

Four Winds Saratoga
30 Crescent Avenue
Saratoga Springs, NY 12866

518-584-3600 1-800-888-5448

www.fourwindshospital.com

If you have any questions about this Notice please contact the Hospital's Privacy Officer, Jacqueline Gacek, RN MS, 518-584-3600 ext. 3286



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.

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.

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.

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.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket

	<p>in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.</p> <ul style="list-style-type: none"> • We will say “yes” unless a law requires us to share that information.
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none"> • 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. • 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.
Get a copy of this privacy notice	<ul style="list-style-type: none"> • 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.
Choose someone to act for you	<ul style="list-style-type: none"> • 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. • We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"> • You can complain if you feel we have violated your rights by contacting Brenda Quinn, LMSW, at 518-584-3600 ext. 3112. • 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 www.hhs.gov/ocr/privacy/hipaa/complaints/. • We will not retaliate against you for filing a complaint.

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.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

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.

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.

To treat you

- We can use your health information and share it with other professionals who are treating you.

Example: The psychiatrist treating you may ask your outpatient psychiatrist about your treatment.

Run our organization	<ul style="list-style-type: none"> • We can use and share your health information to run our hospital, improve your care, and contact you when necessary. 	<i>Example: We use health information about you to manage your treatment and services.</i>
Bill for your services	<ul style="list-style-type: none"> • We can use and share your health information to bill and get payment from health plans or other entities. 	<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.

Help with public health and safety issues	<ul style="list-style-type: none"> • We can share health information about you for certain situations such as: <ul style="list-style-type: none"> • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone's health or safety 	
Do research	<ul style="list-style-type: none"> • We can use or share your information for health research. <p>All research projects for patients receiving psychiatric services are subject to a special approval process under New York law.</p>	
Comply with the law	<ul style="list-style-type: none"> • 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. • We can share health information about you in response to a court or administrative order, or in response to a subpoena. • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services. 	
Inmates	<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>	
Work with a medical examiner	<ul style="list-style-type: none"> • We can share health information with a coroner or medical examiner when an individual dies. 	

Respond to organ and tissue donation requests	We can share health information about you with organ procurement organizations.
Other	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.

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: 09/23/2013.

This Notice of Privacy Practices applies to Four Winds Saratoga.