

**LEWIS COUNTY GENERAL HOSPITAL / RESIDENTIAL HEALTH CARE  
FACILITY  
7785 North State Street  
Lowville, NY 13367**

**NOTICE OF PRIVACY PRACTICES**

**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.**

This notice describes how Lewis County General Hospital / Residential Health Care Facility (LCGH/RHCF) uses and discloses protected health information. It also describes your rights and our responsibilities concerning your protected health information. LCGH/RHCF is required to abide by this notice and provide you with a copy of it.

In this notice, the name "LCGH/RHCF" means all of the following health care provider entities:

- Lewis County General Hospital
- All clinics, health centers, and other ambulatory care facilities operated by Lewis County General Hospital
- Lewis County Residential Health Care Facility
- Lewis County General Hospital Certified Home Health Agency
- Lewis County Hospice

The LCGH/RHCF health care provider entities, as components of an organized health care arrangement, share information with each other as necessary to carry out treatment, payment, and health care operations.

This notice applies to all protected health information created or maintained concerning you at LCGH/RHCF, including any protected health information that we receive from other health care providers. It applies to all LCGH/RHCF records that contain your protected health information, whether maintained on paper or in a computer system, including photographs or digital images that document your health care.

We reserve the right to change this notice. Any changes to this notice will apply to all the records that LCGH/RHCF has created or maintained in the past, and to any records that we may create or maintain in the future. If we make any changes to this notice, the revised notice will be available to you on request, and will be posted on our website, [www.lcgh.net](http://www.lcgh.net). If we make a major change in this notice that affects the use and disclosure of your protected health information, your rights, our duties, or our privacy practices, you will be informed in the manner required by law.

**I. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

We may use or disclose your health information in the following ways:

- For purposes of treatment, payment or health care operations
- For other purposes, with your written authorization
- As required or permitted by law

In this notice, we describe each of the ways that we may use or disclose your health information, with illustrative examples. We have not listed every possible use or disclosure, but we have included all of the ways in which we may use or disclose your protected health information.

**A. Uses and disclosures for treatment, payment, or health care operations**

We may use and disclose your protected health information for purposes of treatment, payment, or health care operations, without the need for your written authorization. The following illustrations of treatment, payment, and health care operations are not exhaustive.

1. **Treatment.** LCGH/RHCF uses protected health information in order to provide you with health care treatment and services. We may disclose your health information to doctors, nurses, aides, technicians, health care profession trainees, therapists, and other personnel who are involved in your health care. For example, if your physician orders physical therapy services to improve your strength and walking abilities, our staff will need to communicate with the physical therapist so that we can coordinate services and develop a plan of care.

a) **Other health care providers.** We may disclose your health information to health care facilities and professionals outside of our facilities who are involved in your health care, such as doctors, clinical laboratories, pharmacies, or home health agencies.

b) **Family members.** Health care professionals at LCGH/RHCF, using their professional judgment, may disclose your protected health information to a family member, a close friend, or another individual who is involved in your care or in payment for your care, to the extent that the information is relevant to that person's involvement in your care or in payment for your care.

c) **Appointment reminders and follow-up calls.** We may use or disclose your health information to contact you with a reminder that you have an appointment for treatment or medical care. We may also call to follow up on care you received from us, or to tell you of test results, or to confirm an appointment with us or with another health care provider.

d) **Treatment alternatives, health-related benefits and services.** We may use or disclose your health information to tell you about possible treatment alternatives or health-related benefits and services that may be of interest to you.

e) **Emergencies.** LCGH/RHCF may use or disclose your health information in an emergency situation if an opportunity to object cannot practicably be provided because of your incapacity or an emergency circumstance.

2. **Payment.** We may use or disclose your health information so that LCGH/RHCF or another health care provider may bill and collect payment from you, an insurance company, Medicare, Medicaid, or another third party for the health care services you receive. For example, we may need to give information to your health insurer regarding the services you received from LCGH/RHCF so that your insurer will pay for the services, and we may give information to a doctor who is treating you so that the doctor can bill your health insurer. We also may tell your health insurer about a treatment you are going to receive in order to obtain prior approval or determine whether your health insurer will cover the treatment.

3. **Health care operations.** We may use or disclose your health information to perform health care business operations of our facilities. These uses or disclosures are necessary to operate our facilities and to make sure that our residents receive quality care. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may disclose your health information to health care profession trainees working at LCGH/RHCF for professional education purposes. We may combine health information with information from other health care providers or facilities to compare how we are doing and see where we can make improvements in the care and services offered to our residents.

a) **Business associates.** We may disclose health information to outside companies that perform business services for us, such as billing companies, software vendors, attorneys, or external auditors. We will have a written agreement with those other companies to ensure that they safeguard the privacy of your protected health information.

b) **Fundraising activities.** We may use limited types of information about you, on a minimum necessary basis, in order to contact you for the purpose of fundraising efforts that support LCGH/RHCF operations. The information that we may use for fundraising purposes is limited to: demographic information relating to you (names, addresses, other contact information, gender, age, and birth date); health insurance status; dates of health care provided to you; and information on department of service, treating physician, and outcome of care. We may also share this limited information with a charitable foundation that would contact you to raise money on behalf of LCGH/RHCF. You have the right to opt out of receiving fundraising communications. In any fundraising materials that we send you, we will clearly tell you how to opt out of receiving any further fundraising communications.

c) **Directory information.** Unless you tell us that you object, we will use your name and location in the facility for purposes of the facility directory. This information may be provided to people who ask for you by name. Also, information concerning your religious affiliation may be provided to members of the clergy. If you object, you may tell the Admissions staff person when you are first admitted to LCGH/RHCF, or you may write at any time to the LCGH/RHCF Health Information Management Department, at the address shown at the top of this notice.

## **B. Uses and disclosures that require your written authorization**

We may use or disclose your health information with your written authorization for certain purposes other than treatment, payment or health care operations. When you have given us a written authorization for use or disclosure of your health information, you have the right to revoke that authorization at any time, but your revocation must be given to us in writing. If you revoke your written authorization, we will no longer use or disclose your health information for the purposes identified in the authorization. However, we cannot take back any disclosures that were made while your authorization was in effect.

Some examples of uses or disclosures that would require your written authorization are providing health information to a pharmaceutical company for purposes of marketing, or providing copies of your medical records to your attorney.

### C. Uses and disclosures required or permitted by law

Certain state and federal laws and regulations may either require or permit us to use or disclose your health information without your permission. The uses or disclosures that we may make in accordance with these laws and regulations include the following:

1. **Public health activities.** We may use or disclose your health information to public health authorities so that they may carry out public health activities. For example, we may use or disclose your health information for the following purposes, in accordance with law:

- To report births and deaths
- To prevent or control disease, injury or disability
- To report adverse reactions to medications or medical device problems
- To notify individuals of product recalls

2. **Health oversight activities.** We may use or disclose your health information to a health oversight agency that is authorized by law to conduct health oversight activities. These oversight activities may include audits, investigations, inspections, or licensure and certification surveys. These activities are necessary to monitor the operation of the health care system and ensure compliance with laws and regulations. They include the use or disclosure of your health information to the long-term care ombudsman program.

3. **Lawsuits and legal proceedings.** We may disclose your health information in response to a court order or administrative agency order, in connection with a lawsuit or similar proceeding. We also may disclose your protected health information in response to a subpoena or other legal process by another party involved in a legal dispute, but only if we have received satisfactory assurances from the party seeking the information that reasonable efforts have been made to inform you of the request, or an appropriate protective order has been issued by a court.

4. **Worker's Compensation.** We may disclose your health information for worker's compensation or other similar programs that provide benefits for work-related injuries or illnesses, if a claim for benefits is filed.

5. **Law enforcement.** In accordance with law, we may disclose your health information to law enforcement officials for reasons such as the following:

- In compliance with a court order, subpoena, warrant, summons or other lawful process
- To identify or locate a suspect, fugitive, material witness, or missing person
- If you have been or suspected of being a victim of crime and you agree to the disclosure, or if we are unable to obtain your agreement because of your incapacity or another emergency
- To report a death that we believe may be the result of criminal conduct
- To report evidence of criminal conduct that occurred on LCGH/RHCF premises
- To report a crime, including the location or victims of the crime, or the identity, description, or location of the individual who committed the crime

6. **Coroners, medical examiners, or funeral directors.** We may use or disclose your health information to a coroner or medical examiner for the purpose of identifying

a deceased individual or to determine the cause of death. We also may use or disclose your health information to a funeral director, in the event of your death.

7. **Organ procurement organizations or tissue banks.** If you are an organ donor, we may use or disclose your health information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.

8. **Research.** In most cases, we will not disclose your health information for research purposes without your written authorization. However, in limited circumstances we may use or disclose protected health information without your written authorization if:

- The use or disclosure was approved by an Institutional Review Board or a Privacy Board; or
- The use or disclosure is necessary for purposes preparatory to research, and no protected health information will be removed from LCGH/RHCF; or
- The protected health information sought by the researcher relates only to decedents, and the disclosure is necessary for the purpose of research.

9. **To avert a serious threat to health or safety.** We may use or disclose your health information if, in good faith, we believe that it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Any such use or disclosure would be made solely to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat, or to law enforcement authorities for the purpose of identifying or apprehending an individual.

10. **Military and veterans.** If you are or were a member of the armed forces, we may use or disclose your health information as required by military authorities.

11. **National security and intelligence activities.** We may disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.

## **II. OUR OTHER OBLIGATIONS**

LCGH/RHCF also has the following obligations in relation to your protected health information:

### **A. Written Authorization for Other Disclosures**

Uses and disclosures of your protected health information that are not described in this notice will be made only with your written authorization. We are required to obtain your written authorization for certain special uses and disclosures of your PHI, such as:

- use or disclosure of protected health information for certain marketing purposes, and
- a use or disclosure that would constitute a sale of your protected health information.

### **B. Notification of Breach**

We are required to notify you if a breach of unsecured protected health information occurs, compromising the privacy or security of your protected health information.

### **III. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding health information that we create or maintain:

#### **A. Right to inspect and copy**

Subject to narrow limitations, you have the right to inspect and obtain a copy of your health information, including information maintained in our medical and billing records. To inspect and obtain a copy your health information, you must submit your request in writing to the Health Information Management Service. If you request a copy of records, we may charge a fee for the reasonable costs of copying, mailing, or other supplies associated with your request, to the extent allowed by state regulations.

Under certain circumstances, we may deny your request to inspect and obtain a copy your health information. If you are denied access to your health information, we will provide you with a written notice explaining our reasons for the denial, and will include a description of how you may exercise your right to have the decision reviewed.

#### **B. Right to request an amendment**

If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be submitted in writing to the Health Information Management Service. In addition, you must provide us with a reason that supports your request. We will respond to your request within 60 days.

If we deny your request for an amendment, we will provide you with a written notice that explains our reasons. You will have the right to submit a written statement disagreeing with our denial. You will also be informed of how to file a complaint with LCGH/RHCF or with the Secretary of the United States Department of Health and Human Services.

#### **C. Right to an accounting of disclosures**

You have the right to request a list of certain disclosures that we have made of your health information. This accounting of disclosures need not include:

- Disclosures we made to carry out treatment, payment, and health care operations;
- Disclosures we made to you;
- Disclosures we made in accordance with an authorization you signed;
- Disclosures we made in a facility directory or to persons involved in your care;
- Disclosures we made for national security or intelligence purposes;
- Disclosures to correctional institutions or law enforcement officials; or
- Disclosures we made before April 14, 2003.

To request an accounting of disclosures, you must submit your request in writing to the Health Information Management Service. We will respond to your request for an accounting of disclosures within 60 days. Your request must state a time period covered by your request, which may not be longer than six years prior to the date of your request and may not include dates before April 14, 2003

The first accounting you request will be free. If you request additional accountings within a 12-month period, we may charge you for the costs of providing the accounting. 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.

If you are a resident of the Lewis County Residential Health Care Facility, you have the right to inspect your health information within 24 hours of a verbal request, and to obtain a copy of your records within two working days of a request.

**D. Right to request restrictions**

You have the right to request a restriction or limitation on the health information we use or disclose about you for purposes of 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, such as a family member or friend. If you request a restriction on disclosure of your identifiable information to a health insurer or other health plan for purposes of payment or health care operations, we are required to honor that request only if (a) the disclosure is not otherwise required by law, and (b) the information pertains only to items or services for which our organization has been paid in full by you or someone else on your behalf. We are not required to agree to your request for any other restriction on use or disclosure. If we do agree, we will limit the disclosure of your protected health information in accordance with that restriction, unless the information is needed to provide you with emergency treatment or to comply with law.

To request restrictions, you must put your request in writing. You may do this at the time of admission on a form provided by LCGH/RHCF, or any time thereafter by writing to our Health Information Management Service. In your request, you must tell us:

- What information you want to limit;
- Whether you want to limit our use, disclosure or both; and
- To whom you want the limits to apply (for example, disclosures to a family member concerning a particular treatment that you received).

**E. Right to request a confidential means of communication**

You have the right to ask that we communicate with you about your health care in a certain way or at a certain location. For example, you can ask that we only contact you at home or by mail.

To request a confidential means of communication, you must put your request in writing. You may do this at the time of admission on a form provided by LCGH/RHCF or any time thereafter by writing to our Health Information Management Service. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this designated method or location.

**F. Right to a paper copy of this notice**

You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact the Health Information Management Service or the Privacy Officer.

**IV. FURTHER INFORMATION**

For further information concerning our privacy practices or to exercise your rights under this notice, you may contact:

Privacy Officer  
Lewis County General Hospital  
7785 North State Street  
Lowville, NY 13367  
(315) 376-5465

**V. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with LCGH/RHCF or with the secretary of the U.S. Department of Health and Human Services. To file a complaint with LCGH/RHCF, contact the Privacy Officer at the address shown above. All complaints must be submitted in writing.

You will not be penalized in any way for filing a complaint.

*Effective date: April 14, 2003*

*Revised: April, 2009*

*Revised: September 23, 2013*