



MALTA MED EMERGENT CARE

NOTICE OF PRIVACY PRACTICES

Effective Date: 5/2013

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.

We are required by law to protect the privacy of certain health information called “Protected Health Information” (“PHI”), which may reveal your identity, any personal information (including your address and telephone number), your health condition, the healthcare services you have received or may receive in the future, your insurance coverage, and any other health-related information which may identify you. We are also required to provide you with a copy of this notice, which describes the health information privacy practices of Healthcare Partners of Saratoga, Ltd. doing business as Malta Med Emergent Care and affiliated or related health care providers that jointly perform payment activities and business operations with Healthcare Partners of Saratoga, Ltd. doing business as Malta Med Emergent Care, which include:

1. The Saratoga Hospital.
2. Albany Medical Center Hospital.

When we use or disclose your PHI we are required to follow the terms of this Notice of Privacy Practices or other notice in effect at the time we use or disclose your PHI. A copy of our current notice will always be posted in our registration area (s). You will also be able to obtain your own copies by accessing our website at www.maltamed.org, calling our office at **518-289-2024** or asking for one at the time of your next visit.

*If you have any questions about this notice or would like further information, please contact our **Privacy Officer** at **518-580-2833**.*

USES AND DISCLOSURES OF YOUR PHI WHICH DO NOT REQUIRE YOUR WRITTEN AUTHORIZATION

1. Treatment, Payment And Health Care Operations.

Healthcare Partners of Saratoga and practitioners rendering care or treatment at our facility may use your PHI or share it with others in order to treat your condition, obtain payment for that treatment, and run our normal business operations. We may use your PHI for the above purposes without the need for your specific consent or written authorization. Your PHI may also be shared with affiliated or related hospitals and health care providers so that they may jointly perform certain payment activities and business operations along with us. Below are further examples of how your PHI may be used.

Treatment. We may share your PHI with doctors or nurses who are involved in taking care of you at our facility, and they may in turn use that information to diagnose or treat you. A doctor at our facility may share your PHI with another doctor inside our facility, or with a doctor at another facility, to determine how to diagnose or treat you. Your doctor may also share your PHI with another doctor to whom you have been referred for further health care. We may also share your PHI with another health care provider, including our affiliated and related health care providers listed above, for their own treatment purposes.

Appointment Reminders, Treatment Alternatives, Benefits And Services. We may use your PHI when we contact you with a reminder that you have an appointment for treatment or services at our facility. We may also use your PHI in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

Payment. We may use your PHI or share it with others so that we obtain payment for your health care services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you. In some cases, we may share information about you with your health insurance company to determine whether it will cover your treatment. We might also need to inform your health



insurance company about your health condition in order to obtain pre-approval for your treatment. We may also share your PHI with our affiliated or related health care providers for their own payment activities.

Health Care Operations. We may use your PHI or share it with others in order to conduct our normal business operations. For example, we may use your PHI to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you. We may also share your PHI with our affiliated or related health care providers for their own health care operations related to quality assessment and improvement, patient safety, case management, care coordination, professional competency, training and credentialing, and other related functions that do not include treatment, if they have or had a relationship with you.

Business Associates. We may disclose your PHI to third-party business associates that we contract with to perform certain business functions or provide certain business services on our behalf, such as auditing, billing, legal services, etc. For example, we may use another company to perform medical billing services. All of our business associates are required to maintain the privacy and confidentiality of your PHI. In addition, at the request of your other health care providers or health plan, we may disclose PHI to their authorized business associates for purposes of performing certain business functions or health care services on their behalf. For example, we may disclose PHI to a business associate of Medicare for purposes of medical necessity review and audit.

2. Friends And Family.

We may share your PHI with friends and family involved in your care. We will inform you prior to any release of information to friends and family and will allow you the opportunity to object to the release of the information to friends or family. We will give you an opportunity to object unless there is insufficient time because of a medical emergency (in which case we will discuss your preferences with you as soon as the emergency is over). We will follow your wishes unless we are required by law to do otherwise.

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

3. Fundraising Communications.

We may use certain information about where you live or work, the dates that you received treatment, the department which treated you, your treating physician, and your medical outcomes, in order to contact you to raise money to help us operate. We may also share this information with a charitable foundation that will contact you to raise money on our behalf. You have the right to opt-out of receiving fundraising communications. Any fundraising communication sent to you will let you know how you can opt-out of receiving similar communications in the future, or you may opt-out of receiving fundraising communications by sending your name and address to the Site Administrator at Malta Med Emergent Care, Saratoga Medical Park at Malta, 6 Medical Park Drive, Malta, NY 12020, together with a statement that you do not wish to receive fundraising materials or communications from us. Your treatment or payment will not be conditioned on your choice with respect to the receipt of fundraising communications.

4. Other Uses and Disclosures Not Requiring Your Written Authorization.

We may use your PHI, and share it with others, in order to treat you in an emergency or to meet important public needs. We are not required to obtain your written authorization, consent or any other type of permission before using or disclosing your PHI for these reasons.

Emergencies. We may use or disclose your PHI if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as we reasonably can after we treat you.

Communication Barriers. We may use and disclose your PHI if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.

As Required By Law. We may use or disclose your PHI if we are required by law to do so.

Public Health Activities. We may disclose your PHI to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your PHI with government officials that are responsible for controlling disease, injury or disability. We may also disclose your PHI to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so. And finally, we may release some health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

Victims Of Abuse, Neglect Or Domestic Violence. We may release your PHI to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, we may report your PHI to government officials if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

Health Oversight Activities. We may release your PHI to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Product Monitoring, Repair And Recall. We may disclose your PHI to a person or company that is required by the Food and Drug Administration to: (1) report or track product defects or problems; (2) repair, replace, or recall defective or dangerous products; or (3) monitor the performance of a product after it has been approved for use by the general public.

Lawsuits And Disputes. We may disclose your PHI if we are ordered to do so by a court adjudicating a lawsuit or other dispute.

Law Enforcement. We may disclose your PHI to law enforcement officials for the following reasons:

- To comply with court orders or laws that we are required to follow;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your consent because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interests;
- If we suspect that your death resulted from criminal conduct;
- If necessary to report a crime that occurred on our property; or
- If necessary to report a crime discovered during an offsite medical emergency (for example, by emergency medical technicians at the scene of a crime).

National Security And Intelligence Activities Or Protective Services. We may disclose your PHI to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.



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Military And Veterans. If you are in the Armed Forces, we may disclose your PHI to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Inmates And Correctional Institutions. If you are an inmate or you are detained by a law enforcement officer, we may disclose your PHI to the prison officers or law enforcement officers if necessary to provide you with healthcare, or to maintain safety, security and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

Workers' Compensation. We may disclose your PHI for workers' compensation or similar programs that provide benefits for work-related injuries.

Coroners, Medical Examiners And Funeral Directors. In the unfortunate event of your death, we may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties.

Organ And Tissue Donation. In the unfortunate event of your death, we may disclose your PHI to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

Research. In most cases, we will ask for your written authorization before using your PHI or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your PHI without your authorization if we obtain approval through a special process to ensure that research without your authorization poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly. We may also release your PHI without your authorization to people who are preparing a future research project, so long as any information identifying you does not leave our facility. In the unfortunate event of your death, we may share your PHI with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our facility any information that identifies you.

Serious Threat to Health or Safety. We may disclose your PHI if necessary to prevent or lessen a serious and/or imminent threat to the health or safety of a person or the public, or for law enforcement authorities to identify or apprehend an individual.

USES AND DISCLOSURES OF YOUR PHI WHICH REQUIRE YOUR WRITTEN AUTHORIZATION

1. Marketing.

Your written authorization is required for us to use or disclose your PHI for marketing purposes, except if we communicate personally with you face-to-face or if we provide you with prescription refill reminders or otherwise communicate with you about a drug or biologic that you are currently prescribed and we do not in exchange receive any financial remuneration that is unreasonably related to our cost of making such communication to you. It is not considered marketing, and therefore your written authorization is not required, if we communicate with you related to your individual treatment, case management, or care coordination, or if we direct or recommend alternative treatment, therapies, healthcare providers or settings of care, unless we receive financial remuneration from a third-party in exchange for making such communication to you. If marketing activities are to result in financial remuneration to us from a third party we will state this on the authorization.

2. Sale of PHI.

Your written authorization is required for any use or disclosure which is considered a sale of PHI. Any authorization for the sale of PHI will state that the disclosure will result in remuneration to us.

3. Psychotherapy Notes.

Your written authorization is required for any use or disclosure of psychotherapy notes, except: for use by the originator of the psychotherapy notes for treatment or health oversight activities; for use or disclosure for our own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; for use or disclosure to defend us in a legal action or other proceeding brought by you; to the extent required to investigate or determine our compliance with the applicable law; to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law; for health oversight activities with respect to the oversight of the originator of the psychotherapy notes; for disclosure to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law; or if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

4. All Other Uses and Disclosures.

Your written authorization is required for any other use or disclosure not specifically described in this notice. You may also initiate the transfer of your records to another person by completing an authorization form. If you provide us with written authorization, you may revoke that authorization at any time, except to the extent that we have already relied upon it. To revoke an authorization, please write to the **Privacy Officer** at Saratoga Hospital, 211 Church Street, Saratoga Springs, NY, 12866.

SPECIAL PROTECTIONS FOR HIV, ALCOHOL AND SUBSTANCE ABUSE, MENTAL HEALTH AND GENETIC INFORMATION

Special privacy protections apply to HIV-related information, alcohol and substance abuse information, mental health information, and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these types of information, which require increased privacy protection.

INFORMATION BREACH NOTIFICATION

We will notify you in writing if we discover a breach of your unsecured PHI, unless we determine, based on a risk assessment, that notification is not required by applicable law. You will be notified without unreasonable delay and no later than 60 days after discovery of the breach. Such notification will include information about what happened and what has been done or can be done to mitigate any harm to you as a result of such breach.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

We want you to know that you have the following rights to access and control your PHI. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your PHI and share it with others, or the way we communicate with you and others about your medical matters.

1. Right To Inspect And Copy Records.

You have the right to inspect and obtain a copy of any of your PHI that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your PHI, please submit your request in writing to the **Privacy Officer** at Saratoga Hospital, 211 Church Street, Saratoga Springs, NY, 12866. If you request a copy of your PHI, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. The standard fee is \$0.75 per page and must generally be paid before or at the time we give the copies to you.

We will respond to your request for inspection of records within 10 days. We ordinarily will respond to requests for copies within 10 working days if the information is located in our facility, and within 30 days if it is located off-site

at another facility. If we need additional time to respond to a request for copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your PHI. If we do, we will provide you with a summary of the PHI instead. We will also provide a written notice that explains our reasons for providing only a summary, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. The notice will also include information on how to file a complaint about these issues with us or with the Secretary of the Department of Health and Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

2. Right To Amend Records.

If you believe that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please write to the **Privacy Officer** at Saratoga Hospital, 211 Church Street, Saratoga Springs, NY, 12866. Your request should include the reasons why you think we should make the amendment. Ordinarily we will respond to your request within 10 working days. If we need additional time to respond, we will notify you in writing within 30 days to explain the reason for the delay and when you can expect to have a final answer to your request.

If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

3. Right To An Accounting Of Disclosures.

You have a right to request an “accounting of disclosures” which is a list with information about how we have shared your PHI with others. An accounting list, however, will not include:

- Disclosures we made to you;
- Disclosures we made in order to provide you with treatment, obtain payment for that treatment, or conduct our normal business operations;
- Disclosures made in the facility directory;
- Disclosures made to your friends and family involved in your care;
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures about inmates to correctional institutions or law enforcement officers; or
- Disclosures made before April 14, 2003.

To request an accounting of disclosures, please write to the **Privacy Officer** at Saratoga Hospital, 211 Church Street, Saratoga Springs, NY, 12866. Your request must state a time period for the disclosures you want us to include. For example, you may request a list of the disclosures that we made between January 1, 2009 and January 1, 2010. You have a right to one list within every 12 month period for free. However, we may charge you for the cost of providing any additional lists in that same 12 month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily we will respond to your request for an accounting list within 10 working days. If we need additional time to prepare the accounting list you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting list. In rare cases, we may have to delay providing you with the accounting list without notifying you because a law enforcement official or government agency has asked us to do so.



4. Right To Request Additional Privacy Protections.

You have the right to request that we further restrict the way we use and disclose your PHI to treat your condition, collect payment for that treatment, or run our normal business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. For example, you could request that we not disclose information about a surgery you had. To request restrictions, please write to the **Privacy Officer** at Saratoga Hospital, 211 Church Street, Saratoga Springs, NY, 12866. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

We are required to comply with a request that we not disclose your PHI to a health plan for payment or health care operations purposes, if the PHI pertains to a health care item or service for which we have been involved and you have paid for the item or service in full out-of-pocket. For all other requests, we will consider your requested restriction but we are not required to agree to your request (and in some cases the restriction you request may not be permitted under law). *However, if we do agree to a restriction we will be bound by our agreement unless the PHI is needed to provide you with emergency treatment or comply with the law.* Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

5. Right To Request Confidential Communications.

You have the right to request that we communicate with you about your medical matters in a more confidential way. For example, you may ask that we contact you at work instead of at home. To request more confidential communications, please write to the **Privacy Officer** at Saratoga Hospital, 211 Church Street, Saratoga Springs, NY, 12866. *We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.* Please specify in your request 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 alternative method or location.

6. Right to Have Someone Act On Your Behalf.

You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

ADDITIONAL NOTICES AND COMPLAINT PROCEDURES

1. How To Obtain A Copy Of This Notice.

You have the right to a paper copy of this notice. You may request a paper copy at any time, even if you have previously agreed to receive this notice electronically. To do so, please call the **Privacy Officer** at Saratoga Hospital, 211 Church Street, Saratoga Springs, NY, 12866. You may also obtain a copy of this notice from our website at www.maltamed.org, or by requesting a copy at your next visit.

2. How To Obtain A Copy Of Revised Notices.

We may revise the Notice of Privacy Practices from time-to-time. The revised notice will apply to all of your PHI, and we will be required by law to abide by its terms. We will post any revised notice in the patient registration area(s). You will also be able to obtain your own copy of the revised notice by accessing our website at www.maltamed.org or by calling our office at 518-289-2024 or by requesting a copy at your next visit. The effective date of the notice will always be located in the top right corner of the first page.



3. How To File A Complaint.

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact the **Privacy Officer** at **Saratoga Hospital, 211 Church Street, Saratoga Springs, NY, 12866**. *No one will retaliate or take action against you for filing a complaint.*



**ADDRESSOGRAPH
PATIENT LABEL**

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

PATIENT NAME: _____

ACCOUNT NUMBER: _____

MEDICAL RECORD NUMBER: _____

*By signing below, I acknowledge that I have received the
Notice of Privacy Practices.*

Signature of Patient or Personal Representative

Date

Description of Personal Representative's Authority