

**SUNY DOWNSTATE MEDICAL CENTER**  
UNIVERSITY HOSPITAL OF BROOKLYN  
POLICY AND PROCEDURE

No. HIPAA-24

**Subject:** SHORT NOTICE OF PRIVACY  
PRACTICES FOR HEALTHCARE  
EVENTS

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**Reviewed by:** Renee Poncet

**Supersedes:** 01/17

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**Effective Date:** 07/18

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**Issued by: Regulatory Affairs**

**I. PURPOSE**

To ensure that all individuals who disclose any protected health information to SUNY Downstate Medical Center during a healthcare event receives a Notice of Privacy Practices (NPP), in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**II. POLICY**

- A. A short NPP may be used in situations where there is minimal health documentation and/or treatment, including but not limited to:
  - 1. Health Fairs;
  - 2. Health Screenings;
  - 3. Blood Donor Events.
  
- B. Copies of the full version of the NPP must be made available at all healthcare events.
  
- C. Acknowledgement of Receipt of NPP:

1. Upon receiving the short NPP, the participant must be asked to sign the Acknowledgement of Receipt Log.
2. If the participant refuses to sign and the individual's name is known, the responsible staff member should document the name and reason for refusal on the log.
3. If an individual patient record is generated, the participant should sign the HIPAA Privacy Form instead of the Acknowledgement of Receipt Log. The HIPAA Privacy Form must be filed in the medical record.

**III. DEFINITION(s)**

None

**IV. RESPONSIBILITY**

It is the responsibility of all medical staff members and hospital staff members to comply with this policy. Medical staff members include physicians as well as allied health professionals. Hospital staff members include all employees, medical or other students, trainees, residents, interns, volunteers, consultants, contractors and subcontractors at the hospital.

**V. PROCEDURE/GUIDELINES**

The development of the procedure section is the responsibility of the respective department. It is dependent upon the unique needs of each department's operating structure and shall be advanced and customized accordingly.

**VI. ATTACHMENTS**

Acknowledgement of Receipt Log  
 Notice of Privacy Short Form

**III. REFERENCES**

Standards for Privacy of Individually Identifiable Health Information, 45 CFR §164.520

| Date    | Revision | Required | Responsible Staff Name and Title           |
|---------|----------|----------|--|
| 01/2017 | Yes      | (No)     | Shoshana Milstein /AVP, Compliance & Audit |
| 07/2018 | (Yes)    | No       | Alexandra Bliss, Compliance Coordinator    |
|         |          |          |  |
|         |          |          |  |





*Effective November 15, 2017*

*THIS IS A SUMMARY OF OUR NOTICE WHICH DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.*

*To request the full version of this notice, please contact the Admitting department at 718-270-2682. If you have any questions about this notice or would like further information, please contact a Patient Relations representative at 718-270-1111.*

**Who will follow this notice?**

SUNY Downstate Medical Center provides health care to patients jointly with physicians and other health care professionals and organizations. The privacy practices described in this notice will be followed by all employees, medical staff, trainees, students or volunteers at:

- SUNY Downstate Medical Center University Hospital of Brooklyn and all of its support services;
- University Physicians of Brooklyn, Inc. (UPB) providing care at SUNY Downstate Medical Center; and
- Research Foundation.

SUNY Downstate Medical Center is committed to protecting medical information about you. This notice applies to all of the records of your care generated by any of the separate facilities and providers described above. By law SUNY Downstate Medical Center is required to:

- Protect the privacy of health information that may reveal your identity;
- Give you this notice of our legal duties and health information privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

How SUNY Downstate Medical Center may use and disclose medical information about you:

SUNY Downstate Medical Center may disclose medical information about you without your prior authorization for treatment purposes, to obtain payment for treatment, and to support healthcare operations.

For treatment purposes, SUNY Downstate Medical Center may disclose information to another physician in order to continue your care.

For payment purposes, SUNY Downstate Medical Center may disclose information to insurance carriers in order to obtain reimbursement for the services provided to you.

For purposes of healthcare operations, medical information may be disclosed so that SUNY Downstate Medical Center can engage in quality improvement or other activities related to its operation.

SUNY Downstate provides clinical training and internships to healthcare students and trainees and may share information with them, provided that they abide by our privacy policies.

SUNY Downstate may also disclose information to contractors, agents and other business associates who need the information in order to assist us.

We may use demographic information about you, including age, gender, date of birth, where you live or work, dates you received treatment, health insurance status, the department/ office and physician that treated you and general outcome in order to contact you regarding fundraising efforts of SUNY Downstate Medical Center. You will have the opportunity to opt out of receiving any further fundraising communications with any solicitation letter you receive from us.

SUNY Downstate Medical Center may use or disclose your medical information without prior authorization, subject to certain requirements, for the following: public health purposes, as permitted by law by using shared clinical databases and health information exchanges (HIEs), domestic violence and/or abuse or neglect reporting, health inspections or audits, product monitoring, repair or recall, providing information to medical examiners or coroners, providing information to funeral directors, facilitating organ donation, compliance with worker's compensation laws, emergencies, averting a serious threat to the health or safety of a person or the public, issues relating to national security, and specialized government functions. SUNY Downstate Medical Center may also disclose medical information when required by law, for law enforcement purposes, to correctional institutions or in response to valid judicial or administrative orders or other lawful process.

SUNY Downstate Medical Center may use and disclose your health information for research purposes, subject to a review process. Potential researchers may review information that may assist them in preparing for research, as long as this information does not leave our facility and they abide by specific privacy protections.

If admitted as an inpatient, unless you tell us otherwise, we will list in the patient directory your name, location in the SUNY Downstate Medical Center, your general condition (stable, good, etc.) and your religious affiliation, and may release all but your religious affiliation to anyone who asks about you by name. Your religious affiliation may be disclosed only to clergy members, even if they do not ask for you by name.

If you designate a friend or family member, we may disclose your medical information to this individual, unless you request a restriction. SUNY Downstate Medical Center may also release information to disaster relief authorities so that your family can be notified of your location and condition.

While we take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as a result of our otherwise permissible use or disclosure.

In any other situation not covered by this notice, SUNY Downstate Medical Center will ask for your written authorization before using or disclosing medical information about you. You may also initiate the transfer of your records to another person by completing a written authorization form. If you chose to authorize disclosure, you are permitted to revoke that authorization by notifying us in writing of your decision.

**Right to Access and or Amend Your Records:**

You have a right to review or receive a copy of your medical record, when you submit a written request, with certain exceptions. If you request copies, SUNY Downstate Medical Center will charge a fee for the cost of copying, mailing, or other related supplies. If your request is denied, you may submit a written request for a review of that decision.

If you feel information in your record is incorrect or that the information is incomplete, you have the right to request that we amend the record; this request must be in writing and provide your reason for requesting the amendment. SUNY Downstate Medical Center can deny your request to amend if we do not maintain the information or if we determine that the record is accurate. You may submit a written statement detailing your disagreement with this decision. We will inform you if the amendment is accepted.

**Right to an Accounting:**

You have the right to request a listing of any disclosures of your health information SUNY Downstate Medical Center has made, except for uses and disclosures related to treatment, payment, or healthcare operations, circumstances in which you have specifically authorized such disclosure, disclosures made specifically to you and certain other exceptions. The request for the listing may in no event be more than the last six years. To request an accounting of disclosures, please contact the Health Information Management Department at 718-270- 1845 who will provide you with an appropriate request form.

**Right to Request Restrictions:**

You have the right to request, in writing, that SUNY Downstate Medical Center restrict the way it uses or discloses your health information. SUNY Downstate Medical Center will review your request and attempt to accommodate it when possible, but SUNY Downstate Medical Center is not legally required to accept it. However, if you request to restrict disclosure of your health information to a payor for payment or health care operations and the disclosure

pertains to a health care item or service you (or another person on your behalf) paid out of pocket in full at the time of your request, we are required under law to agree to your restriction.

**Requests for Confidential Communications:**

You have a right to request that your medical information be communicated to you in a confidential manner. Such requests must be made in writing.

**Changes to this Notice:**

We may change our policies at any time. When significant changes occur we will change our notice and post the new notice. You can receive a copy of the current notice at anytime. Copies of the notice will be available each time you come to an SUNY Downstate Medical Center facility for treatment. You will be asked to acknowledge in writing receipt of this notice.

**Notification of Breaches:**

In the unfortunate event that there is a breach of your unsecured health information, you have a right to be informed of the breach. We will send you a written notification of the details and if unsuccessful in reaching you, will make every effort to contact you via alternate methods.

**Complaints:**

If you believe that your privacy rights have been violated, or you disagree with a decision SUNY Downstate Medical Center made about access to your records, **please contact a Patient Relations representative at 718-270-1111. You can also contact SUNY Downstate Medical Center's Compliance Line at 877-349-SUNY (7869) or make a web report by clicking the "Compliance Line" on the bottom of SUNY Downstate Medical Center's website [www.downstate.edu](http://www.downstate.edu).**

If you are not satisfied with our response, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. SUNY Downstate Medical Center's Privacy Office (718-270-4033) can provide you with the address. Under no circumstances will you be penalized or retaliated against for filing a complaint.