation requests</b>	We can share health information about you with organ procurement organizations.
<b>Other</b>	We do not create or manage a hospital directory. We do not contact patients for marketing or fundraising efforts.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## **Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective date of this Notice: 05/01/2022

**This Notice of Privacy Practices applies to Four Winds Hospitals**



## JONATHAN'S LAW INFORMATION SHEET

Jonathan's Law is a New York State law that makes certain records about adverse incidents more accessible. Records are accessible to Four Winds Hospitals patients and to other individuals who are "qualified persons".

A **qualified person** is defined as:

- anyone receiving services (the patient) or
- the patient's legal guardian or
- parents, spouses or adult children who have the legal authority to provide consent for care and treatment.

The term **incident** means "an accident or injury that affects the health or safety of a patient".

**What must Four Winds Hospitals provide to qualified persons under Jonathan's Law?**

- You are entitled to request documentation related to an incident in which you have been involved.
- You are entitled to requests documents related to an incident involving a patient if you are identified as the qualified person for that patient.
- Your treatment team will discuss the incident with you upon your request.