

Notice of Privacy Practices

Effective April 14, 2003, in compliance with the new Federal and State Health Insurance Portability and Accountability ACT (HIPAA) regulations, this notice describes how medical information may be used and disclosed and how you can get access to this information. Please read it carefully.

Purpose: To advise you of your privacy rights as a patient of The Chautauqua Center, Inc. (TCC) and to advise you on how TCC may use and disclose your health information.

Commitment: Recognizing that the health information is personal, we commit to keeping this information private to the extent allowed by law and described in this notice. All TCC employees, volunteers and interns must follow the terms of this notice.

Protected Health Information: Is any information that TCC creates or receives about you and your past, present or future physical or mental health, healthcare services or payment for health care provided. Examples of PHI include demographic information, prescriptions, information related to assessment, diagnosis and treatment, insurance, and billing information.

Use and Disclosure of PHI: Federal law allows that PHI may be used and disclosed without written authorization for the following purposes:

- Treatment - TCC will use disclose PHI to provide, coordinate, and manage treatment and services. This may include coordination or management of your care with a third party.
- Payment - Your PHI will be used as necessary to attain payments for services rendered
- Health Care Operations - Your PHI may be used to respond support the activities relative to your healthcare. This could include accreditation, quality of care, staff training, managing, and planning. Some of the functions may be accomplished via contract with outside vendors known as business associates.
- Abuse Reporting - Your PHI may be used or disclosed to report suspected abuse, neglect, or domestic violence, as mandated, to Federal, State or Local authorities.
- Legal Purposes - Your PHI may be used to respond as required by law to i.e., court orders, subpoenas, law enforcement purposes.
- Public Health - Your PHI may be used or disclosed to public health or regulatory authorities including preventing diseases, injury, or disability, reporting adverse events.
- Health Oversight - Your PHI may be disclosed to governmental oversight agencies to comply with legal mandates such as inspections and investigations.
- Corner or Funeral Services - Your PHI may be disclosed to corner or funeral director as authorized by law including to determine the cause of death or identification.
- Workmen's compensation -Your PHI may be disclosed for your worker's compensation benefit determination.

Patient's Bill of Rights for Diagnostic & Treatment Centers (Clinics)

As a patient in a Clinic in New York State, you have the right, consistent with law, to:

- (1) Receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, gender identity, national origin or sponsor;
- (2) Be treated with consideration, respect and dignity including privacy in treatment;
- (3) Be informed of the services available at the center;
- (4) Be informed of the provisions for off-hour emergency coverage;
- (5) Be informed of and receive an estimate of the charges for services, view a list of the health plans and the hospitals that the center participates with; eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care;
- (6) Receive an itemized copy of his/her account statement, upon request;
- (7) Obtain from his/her health care practitioner, or the health care practitioner's delegate, complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand;
- (8) Receive from his/her physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision;
- (9) Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her action;
- (10) Refuse to participate in experimental research;
- (11) Voice grievances and recommend changes in policies and services to the center's staff, the operator and the New York State Department of Health without fear of reprisal;
- (12) Express complaints about the care and services provided and to have the center investigate such complaints. The center is responsible for providing the patient or his/her designee with a written response within 30 days if requested by the patient indicating the findings of the investigation. The center is also responsible for notifying the patient or his/her designee that if the patient is not satisfied by the center response, the patient may complain to the New York State Department of Health;
- (13) Privacy and confidentiality of all information and records pertaining to the patient's treatment;
- (14) Approve or refuse the release or disclosure of the contents of his/her medical record to any health-care practitioner and/or health-care facility except as required by law or third-party payment contract;
- (15) Access to his/her medical record per Section 18 of the Public Health Law, and Subpart 50-3. For additional information link to: http://www.health.ny.gov/publications/1449/section_1.htm#access;
- (16) Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors;
- (17) When applicable, make known your wishes in regard to anatomical gifts. Persons sixteen years of age or older may document their consent to donate their organs, eyes and/or tissues, upon their death, by enrolling in the NYS Donate Life Registry or by documenting their authorization for organ and/or tissue donation in writing in a number of ways (such as health care proxy, will, donor card, or other signed paper). The health care proxy is available from the center;
- (18) View a list of the health plans and the hospitals that the center participates with; and
- (19) Receive an estimate of the amount that you will be billed after services are rendered.



**Department
of Health**