

## NYC Health + Hospitals Notice of Privacy Practices

**This Notice of Privacy Practices ("NPP") describes how your medical information and substance use disorder (SUD) treatment information may be used and disclosed and how you can get access to this information; your rights with respect to your health information; how to file a complaint concerning a violation of the privacy or security of your health information; or of your rights concerning your information and how you can get access to this information.**

**You have a right to a copy of this notice in paper or electronic form and to discuss it with the Office of Corporate Compliance, Corporate Privacy and Security Officer by email at [CPO@nychhc.org](mailto:CPO@nychhc.org).**

**Please review it carefully.**

### Introduction and Information

The New York City Health and Hospitals Corporation, also referred to as "NYC Health + Hospitals" or the "System," is required under Federal law, specifically the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and 42 CFR Part 2, to maintain the privacy of your protected health information, which includes providing you with a notice of its legal duties and privacy practices, including the duty to notify you in the event of a breach of unsecured records, and a description of the types of information that we gather about you, with whom that information may be shared, and your rights. This NPP describes your privacy protections and other rights related to your health information under HIPAA and 42 CFR Part 2. You may be afforded additional protections and rights under other Federal laws and/or State law that are not described in this NPP. The System is required to follow the the terms of the notice that is currently in effect.

The term "health information," as used in this NPP, refers to any individually identifiable information which is created, received, maintained or transmitted by the System, and which concerns your health care and treatment, and payment for such care and treatment.

Substance use disorder (SUD) treatment information, as used in this NPP, is a type of health information that receives additional protections under federal regulations (42 CFR Part 2).

Additional privacy protections, not outlined within this NPP, may apply to HIV-related health information, mental health information, and genetic or genetic testing information.

This NPP describes the privacy practices that must be followed at all NYC Health + Hospitals' facilities, units, and entities, including all acute care hospitals and associated clinics; all Gotham Health diagnostic and treatment centers and associated Neighborhood Health Centers; all long-term acute care facilities and skilled nursing facilities; and all home and community-based services and programs.

NYC Health + Hospitals reserves the right to revise this NPP. NYC Health + Hospitals reserves

the right to make the revised NPP effective for health information and SUD treatment information already maintained as well as any health information and SUD treatment information received in the future. NYC Health + Hospitals will post a copy of the current NPP (with an effective date) in conspicuous locations at its facilities, units, and entities, and on its public website.

### **Uses and Disclosures of Health Information for Treatment, Payment and Health Care Operations**

**Treatment.** The System may use and disclose your health information to provide you with medical treatment, care or services, and may disclose your health information to health care providers or other workforce members who are involved in your care. Different departments of a hospital may also share your health information to coordinate the different health care services you may need, such as prescriptions, lab work, and x-rays. When necessary, the System may also disclose your health information to persons outside the System who may be involved in your care. *For example: A health care provider treating you for a broken leg may need to know from another health care provider if you have diabetes because diabetes may slow the healing process and they need to arrange for appropriate services.*

**Payment.** The System may use and disclose your health information to obtain payment for your health care services and treatment. The System may use and disclose health information to your health plan about a treatment or procedure you are going to receive in order to obtain prior approval or to determine whether your plan will cover it. For health care or services paid for in full by you, you may request that the System limit the health information shared with your insurance company, to the extent permitted by law. *For example: The System may need to give your health plan information about surgical procedures you received at NYC Health + Hospitals so your health plan will pay the System or reimburse you for such procedures.*

**Health Care Operations.** The System may use and disclose your health information to perform operations on a daily basis and to make sure that NYC Health + Hospitals' patients receive quality care. The System may also combine health information about many patients to run statistics or analyses to determine the effectiveness and necessity of services provided. When needed, the System may also disclose health information to contracted accountants, consultants, and other professionals who support the operations of the various programs, entities and facilities. *For example: The System may use your health information to review the quality of the treatment and services it provides.*

**Appointment Reminders.** The System may use and disclose your health information to contact you with reminders that you have an appointment at a facility, unit or entity.

**NOTE:** *Written consent is necessary for a disclosure of SUD treatment information for treatment, payment, and health care operations purposes.*

### **Uses and Disclosures of Health Information Where Authorization is Required**

NYC Health + Hospitals must obtain your written authorization before it can use or disclose your health information in the following situations:

**Marketing.** The System must obtain your written authorization before it can use your health information to communicate with you about purchasing or using a product or service, unless the communication is made face-to face between you and the System, or consists of a promotional gift of nominal value provided to you by the System. The following situations, however, do not require prior written authorization, unless the System receives payment from a third party in exchange for

communicating with you: (i) health-related benefits and services; (ii) drug Information; and (iii) treatment alternatives.

**Sale of Health Information.** NYC Health + Hospitals will not sell your health information without written authorization.

**Uses and Disclosures of Health Information Where Authorization is Not Required**

NYC Health + Hospitals does not need to obtain your written authorization before disclosing your health information in the situations below.

***NOTE: Uses and disclosure of SUD treatment information in the situations below may require your written consent under 42 CFR Part 2.***

**Facility Directory.** The System may use certain health information about you in the facility directory at the hospital while you are hospitalized. This health information may include your name, location in the facility, your general condition and your religious affiliation. *Note:* Only members of the clergy or clergy workforce members will be told your religious affiliation. If you would prefer that the System not include this health information in the facility directory, you have the right to object to including such information, and may do so by contacting the facility's Admitting or Health Information Management Department.

**Fundraising Activities.** The System may use or disclose your health information to contact you for fundraising purposes for the System's facilities and health care operations. NYC Health + Hospitals may also share your health information with a System-related foundation or Business Associate for the same purposes. To opt-out of receiving this type of communication, you can email a written request to [optoutforfundraising@nychhc.org](mailto:optoutforfundraising@nychhc.org). You cannot be denied treatment, or any other benefit or service for choosing not to receive fundraising communications.

**Research.** If you participate in a clinical trial, NYC Health + Hospitals will ask for your written permission before using or sharing your health information. In certain circumstances, the System may use your health information without your written permission for a research study after conducting a special approval process that ensures minimal risk to your privacy. Under no circumstances will a researcher reveal your name or identity publicly in preparation for, during, or after a research study.

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, the System may disclose your health information to a family member or friend who is involved in your care or the payment for your care.

**Individuals Who May Act on Your Behalf.** The System may disclose your health information to a personal representative, including a parent or guardian.

**To Avert a Serious Threat to Health or Safety.** The System may use and disclose your health information when necessary, to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Military and Veterans.** If you are a member of the armed forces, the System may disclose your health information as required by military command authorities.

**Workers' Compensation.** The System may disclose your health information to the Workers'

Compensation Board or to similar programs as necessary.

**Public Health Activities.** The System may use and disclose your health information for public health purposes, such as to prevent the spread of disease, or to receive reports of certain medical conditions, births, deaths, abuse, neglect, and domestic violence.

**Health Oversight Activities.** The System may use and disclose your health information to a health oversight agency for activities authorized by law, which include audits, investigations, and inspections.

**Legal Proceedings.** If you are involved in a lawsuit or a legal dispute, the System may disclose your health information in response to a court or administrative order. The System may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** The System may use and disclose your health information for law enforcement purposes, including the following: (i) to identify or locate a suspect, fugitive, material witness, or missing person; (ii) in circumstances pertaining to victims of a crime; (iii) in the case of deaths we believe may be the result of criminal conduct; (iv) in the case of crimes occurring at a NYC Health + Hospitals facility; and (v) to report a crime in an emergency, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

**Death.** The System may use and disclose your health information in order to notify, or assist in locating, individuals if they have legal authority to act on your behalf, a personal representative, or other person involved in your care, about your death, unless doing so would be inconsistent with any prior preference or instruction that you had expressed in writing.

**Coroners, Medical Examiners, Funeral Directors, and Organ Donations.** The System may use and disclose your health information to a coroner, medical examiner, or funeral director, as necessary to carry out their duties. The System may also use and disclose your health information for the purposes of organ, eye, and tissue donations.

**Disaster Relief.** The System may use and disclose your health information to a public or private entity authorized by law or other authority to assist in disaster relief efforts, for the purpose of coordinating notifications to your family members, next of kin, personal representative, or others responsible for your care.

**National Security and Intelligence Activities.** The System may disclose your health information to authorized Federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** The System may disclose your health information to authorized Federal officials so they may provide protection to the President, other authorized persons, foreign heads of state, or to conduct special investigations.

### **Special Privacy Protections for SUD treatment information**

SUD treatment information has additional privacy protections under 42 CFR Part 2, which limit how the System uses or discloses your SUD treatment information. Unless you sign a consent form, the System may only disclose your SUD treatment information under limited circumstances as permitted by 42 CFR Part 2. The system may be permitted to use or disclose your SUD treatment

records without your written consent in the event of a medical emergency or special circumstances as permitted by 42 CFR Part 2.

**Consent for Uses and Disclosures.** A single written consent can be used for all future SUD treatment information uses and disclosures for treatment, payment, and health care operations. SUD treatment records that are disclosed to a Part 2 program, covered entity, or business associate pursuant to your consent for treatment, payment, and health care operations may be further disclosed by that Part 2 program, covered entity, or business associate, without your written consent, to the extent the HIPAA regulations permit such disclosure.

**Prohibited Uses and Disclosures.** The System may not use or disclose your SUD treatment information in any civil, administrative, criminal, or legislative proceedings against you without specific written consent or a court order accompanied by a subpoena. SUD treatment information will only be used or disclosed based on a court order, after you or the System has been notified and been given an opportunity to be heard in court.

**Fundraising Disclosures.** The System may use or disclose SUD treatment records to fundraise for the benefit of the Part 2 program only if you have been given a clear and conspicuous opportunity to decide not to receive fundraising communications. You have the right to choose not to receive fundraising communications.

Uses and disclosures of SUD treatment information not described in this notice will only be made with your written consent. Uses and disclosures of SUD treatment information may be made without written consent if permitted under 42 CFR Part 2.

### **Rights Regarding Your Health Information**

You have the following rights regarding health information that the System maintains about you:

**Right to Access and Copy.** You have the right to request access to and obtain a copy of your health information, except for psychotherapy notes and information pertaining to an ongoing clinical research trial. You have the right to request copies of your medical records in the format of your choice. To access or request a copy of your health information please submit your request in writing to the facility or entity's Health Information Management Department. The System reserves the right, under limited circumstances, to deny access to your health information, and if so, to provide you with a written explanation for the denial, as well as your right to appeal that decision. The System may impose a reasonable fee to cover the costs of creating copies of medical records. The System is required to notify you in writing of any anticipated fees prior to sending the requested information, if the requested health information will be delayed for any reason, or if the requested health information cannot be provided in the format requested.

**Right to Amend.** If you feel that your health information that the System maintains is incorrect or incomplete, you have the right to request that the System amend your health information for as long as the information is kept by or for the System. To request an amendment to your health information, please submit your request in writing to the facility or entity's Health Information Management Department. You must provide a reason to support your request for an amendment. Under limited circumstances the System may deny your request. If your request is denied, the System must provide you with a written explanation as to why it was denied.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures," which lists how the System has disclosed your health information. The list will not

include certain disclosures, such as information shared for your treatment, payment, or health care operations, or disclosures made with your authorization. To request an accounting of disclosures please submit your request in writing to the facility or entity's Health Information Management Department. Your request must include a time period of disclosures that may not be longer than six years, and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free of charge. For additional lists, the System may charge a reasonable fee.

**Right to Request Restrictions.** You have the right to request a restriction on your health information that the System uses or discloses for treatment, payment, or health care operations. You also have the right to request a limit on the health information that the System discloses about you to someone who is involved in your care, such as a family member or friend. To request restrictions on your health information, please submit your request in writing to the facility or entity's Health Information Management, Admitting or Registration Department. *The System is not required to agree to your restriction request.* If agreed, however, the System will comply with your request unless the health information is needed to provide you with emergency treatment.

**Right to Request Alternative Communications.** You have the right to request that the System communicate with you about medical matters or your health information in an alternative manner or location. To request alternative communication methods, please submit your request in writing to the facility or entity's Health Information Management Department. Your request must specify how you wish to be contacted. The System will not ask you for the reason for your request, and will accommodate all reasonable requests.

**Right to Notice in the Event of a Breach.** You have the right to be notified when your health information has been acquired, accessed, used or disclosed in a manner that is not legally permitted, and where the System determines that your health information has been potentially compromised (referred to as a "breach"). If a breach of your health information occurs, you will be notified of the breach in writing, within 60 days of when the breach was discovered.

**Right to a Paper Copy of this NPP.** You have the right to a copy of this NPP at any time. You may also obtain a copy of this NPP by visiting NYC Health + Hospitals' website at <https://www.nychealthandhospitals.org/> or by contacting the facility or entity's Health Information Management, Admitting or Registration Department.

**Right to Revoke Authorization.** If you provide the System with authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, the System will no longer use or disclose your health information for the reasons covered by your written authorization. The System is unable to retract any disclosures already made with your authorization.

**Complaints.** If you believe your privacy rights have been violated, that your health information (including your SUD treatment information) has been improperly accessed, used or disclosed or have concerns about the System's privacy practices, please contact the Office of Corporate Compliance, Corporate Privacy and Security Officer by email at [CPO@nychhc.org](mailto:CPO@nychhc.org), or anonymously and confidentially, via the System's toll-free Compliance Helpline at 1-866-HELP-HHC. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services. *You will not be penalized for filing a complaint.*

#### **Additional Rights Regarding SUD Treatment Information:**

With regard to your SUD treatment information you have the right to:

- Request restrictions of disclosures made with prior consent for purposes of treatment,

- payment, and health care operations.
- Right to request and obtain restrictions of disclosures of records to your health plan for services for which you paid in full, in the same manner as HIPAA applies to disclosures of protected health information.
  - Right to an accounting of disclosures of electronic records for the past 3 years and a right to an accounting of disclosures that meets the requirements of HIPAA for all other disclosures made with consent.
  - Right to a list of disclosures by an intermediary for the past 3 years.