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Katonah, New York 10536
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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 TO:

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 a paper copy of your medical record

You can ask to see or get a paper copy of your medical record and other health information we have about you. Ask us how to do this. We do not have an electronic record.

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 in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we have shared information

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, with whom we shared it, 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

You can ask for a copy of this notice at any time. We will provide you with a copy promptly.

Choose someone to act for you

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

You can complain if you feel we have violated your rights by contacting Monica Broderick at 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 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. You can 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, and we may also share your information when needed to lessen a serious and imminent threat to health or safety.

OUR USES AND DISCLOSURES

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.

To Run our organization

We can use and share your health information to run our hospital, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

To Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

Help with public health and safety issues We can share health information about you for certain situations such as 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

To Do research We can use or share your information for health research. All research projects for patients receiving psychiatric services are subject to a special approval process under New York law.

To Comply with the law We will share information about you if state or federal laws require it, including

- With the US Department of Health and Human Services or the NYS Office of Mental Health if the agency wants to see whether we are complying with federal and/or state privacy laws

- 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.

To the Chief Administrative Officer of a correctional facility, when medical information is necessary to make a determination regarding the healthcare, security, safety or ability to participate in programs at the facility.

To Work with a medical examiner

We can share health information with a coroner or medical examiner when an individual dies.

To Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

We use or share your health 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.

Other We do not create or manage a hospital directory. We do not contact patients for marketing or fundraising efforts.

OUR RESPONSIBILITIES

- To maintain the privacy and security of your protected health information
- To let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- To follow the duties and privacy practices described in this notice and give you a copy of it.
- To not use or share your information other than as described here unless you tell us we can in writing.

You may change your mind at any time by letting us know in writing. 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.

This Notice of Privacy Practices applies to Four Winds Hospital.

Effective date of this Notice: 09/23/2013.