



SYRACUSE COMMUNITY HEALTH CENTER **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.

Purpose of this Notice

Syracuse Community Health Center (“SCHC”) is required by federal and state law to maintain the privacy of your health information and to provide you with this Notice of Privacy Practices outlining our legal duties, and your rights with respect to using and discussing your health information that is created or retained by SCHC. We will abide by the terms of this Notice of Privacy Practice.

This Notice describes the privacy practices of SCHC, and applies to: all health care professionals authorized to enter information into your record; employees, staff and other SCHC personnel; and, any member of a volunteer group we allow to help you while you are receiving treatment.

We reserve the right to change this Notice and to make the revised Notice effective for health information that we already have, as well as any information we receive in the future. We will post a copy of the current Notice at multiple locations and on our website.

Your Health Information Rights

Although your health record is the physical property of SCHC, the information belongs to you. You have the right to:

- **Request a Restriction.** 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. However, 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 and we will agree, unless a law requires us to share that information.
- **Ask Us to Correct Your Medical Record.** You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- **Get a List of Those with Whom We’ve 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, 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 one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **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 agree to all reasonable requests.
- **Get an Electronic or Paper Copy of Your Medical Record.** In most cases, you can ask to see or get a copy of your medical record and information we maintain about you.
- **Get a Copy of this Notice of Privacy Practices Upon Request.**

All such requests as outlined above must be submitted in writing to the Privacy Officer.



SCHC's Responsibilities

SCHC is required by law to:

- Maintain the privacy of your health information.
- Provide you with this Notice to outline our legal duties and privacy practices with respect to information that we collect and maintain about you.
- Notify you of a breach of unsecured protected health information.
- Abide by the terms of this Notice.

How We Will Use and Disclose Your Health Information

- **Treatment:** Information obtained by a nurse, physician or other member of your healthcare team will be documented in your record and used to determine the course of treatment that should work best for you. We may also provide an outside healthcare provider, such as a specialist or a referring physician, with copies of your information that should assist him or her in treating you.
- **Payment:** A bill may be sent to you or an insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnoses, procedures and supplies used. In addition, we may also tell your insurer about a treatment that you are going to undergo in order to obtain prior approval or to determine if your insurer will cover the treatment.
- **Health Care Operations:** We may use your health information for our general business activities, to review the performance of SCHC staff, for our cost-management activities, or for necessary legal services.
- **Regional Health Information Organization (RHIO):** SCHC will be sending patient information to HealtheConnections, a centralized data base for health information. According to New York State law, in order for health care providers and authorized users involved in your care to access your health information, you must sign a consent form. Without consent, providers will only be able to access your information in life threatening emergencies. If you decline to consent, providers will not be able to access your information even in a life threatening emergency. If you have consented to access previously, you do have the right to withdraw that consent by contacting SCHC and completing a withdraw consent form.
- **Appointment Reminders, Treatment Alternatives, Health-Related Benefits:** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at SCHC or to contact you about possible treatment options or alternatives or health-related benefits and services of interest to you.
- **Business Associates:** There are some services provided by SCHC through contracts with business associates. Examples include, but are not limited to, certain IT services or billing and transcription services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job that we've asked them to do. We require the business associate to appropriately safeguard your information with the diligence that we would.
- **Communication with Family, Friends, and Others Directly Involved in Your Care:** Using their best judgment, health professionals may disclose your information to a family member or friend who is involved in your care or payment related to your care. We may also use it for the purpose of notification or assisting in the notification of a family member, personal representative or another person responsible for your care. We may disclose the health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law. If you have a personal representative, such as a legal guardian or health care proxy, we will treat that person the same way we would treat you with respect to accessing your health information.
- **Research:** We may disclose information to researchers when their research has been approved. Protocols will be established within that research process to ensure the privacy of your health information.



- **Funeral Directors/Medical Examiners:** We may release information to funeral directors, medical examiners or coroners consistent with applicable law to carry out their duties.
- **Organ and Tissue Donation:** Consistent with applicable law, we may disclose health information to organizations engaged in the procurement, banking, or transplantation of organs and tissues.
- **Fundraising:** We may use certain information to contact you as part of a fundraising effort. We may also provide your name to our Foundation for the same purpose. If you do not wish to be contacted for fundraising purposes, please contact our Privacy Officer by calling or e-mailing at the contact information provided at the end of this Notice.
- **Law Enforcement:** We may disclose your health information to respond to a court order, subpoena, warrant, summons or similar process. Other disclosures may include identification or location of a suspect, fugitive, material witness or missing person; to report on the victim of a crime; report a death we believe to be the result of a criminal conduct or to report criminal conduct at SCHC.
- **Worker's Compensation/Disability:** We may disclose health information to the extent authorized and necessary to comply with laws relating to workers' compensation or other similar programs established by law.
- **Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product tracking, recalls, repairs or replacement.
- **Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. This may include: the reporting of births and deaths, victim / domestic violence, child abuse and neglect, disease exposure and communicable disease issues.
- **Inmates/Correctional Institutions:** Should you be an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the correctional institution, or the law enforcement official, health information necessary for your health and the health and safety of others.
- **Health Oversight Activities/Agencies:** We may disclose your health information to a health oversight agency for activities authorized by law; such as audits, accreditation, investigations, inspections, and licensure.
- **Specialized Government Functions/Judicial or Administrative Proceedings:** SCHC may disclose information when it is necessary for military, veterans, National Security and Intelligence Activities, and prisoner and government health plans. This may also include responding to subpoenas, court orders and qualified protective orders.
- **Employers under OSHA Standards:** We may release your health information to an employer when that information is related to the medical surveillance of the workplace, work-related illnesses and injuries, and when the employer requests healthcare to be provided to the employee by SCHC.
- **Emergencies:** We may disclose your personal health information in an emergency situation. We will make every attempt to obtain your consent in relation to any such disclosure. We may disclose your health information when necessary to prevent a serious threat to your safety or to the health and safety of other.
- **Face-to-Face Communications:** We may use your health information to engage in face-to-face communications with you regarding our products and services or to provide you with promotional gifts of nominal value.
- **As Required by Law:** We will disclose information about you when required to do so by federal, state or local law.

The following uses and disclosures of your medical information will only be made with your written permission: 1) Most uses and disclosures of psychotherapy notes; 2) Uses and disclosures of medical information for marketing purposes; and 3) Disclosures that would be considered a sale of medical information.

State and federal law may provide additional restrictions on the use and disclosure of certain information such as HIV/AIDS-related information, substance abuse treatment information and mental health information. We will follow such requirements.



Other uses and disclosures of health information not covered by this Notice, or the laws that apply to us, will be made only with your written permission. You may revoke your permission at any time by submitting a written request to our Privacy Officer. This revocation will not be applicable to the use and disclosures that we may have acted upon in reliance on your previously provided permission.

For More Information or to Report a Concern

If you have questions or would like additional information, you may contact the Privacy Officer as follows:

Privacy Officer
Syracuse Community Health Center, Inc.
819 South Salina Street
Syracuse, NY 13202
(315) 476-7921

If you believe that your privacy rights have been violated, you can file a complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with SCHC, contact the Privacy Officer at the address or phone number listed above. You will not be retaliated against in any way for filing a complaint.

Original Effective Date: April 14, 2003
Revised Effective Date: August 28, 2017