NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 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 health information that may reveal your identity, and to provide you with a copy of this notice which describes our legal duties and privacy practices with respect to medical information which is collected and maintained by SUNY Downstate Medical Center. This policy applies to all of the entities described below:

1. All employees, medical staff, volunteers or students at SUNY Downstate Medical Center. This policy applies to all of the entities described below:
   - SUNY Downstate Medical Center
   - Hospital of Brooklyn
   - Brooklyn Psychiatric Center
   - School of Medicine
   - Research Foundation
   - School of Public Health

2. Business associates of SUNY Downstate Medical Center who are described further below.

PERMISSIONS DESCRIBED IN THIS NOTICE

1. You have the right to request a “限制 on Use” or “limit use” of your protected health information within this Notice. For example, you may request that we limit the information we use or disclose to communicate with you about your medical matters in a more confidential way by completely removing your name and address (nameless disclosure).

2. You have the right to request that we not disclose any part of your health information to the extent we are required to comply with certain state or federal laws. You may ask that only certain people involved in your care at SUNY Downstate Medical Center be provided with information about you. For example, you may request that the Health Information Management Department not release your information to a coroner or medical examiner. In such case, we will only share information with that designated individual/practice.

3. You have the right to request that we make an amendment to the information contained in your medical record if you believe it is incorrect or incomplete. Requests for amendments must be submitted in writing to our Privacy Officer by completing the Patient Request Form available from your floor nurse or by accessing our website.

4. You have the right to request additional Privacy Protections. For example, you may request additional protections, for example, if you are diagnosed with a serious communicable disease and you fear that your family or friends will death to your condition.

5. You have the right to receive a “accounting of disclosures” which identifies certain other persons or organizations to whom we have disclosed information about you in the last year (in most cases, this will be a period of 6 months). In some cases, this period may be extended to 3 years at your request.

6. You have the right to receive this Notice in alternate formats. For example, you may request a copy of this Notice in Braille (by calling the "Compliance Hotline" on the contact number of SUNY Downstate Medical Center’s website) or in audio format (by calling the "Compliance Hotline." We will provide a copy of this Notice in case of any language or cultural barrier.

7. You have the right to receive a copy of this Notice at any time, even if you have previously agreed to receive this Notice electronically.

If you have any questions about this Notice or would like further information, please contact a Patient Relations representative: SUNY Downstate Medical Center Patient Relations Department can be reached at 718-270-1111.

NOTICE OF PRIVACY PRACTICES—DETAILS

We are committed to protecting the privacy of information we gather about you when you receive medical care related services, communications, products, and other activities related to your health. We follow the standards set by the Health Insurance Portability and Accountability Act ("HIPAA") which is designed to protect the confidentiality of your health information. This Notice applies to all of the entities described above. This Notice describes our legal duties and privacy practices with respect to medical information which is collected and maintained by SUNY Downstate Medical Center. This policy applies to all of the entities described below:

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IMPORTANT INFORMATION

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