

PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED BY NOYES HEALTH AND HOW YOU CAN ACCESS THAT INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Noyes Health is committed to maintaining the privacy of your protected health information (PHI), which includes information about your medical condition and the care and treatment you receive. This Notice details how your PHI may be used and disclosed to third parties to carry out your treatment, receive payment for your treatment, affect health care operations of the facility, and for other purposes permitted or required by law. This Notice also details your rights regarding your PHI.

USE OR DISCLOSURE OF PHI

We may use and/or disclose your PHI without a written authorization from you for treatment, payment for your treatment, and health care operations. The following are examples of the types of uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.

Examples of uses of your health information for treatment purposes include:

- Upon your admission or prior to an outpatient procedure, a nurse obtains information about you and records it in a medical record.
- During the course of your treatment, your physician consults with another physician (perhaps a specialist).
- For patients in the hospital, we may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as home care, doctor's offices, skilled nursing affiliates, or others we use to provide services that are part of your continued care.

Example of use of your health information for payment purposes includes:

- If while submitting requests for payment to your insurance company, the health insurance company or business associate helping us to obtain payment requests information from us regarding your medical care, we will provide information to them about you and the care given.

Example of use of your health information for health care operations includes:

- Disclosing your health information to business associates for quality review purposes, the development of clinical practice guidelines, credentialing purposes, legal reviews, and insurance requests. We will share information about you with such business associates as necessary.

AUTHORIZATION NOT REQUIRED

Noyes Health may use and/or disclose your PHI without a written authorization from you in the following instances:

- a) **De-Identified Information** – Your PHI is altered so that it does not identify you.

- b) **Business Associate** – When contracting with a business associate to provide a service necessary for your treatment, payment for your treatment, and health care operations (e.g., billing service or transcription service), Noyes Health will obtain satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI.
- c) **Personal Representative** – When sharing information with a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
- d) **Public Health Activities** – When providing information to public health authorities. Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease, injury, or disability. This includes reports of child abuse or neglect.
- e) **Federal Drug Administration** – When information is required by the Food and Drug Administration to report adverse events, product defects or problems or biological product deviations, or to track products, or to enable product recalls, repairs or replacement, or to conduct post-marketing surveillance.
- f) **Abuse, Neglect, or Domestic Violence** – To a government authority if Noyes Health is required by law to make such disclosure. If our organization is authorized by law to make such disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm or if we believe that you have been the victim of abuse, neglect, or domestic violence. Any such disclosure will be made in accordance with the requirements of law, which may also involve notice to you of the disclosure.
- g) **Health Oversight Activities** – When such activities, which must be required by law, involve government agencies involved in oversight activities that relate to Noyes Health, government benefit programs, government regulatory programs, and civil rights law. Those activities include, for example, criminal investigations, audits, disciplinary actions, or general oversight activities relating to the community’s health care system.
- h) **Judicial and Administrative Proceeding** – When, for example, Noyes Health may be required to disclose your PHI in response to a court order, a lawfully issued subpoena, discovery requests, or other lawful process.
- i) **Law Enforcement Purposes** – In certain instances, your PHI may have to be disclosed to law enforcement officials for law enforcement purposes. Law enforcement purposes include: 1) complying with legal process (i.e., subpoena) or as required by law; 2) information for identification and location purposes (e.g., suspect or missing person); 3) information regarding a person who is or is suspected to be a crime victim; 4) in situations where the death of an individual may have resulted from criminal conduct; 5) in the event of a crime occurring on the premises of Noyes Health; 6) a medical emergency (not on the premises) has occurred, and it appears that a crime has been committed.
- j) **Coroner or Medical Examiner** – Noyes Health may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death, or to a funeral director as permitted by law and as necessary to carry out its duties.
- k) **Organ, Eye, or Tissue Donation** – If you are an organ donor, Noyes Health may disclose your PHI to the entity to whom you have agreed to donate your organs.
- l) **Research** – If Noyes Health is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI, such as approval of the research by an institutional review board and the requirement that protocols must be followed.

- m) **Avert a Threat to Health or Safety** – Noyes Health may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.
- n) **Specialized Government Functions** – When the appropriate conditions apply, Noyes Health may use PHI of individuals who are Armed Forces personnel: 1) for activities deemed necessary by appropriate military command authorities; 2) for the purpose of a determination by the Department of Veterans Affairs of eligibility for benefits; or 3) to a foreign military authority if you are a member of that foreign military service. Noyes Health may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities including the provision of protective services to the President or others legally authorized.
- o) **Inmates** – Noyes Health may disclose your PHI to a correctional institution or law enforcement official if you are an inmate of that correctional facility and your PHI is necessary to provide care and treatment to you or is necessary for the health and safety of other individuals or inmates.
- p) **Workers' Compensation** – If you are involved in a workers' compensation claim, Noyes Health may be required to disclose your PHI to an individual or entity that is part of the workers' compensation system.
- q) **Required by Law** – If otherwise required by law, but such use or disclosure will be made in compliance with the law and limited to the requirements of the law.

AUTHORIZATION

Uses and/or disclosures, other than those described above will be made only with your written authorization. For example, most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, including subsidized treatment communications, and disclosures that constitute a sale of protected health information require your written authorization.

SIGN-IN SHEET

Noyes Health may use a sign-in sheet at the registration desks and may also call your name in the waiting room.

APPOINTMENT REMINDER

Authorized personnel may, from time to time, contact you by phone, postcard, or e-mail to provide appointment reminders.

MARKETING

Noyes Health may only use and/or disclose your PHI for marketing activities if we obtain from you a prior written authorization. "Marketing" activities include communications to you that encourage you to purchase or use a product or service, and the communication is not made for your care or treatment. Marketing also includes the receipt by Noyes Health of financial remuneration, directly or indirectly, from a third party whose product or service is being marketed. However, marketing does not include, for example, sending you a newsletter about Noyes Health, face-to-face communications or promotional gifts, even if a third party pays to make the communication or give the gift. We will inform you if we engage in marketing and will obtain your prior authorization.

FUNDRAISING

Noyes Health may use and/or disclose your demographic information and the dates that you received treatment, as necessary, in order to contact you for fundraising activities supported by Noyes Health. We

would release only your name, address, phone number, age, gender, date of birth, health insurance status, department of service information, treating physician information, outcome information, and the dates you received services at Noyes Health. If you do not want to receive these materials, please contact the organization's Privacy Officer at (585) 335-6001 to request that these fundraising materials not be sent to you.

FAMILY/FRIENDS

Noyes Health may disclose to your family member, other relative, a close personal friend, or any other person identified by you, your PHI directly relevant to such person's involvement with your care or the payment for your care. Noyes Health may also use or disclose your PHI to notify or assist in the notification (including identifying or locating) of a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. However, in both cases, the following conditions will apply:

- a) If you are present at, or prior to, the use or disclosure of your PHI, Noyes Health may use or disclose your PHI if you agree, or if Noyes Health provides you with opportunity to object and you do not object, or if Noyes Health can reasonably infer from the circumstances, based on the exercise of its professional judgment, that you do not object to the use or disclosure.
- b) If you are not present, Noyes Health will, in the exercise of professional judgment, determine whether the use or disclosure is in your best interests and, if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

YOUR RIGHTS

You have the right to:

- a) Revoke any authorization, in writing, at any time. To request a revocation, you must submit a written request to the Noyes Health Privacy Officer. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.
- b) Request restrictions on certain uses and/or disclosures of your PHI as provided by law. To request restrictions, you must submit a written request to the Noyes Health Privacy Officer. In your written request, you must inform Noyes Health of what information you want to limit and to whom you want the limits to apply. We are not required to agree to your request. If Noyes Health agrees to your request, we will comply with your request unless the information is needed in order to provide you with emergency treatment. However, we must agree to your request to restrict disclosures of your medical information to a health plan if the disclosure is for the purpose of obtaining payment for your health care or other operations of Noyes Health and is not otherwise required by law and we have been paid in full for the treatment we provided related to the medical information you have asked us not to disclose.
- c) Receive confidential communications or PHI by alternative means or at alternative locations. You must make your request in writing to the Privacy Officer. We will accommodate all reasonable requests.
- d) Inspect and copy your PHI as provided by law. To inspect and copy your PHI, including billing records, you must submit a written request to the Medical Records Department. Noyes Health can charge you a fee for the cost of copying, mailing or other supplies associated with your request. In

certain situations that are defined by law, Noyes Health may deny your request, but you will have the right to have the denial reviewed as set forth more fully in the written denial notice. If the requested medical information is maintained electronically and you request an electronic copy, we will provide

access in an electronic format, if it is readily producible, or if not, in a readable electronic form and format mutually agreed upon.

- e) Amend your PHI as provided by law. To request an amendment, you must submit a written request to the Medical Records Department. You must provide a reason that supports your request. The organization may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by Noyes Health (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by Noyes Health, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with Noyes Health's denial, you will have the right to submit a written statement of disagreement.
- f) Receive an accounting of disclosures of your PHI as provided by law. To request an accounting, you must submit a written request to the Privacy Officer. The request must state a time period that may not be longer than six (6) years from the date of the request. The request should indicate in what form you want the list (such as paper or electronic copy). The first list you request within a twelve (12) month period will be free, but Noyes Health may charge you for the cost of providing additional lists. Noyes Health will notify you of the costs involved, and you can decide to withdraw or modify your request before any costs are incurred.
- g) Receive a paper copy of this Privacy Notice from the organization upon request.
- h) Complain to Noyes Health or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with Noyes Health, you must contact Noyes Health's Privacy Officer at (585) 335-6001, or in writing and mailed to Noyes Health, Attention Privacy Officer, 111 Clara Barton Street, Dansville, NY 14437.
- i) To obtain more information or have your questions about your rights answered, you may contact the Privacy Officer at (585) 335-6001.

NOYES HEALTH REQUIREMENTS

Noyes Health:

- a) Is required by law to maintain the privacy of your PHI and to provide you with this Privacy Notice of Noyes Health's legal duties and privacy practices with respect to your PHI.
- b) Is required to abide by the terms of this Privacy Notice.
- c) Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for your entire PHI that it maintains.
- d) Will not retaliate against you for making a complaint.
- e) Must make a good faith effort to obtain from you an acknowledgment of receipt of this notice.

Effective: 4/13/2003

Revised: 9/2013