



NOTICE OF PRIVACY PRACTICES: CONFIDENTIALITY OF HIV-RELATED INFORMATION

Effective Date: 04/14/2003

The privacy and confidentiality of HIV-related information maintained by SUNY Downstate is protected by Federal and State law and regulations. These protections go above and beyond the protections described in SUNY Downstate's general Notice of Privacy Practices.

We recommend that you also take time to review our general Notice of Privacy Practices for information about how your health information may generally be used and disclosed by SUNY Downstate. Our general Notice of Privacy Practices also provides information about how you may obtain access to your health information, including confidential HIV-related information. If there is any conflict between the general Notice of Privacy Practices and this notice, the protections described in this notice will apply instead of the protections described in the general Notice of Privacy Practices.

Confidential HIV-related information is any information indicating that you had an HIV-related test, have HIV-related illness or AIDS, or have an HIV-related infection, as well as any information which could reasonably identify you as a person who has had a test or has HIV infection.

Under New York State law, confidential HIV-related information can only be given to persons allowed to have it by law or persons you allow to have it by signing a written authorization form. You can ask to see a list of people who can be given confidential HIV-related information by law without a written authorization form.

Confidential HIV-related information about you may be used by personnel within SUNY Downstate who need the information to provide you with direct care or treatment, to process billing or reimbursement records or to monitor or evaluate the quality of care provided at SUNY Downstate. Generally, SUNY Downstate may not reveal to an external individual any confidential HIV-related information that SUNY Downstate obtains in the course of treating you, *unless*:

- We obtain your written authorization;
- The disclosure is to a person who is authorized under applicable law to make health care decisions on your behalf and the information disclosed is relevant to that person fulfilling such health care decision-making role;
- The disclosure is to another health care provider or payer for treatment or payment purposes;
- The disclosure is to an external agent of SUNY Downstate who needs the information to provide you with direct care or treatment, to process billing or reimbursement records or to monitor or evaluate the quality of care provided at the hospital. In such cases, the hospital will ordinarily have an agreement with the agent to ensure that your confidential HIV-related information is protected as required under Federal and State confidentiality laws and regulations;
- The disclosure is required by law or court order;
- The disclosure is to an organization that procures body parts for transplantation;
- You receive services under a program monitored or supervised by a Federal, State or local government agency and the disclosure is made to such government agency or other employee or agent of the agency when reasonably necessary for the supervision, monitoring, administration or provision of the program's services;
- The hospital is required under Federal or State law to make the disclosure to a health officer;
- The disclosure is required for public health purposes;

- If you are an inmate at a correctional facility and disclosure of confidential HIV-related information to the medical director of such facility is necessary for the director to carry out his or her functions;
- For decedents, the disclosure is made to a funeral director who has taken charge of the decedent's remains and who has access in the ordinary course of business to confidential HIV-related information on the decedent's death certificate;
- The disclosure is made to report child abuse or neglect to appropriate State or local authorities.

Violation of these privacy regulations may subject SUNY Downstate to civil or criminal penalties. Suspected violations may be reported to appropriate authorities in accordance with Federal and State law.

HOW TO OBTAIN A COPY OF THIS NOTICE

You have a right to a paper copy of this notice. You may request a paper copy of this notice at any time, even if you have previously agreed to receive this notice electronically. A copy of our current notice will always be posted in our registration areas. You will also be able to obtain your own copies by accessing our website at "www.downstate.edu", calling the Admitting Department at 718-270-2862 or asking for one at the time of your next visit. We may change our privacy practices from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices and will provide you with a copy upon request. The revised notice will apply to all of your information held by this program, and we will be required by law to abide by its terms. The effective date of the notice will always be located in the top right corner of the first page.

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. *No one will retaliate or take action against you for filing a complaint.*

To file a complaint with us, please contact a Patient Relations representative at 718-270-1111.

To file a complaint with the Department of Health and Human Services, you can write or call:

US Department of HHS Government Center
John F. Kennedy Federal Building- Room 1875
Boston, Massachusetts 02203

Telephone number: 617-565-1340
Fax number: 617-565-3809
TDD: 617-565-1343

If you experience discrimination because of the release of confidential HIV-related information, you may contact the New York State Division of Human Rights at (212) 566-8624 or the New York City Commission of Human Rights at (212) 566-5493. These agencies are responsible for protecting your rights.