

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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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 (NOP), in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

II. POLICY

- A. A short NOP 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 NOP must be made available at all healthcare events.

C. Acknowledgement of Receipt of NOP:

1. Upon receiving the short NOP, 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 on the Refusal to Acknowledge 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
Refusal to Acknowledge Log
Notice of Privacy Short Form (Addendum)

III. REFERENCES

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

	Revision	Required	Responsible Staff Name and Title
	Yes	No	Adeola O. Dabiri, Director of Regulatory Affairs



SUNY
DOWNSTATE
Medical Center

ACKNOWLEDGEMENT OF RECEIPT LOG

Healthcare Event: _____ Date: _____

By signing below, I acknowledge that I have been provided a copy of SUNY Downstate Medical Center's short Notice of Privacy Practices and have therefore been advised of how my health information may be used and disclosed and how I may obtain access to and control this information. I also acknowledge and understand that I may request copies of the full version of this Notice and the separate Notices explaining the special protections applicable to HIV, alcohol & substance abuse and mental health information.

[illegible]



REFUSAL TO ACKNOWLEDGE LOG

Healthcare Event: _____ Location: _____

Responsible Employee Name: _____ Date: _____

Please list participant name who refuses to acknowledge receipt of Notice of Privacy Practices:

[illegible]



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, located in any of its locations;
- University Physicians of Brooklyn, Inc. (UPB) providing care at SUNY Downstate Medical Center;
- Research Foundation; and
- Student & Employee Health Services.

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:

- Keep medical information about you private;
- Give you this notice of our legal duties and 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.

Other examples of disclosures not requiring your authorization include contacting you for appointment reminders and recommending possible treatment options, alternatives, health related benefits or services that may be of interest to you. We may also contact you regarding fundraising efforts of SUNY Downstate Medical Center.

SUNY Downstate Medical Center may use or disclose your medical information without prior authorization, subject to certain requirements, for the following: public health purposes, domestic violence and/or abuse or neglect reporting, health inspections or audits, 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.

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. If you chose to authorize disclosure, you are permitted to revoke that authorization by notifying us in writing or 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. This listing must be after April 14, 2003, and in no event more than the last six years. Such requests should be submitted in writing to the SUNY Downstate Medical Center Health Information Department at 450 Clarkson Ave., Box #119, Brooklyn, NY 11203.

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.

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.

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, you may contact the Privacy Office listed below.

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 can provide you with the address. Under no circumstances will you be penalized or retaliated against for filing a complaint.

SUNY Downstate Medical Center

Office of Compliance & Audit Services

Att: Privacy Officer

450 Clarkson Ave.

Box #1248

Brooklyn, NY 11203

(718) 270-4033