NOTICE OF PRIVACY PRACTICES

Effective Date: May 29, 2011

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We understand the importance of protecting your medical information and that you have a right to understand and control how your health information is used and disclosed in the course of treatment and in other situations. This Notice of Privacy Practices explains our duties and privacy policies and practices for protecting the privacy of your health information. It also describes your rights to access, request and restrict the use and disclosure of your health information, as well as the means by which you may file a complaint if you believe your privacy rights have been violated.

In order to give you complete information, we are required to provide you with a Notice of Privacy Practices. We are required to abide by the Notice of Privacy Practices that is in effect when we receive your health information. We may change the practices described in this Notice at any time, however, we are not required to give you notice of a change or to make the change unless we make a new notice of privacy practices available to you. If we change our Notice of Privacy Practices, the new notice of privacy practices will be in effect only for any future health information that we receive. To obtain a copy of the current Notice of Privacy Practices, you may contact your health care provider or the Privacy Officer at SUNY Downstate Medical Center.

1. Definition of Health Information

We refer to health information, including Protected Health Information, that we create or receive in connection with your care or other activities that may be performed on your behalf.

2. Definition of Protected Health Information

Protected Health Information is information that identifies you and relates to your past, present or future health or past, present or future medical condition and related to the provision of healthcare services. It includes individually identifiable health information, which may be recorded in any form, including, but not limited to, paper, electronic, or oral.

3. Uses and Disclosure

We may use or disclose Protected Health Information for treatment, payment, and health care operations as described below. You have the right to review and request a list of those disclosures that we have made in the past six year period. Other than as described and explained below, we will not use or disclose your Protected Health Information without your permission except as described below.

3.1 Uses and Disclosure for Treatment

We will use or disclose Protected Health Information for treatment, which means to provide, coordinate, or manage your health care and related services before, during, or after these services. We will disclose Protected Health Information and provide treatment to you when you are an inpatient or outpatient. We may disclose Protected Health Information to the family member, or personal representative, that you name in order to give them information about your health care or treatment. We may also disclose Protected Health Information to another provider to help them give you medical care if we believe that doing so will help them prevent the threat.

3.2 Uses and Disclosure for Payment

We may use or disclose Protected Health Information for payment.

3.3 Uses and Disclosure for Health Care Operations

We may use or disclose Protected Health Information for Health Care Operations. We define Health Care Operations as those activities that make sure that we do a good job. These may include reviewing your medical record, conducting quality assessments, training staff, and making sure we know about any problems with your medical care on the part of us or other health care providers. We may also use or disclose Protected Health Information if we are required to do so by law.

4. Accounting of Disclosures

The right to an Accounting of Disclosures allows you to get a list of disclosures we have made of your Protected Health Information to outside parties. The list does not include disclosures we made to you or the items above. A list of disclosures will be provided to you within thirty days of your request. There is no charge for an Accounting of Disclosures, however, we may charge you a reasonable cost-based charge if you request more than once a year.

5. Right to Inspect and Copy

You have the right to inspect and copy Protected Health Information that we maintain in a designated record system. You may inspect and copy Protected Health Information, includingelectronic Protected Health Information, that is contained in a designated record system. You may not inspect or copy Protected Health Information if it is designated by law or certain regulations of the Department of Health and Human Services for law enforcement or national defense purposes.

6. Right to Amend

You have the right to request an amendment of your Protected Health Information that you believe is incorrect or incomplete. You may ask us to amend your Protected Health Information for as long as the information is kept by us or kept in our records. To request an amendment, you must make a written request to the person identified above. You must identify exactly which part of your Protected Health Information you want to have amended, and provide an explanation as to why the information should be amended.

7. Request to Restrict Uses and Disclosures

You have the right to request restrictions on certain disclosures of your Protected Health Information. You may request restrictions on uses and disclosures of your Protected Health Information for treatment, payment, or health care operations that may be made to your health plan. Your request must be made in writing to the person identified above. Your request must specify the disclosure, restriction, and the effective date of the restriction. We will not be required to agree to a request,

8. Request to Communicate in Writing

You have the right to request that we communicate Protected Health Information to you in writing.

9. Right to Receive a Simplified Notice

You have the right to receive a simplified notice of the privacy practices in effect by mouth or in a format that is easy to understand. If you request a simplified notice, we will provide you with a simplified notice of the privacy practices in effect.

10. Right to Know the Identity of Your Health Care Provider

You have the right to know the identity of your health care provider. You will receive this notice of privacy practices, including a description of the type of care and services provided by the health care provider.

11. Right to Elect to Use or Disclose Written Authorization

You have the right to elect to use or disclose your Protected Health Information to a person other than your health care provider for purposes other than treatment, payment, or health care operations as indicated in this notice. You may use or disclose your Protected Health Information for treatment, payment, or health care operations.

12. Right to Be Notified of a Breach

You have the right to be notified whenever a breach of your Protected Health Information occurs, as indicated in this notice.

13. Right to Be Notified of a Change in the Privacy Practices

You have the right to be notified whenever there is a change in the privacy practices, as indicated in this notice.

14. Right to Complain

You have the right to file a complaint with the Department of Health and Human Services if you believe your rights have been violated by our failure to abide by this notice of privacy practices or the terms of your request.

15. Right to Receive a Copy of This Notice

You have the right to a copy of this notice, without charge. This notice explains your rights and responsibilities concerning protected health information.

16. Right to Be Notified of EHR Rights

You have the right to request that your Protected Health Information be made available to you in an electronic format, as indicated in this notice.

17. Right to Request Additional Privacy Protections

You have the right to request additional protections of your Protected Health Information. You may request additional protections of your Protected Health Information by a written request to the person identified above.

18. Right to Be Notified of EHR Rights

You have the right to request that your Protected Health Information be made available to you in an electronic format, as indicated in this notice.

19. Right to Request Additional Privacy Protections

You have the right to request additional protections of your Protected Health Information. You may request additional protections of your Protected Health Information by a written request to the person identified above.

20. Right to Be Notified of EHR Rights

You have the right to request that your Protected Health Information be made available to you in an electronic format, as indicated in this notice.

21. Right to Request Additional Privacy Protections

You have the right to request additional protections of your Protected Health Information. You may request additional protections of your Protected Health Information by a written request to the person identified above.

22. Right to Be Notified of EHR Rights

You have the right to request that your Protected Health Information be made available to you in an electronic format, as indicated in this notice.