SUNY Downstate Medical Center

University Physicians of Brooklyn, Inc.
450 Clarkson Avenue, MSC #80
Brooklyn, NY 11203
Phone (718) 270-8105

University Physicians Brooklyn, Inc.

NOTICE OF PROTECTED HEALTH INFORMATION PRACTICES

University Physicians of Brooklyn, Inc., the faculty management plan of SUNY Downstate Medical Center, has developed this notice of protected health information practices to comply with the Health Insurance Portability and Accountability Act (HIPAA) of 2003. HIPAA was enacted by Congress to establish standards for protecting the confidentiality and security of your health information.

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 the health information privacy practices of University Physicians of Brooklyn, Inc. (UPB). A copy of our current notice will always be posted in our offices and available on our website. You will also be able to obtain your own copies by calling our office or asking for one at the time of your next visit. You may request a paper copy of this notice at any time, even if you have previously agreed to receive this notice electronically.

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. The revised notice will apply to all of your health information. We will post any revised notice in our offices and on our website. We will also provide you with your own copy of the revised notice upon request.

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. To file a complaint with us, please contact the Office of Compliance & Audit Services at 718-270-4033. No one will retaliate or take action against you for filing a complaint.

If you have any questions about this notice or would like to request a copy, please contact the Privacy Administrator at (718) 270-8105.

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

WHO WILL HEED THIS NOTICE?

All employees, medical staff, trainees, students, volunteers and any business associates of University Physicians of Brooklyn, Inc., will follow the privacy practices described in this notice. For a complete listing or further information regarding UPB practices, please contact our main office at (718) 270-8105.

PROTECTED HEALTH INFORMATION

We are committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected health information are:

- Information indicating that you are our patient or receiving treatment or other health-related services from us.
- Information about your health condition (such as a disease you may have).
- Information about health care products or services you have received or may receive in the future (such as an operation).
- Information about your health care benefits under an insurance plan (such as whether a prescription is covered).

When combined with:

- Demographic information (such as your name, address or insurance status).
- Unique numbers that may identify you (such as your social security number, your phone number or your driver's license number).
- Other types of information that may identify who you are.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

1. <u>TREATMENT, PAYMENT AND BUSINESS OPERATIONS</u> Prior to receiving services from UPB, you will be asked to sign a statement so that we may use your health information or share it with others in order to treat your condition, obtain payment for that treatment and run our business operations. In some cases, we may also disclose your health information for payment activities and certain business operations of another healthcare provider or payer. Below are further examples of how your information may be used and disclosed for these purposes.

Treatment We may share your health information with doctors or nurses within UPB who are involved in taking care of you and they may in turn use that information to diagnose or treat you. For example, our doctors may share your health information with another doctor within our practice or with a doctor at a different practice to determine how to diagnose or treat you. Your doctor may also share your health information with another doctor to whom you have been referred for further health care.

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Payment We may use your health information or share it with others so that we may obtain payment for your health care services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you or to determine whether it will cover your treatment. We may also share your information with other healthcare providers and payers for their payment activities.

Business Operations We may use your health information or share it with others in order to conduct our business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you or to educate our staff on how to improve the care they provide for you. Finally, we may share your health information with other healthcare providers and payers for certain of their business operations if the information is related to a relationship the provider or payer currently has or previously had with you and if the provider or payer is required by federal law to protect the privacy of your health information.

Appointment Reminders, Treatment Alternatives, Benefits and Services In the course of providing treatment to you, we may use your health information to contact you with a reminder that you have an appointment for treatment or services at our facility. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

Business Associates We may disclose your health information to contractors, agents and other business associates who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, we may share your health information with a billing company that helps us to obtain payment from your insurance company. Another example is that we may share your health information with an accounting firm or law firm that provides professional advice to us about how to improve our health care services and comply with the law. If we do disclose your health information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information.

2. PATIENT DIRECTORY/FAMILY AND FRIENDS We may use and disclose your health information in our Facility Directory or share it with family and friends involved in your care without your written authorization. You have the opportunity to object to the disclosure of this information. You can modify or terminate your objection at any time. We will follow your wishes unless we are required by law to do otherwise.

Facility Directory If you do not object, we will include your name, your location in our facility, your general condition (e.g., fair, stable, critical) and your religious affiliation in our Facility Directory while you are a patient in the practice listed at the beginning of this notice. This directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if he or she doesn't ask for you by name.

Family and Friends Involved In Your Care Upon registration, you will be given the opportunity to identify family members, relatives or close personal friends that we may share your health information with who are involved in your care or payment for that care. We may also notify a family member, personal representative or another person responsible for your care about your location and general condition or about the unfortunate event of your death. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons.

3. EMERGENCIES OR PUBLIC NEED We may use your health information and share it with others in order to treat you in an emergency or to meet important public needs. We will not be required to obtain your general written consent or written authorization before using or disclosing your information for these reasons. We will, however, obtain your written authorization for, or provide you with an opportunity to object to, the use and disclosure of your health information in these situations when state law specifically requires that we do so.

Emergencies We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your general written consent. If this happens, we will try to obtain your general written consent as soon as we reasonably can after we treat you.

Communication Barriers We may use and disclose your health information if we are unable to obtain your general written consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.

As Required By Law We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures if notice is required by law.

Public Health Activities We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your health information with government officials who are responsible for controlling disease, injury or disability or to report births and deaths. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so. And finally, we may release some health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

Victims of Abuse, Neglect or Domestic Violence We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, we may report your information to government officials if we reasonably believe that you have been a victim of such abuse, neglect or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

Health Oversight Activities We may release your health information to government agencies authorized to conduct audits, investigations and inspections of our facility. These government agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid and compliance with government regulatory programs and civil rights laws.

Product Monitoring, Repair and Recall We may disclose your health information to a person or company that is regulated by the Food and Drug Administration for the purpose of (1) reporting or tracking product defects or problems; (2) repairing, replacing, or recalling defective or dangerous products; or (3) monitoring the performance of a product after it has been approved for use by the general public.

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Lawsuits, Disputes and Law Enforcement We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute. We may also disclose your health information to law enforcement officials under certain circumstances.

To Avert a Serious and Imminent Threat to Health or Safety We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety or the health or safety of another person or the public. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling) or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

National Security and Intelligence Activities or Protective Services We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Military and Veterans If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Inmates and Correctional Institutions If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison or law enforcement officers, if necessary, to provide you with health care or to maintain safety, security and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

Workers' Compensation We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

Coroners, Medical Examiners and Funeral Directors In the unfortunate event of your death, we may use and disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors, as necessary, to carry out their duties.

Organ and Tissue Donation In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

We want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.

1. RIGHT TO INSPECT AND COPY RECORDS You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please contact our office so that we can provide you with an appropriate request form. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. The standard fee is $0.75 per page and must generally be paid before or at the time we give the copies to you.

2. RIGHT TO AMEND RECORD If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please contact our office so that we can provide you with an appropriate request form. On the request form, you must include the reasons why you think we should make the amendment.

3. RIGHT TO AN ACCOUNTING OF DISCLOSURE After April 14, 2003, you have a right to request an "accounting of disclosures" which identifies certain other persons or organizations to whom we have disclosed your health information in accordance with applicable law and the protections afforded in this Notice of Protected Health Information Practices. An accounting of disclosures does not describe the ways that your health information has been shared within our practices, as long as all other protections described in this Notice of Protected Health Information Practices have been followed (such as obtaining the required approvals before sharing your health information with our doctors for research purposes).

To request an accounting of disclosures, please contact our office so that we can provide you with an appropriate request form. On the request form, you must state a time period within the past six years (but after April 14, 2003) for the disclosures you want us to include. For example, you may request a list of the disclosures that we made between January 1, 2004 and January 1, 2005. You have a right to receive one accounting within every 12-month period for free. However, we may charge you for the cost of providing any additional accounting in that same 12-month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

4. RIGHT TO REQUEST ADDITIONAL PRIVACY PROTECTIONS You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment or run our business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. For example, you could request that we not disclose information about a surgery you had. You may contact our office so that we can provide you with an appropriate request form. On the request form, you must include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

We are not required to agree to your request for a restriction and in some cases the restriction you request may not be permitted under law. However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply

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with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

5. RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS You have the right to request that we communicate with you about your medical matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. For example, you may ask that we contact you at home instead of at work. You may contact our office so that we can provide you with an appropriate request form. On the request form, you must specify how or where you wish to be contacted and how payment for your health care will be handled if we communicate with you through this alternative method or location. We will not ask you the reason for your request and will try to accommodate all reasonable requests.

APPENDIX A: CONFIDENTIALITY OF HIV-RELATED INFORMATION

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 UPB 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 UPB. Generally, UPB may not reveal to an external individual any confidential HIV-related information that UPB 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 UPB 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 practice 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 practice 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 UPB to civil or criminal penalties. Suspected violations may be reported to appropriate authorities in accordance with federal and state law.

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.

APPENDIX B: CONFIDENTIALITY OF MENTAL HEALTH INFORMATION

Mental health information about you may be used by personnel within UPB (or its business associates) in connection with their duties to provide you with treatment, obtain payment for that treatment or conduct UPB's business operations. Generally, UPB may not reveal mental health information about you to external individuals, except in the following situations:

- When we have obtained your written authorization.
- To a personal representative who is authorized to make health care decisions on your behalf.
- To government agencies or private insurance companies in order to obtain payment for services we provided to you.
- To comply with a court order.

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- To appropriate persons who are able to avert a serious and imminent threat to the health or safety of you or another person.
- To appropriate government authorities to locate a missing person or conduct a criminal investigation as permitted under federal and state confidentiality laws.
- To other licensed hospital emergency services as permitted under federal and state confidentiality laws.
- To the mental hygiene legal service offered by the state.
- To attorneys representing patients in an involuntary hospitalization proceeding.
- To authorized government officials for the purpose of monitoring or evaluating the quality of care provided by UPB or its staff.
- To qualified researchers without your specific authorization when such research poses minimal risk to your privacy.
- To coroners and medical examiners to determine cause of death.
- If you are an inmate, to a correctional facility which certifies that the information is necessary in order to provide you with health care, or in order to protect the health or safety of you or any other persons at the correctional facility.

APPENDIX C: CONFIDENTIALITY OF ALCOHOL & SUBSTANCE ABUSE INFORMATION

Information about you may be used by personnel within the program in connection with their duties to provide you with diagnosis, treatment or referral for treatment for alcohol or drug abuse. Generally, this program may not reveal to a person outside of the program that you attend the program or disclose any information that would identify you as an alcohol or drug abuser, unless:

- The program obtains your written authorization.
- The disclosure is allowed by a court order and permitted under federal and state confidentiality laws and regulations.
- The disclosure is made to medical personnel in a medical emergency.
- The disclosure is made to qualified researchers without your written authorization when such research poses minimal risk to your privacy. When required by law, we will obtain an agreement from the researcher to protect the privacy and confidentiality of your information.
- The disclosure is made to a qualified service organization that performs certain treatment services (such as lab analyses) or business operations (such as bill collection) for the program. The program will obtain the qualified service organization's agreement in writing to protect the privacy and confidentiality of your information in accordance with federal and state law.
- The disclosure is made to a government agency or other qualified non-government personnel to perform an audit or evaluation of the program. The program will obtain an agreement in writing from any non-government personnel to protect the privacy and confidentiality of your information in accordance with federal and state law.
- The disclosure is made to report a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.
- The disclosure is made to report child abuse or neglect to appropriate state or local authorities.

Violation of these privacy regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal and state law.

CITATION TO REGULATIONS

The Federal confidentiality regulations described in this notice may be found at 42 C.F.R. Part 2 and 45 C.F.R. Parts 160 and 164. The State confidentiality regulations described in this notice may be found at 10 N.Y.C.R.R. Parts 372, 374, 382, 823, 1020 and 1034, and 14 N.Y.C.R.R. Parts 309 and 1072.

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