



ALBANY MEDICAL CENTER

## **NOTICE OF PRIVACY PRACTICES**

Albany Medical Center  
Albany Medical Center Hospital  
Albany Medical Center – South Clinical Campus  
Albany Medical College

### **NOTICE OF PRIVACY PRACTICES**

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

We at Albany Medical Center, including Albany Medical Center and its affiliated hospitals and college, the medical staff physicians of the hospitals and college, college (including the practice plan of the college), our employees, students and volunteers, and other health care providers or affiliated covered entities are committed to safeguarding the confidentiality of your protected health information. We will use and disclose that information only as described in the Notice which is currently in effect.

***We are required by law to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices.***

---

### **What is Protected Health Information?**

"Protected health information" or "information" is any information we create or receive that relates to your past, present or future health care or condition or treatment, and that identifies or can be used to identify you. This includes both your medical information and identification information, such as your address, workplace, social security number and other similar personal information. Protected health information includes information that is written, such as your medical chart, or stored in computers, such as billing data or images. It also includes other information such as information disclosed verbally.

---

### **Routine Uses and Disclosures**

Typically, we will use or disclose your protected health information for the following purposes:

- For treatment. We may use or disclose your protected health information for treatment purposes. For example, we will allow your physician or nurse to access your medical record for the purpose of treating you, or may provide health information to another doctor in an unrelated organization to assist in your treatment. We may share this information with affiliated hospitals or health care providers and others so that they may jointly perform care and treatment activities, payment activities and business operations along with us. Others involved in your care, such as a laboratory technician, a consulting physician, or a social worker, may also see your information.
- For payment. We may use or disclose information for purposes of obtaining payment for your health care services. For example, we may need to give your health insurer(s) information about your condition and treatment to support their payment for your care or to determine whether they will cover your treatment or to obtain their preapproval.
- For health care operations. We may use or disclose information for health care operations purposes. For example, we may review your health information to evaluate the treatment and services provided, the performance of our staff, to educate our staff or students on how to provide or improve care, or to confirm our compliance with federal and state laws and regulations.
- For appointment reminders. We may use or disclose medical information to contact you to provide appointment reminders for treatment or medical care or other operations.
- To tell you about treatment alternatives. We may use or disclose your information to provide you with information about treatment alternatives that may be of interest to you.

- To an AMC affiliate. We may share your protected health information with the other AMC affiliates named on this pamphlet for treatment, payment, and health care operations purposes. Physicians who are members of the medical staff of the hospitals would also be considered affiliates for this purpose. (See *Affiliates and Combined Notice* below.)

- To a "business associate." We may disclose information to a person or entity with whom we contract to perform some of our functions for us, and who needs access to the information to perform those functions -- for example, a billing service or attorney.

- To you. We may disclose information to you or, if you lack capacity, to someone authorized to act for you.

- To family and friends involved in your care. We may disclose to a relative or friend information about your location and general condition, and other information directly relevant to that person's involvement with your care or payment for your care. For example, we may tell your spouse what to look for to recognize whether your condition is improving. See *Your Rights*, below, for important information about your right to limit this disclosure.

- For a facility directory. We may include limited information about you in a facility directory while you are at our facility. This information may include your name, location in the facility, your general condition (e.g., "fair," "stable," "critical," etc.) and your religious affiliation, if any. The directory information, except your religious affiliation, may be released to people who ask for you by name. Your directory information, including religious affiliation, may be given to a member of the clergy even if he or she does not ask for you by name. See *Your Rights*, below, for important information about your right to limit this disclosure.

- To tell you about other benefits and services. We may use or disclose your information to provide you with information about health-related benefits and services that may be of interest to you.

---

### Other Uses and Disclosures

Less typically, we may use or disclose your protected health information in special situations and to the extent permitted by federal and/or state laws, such as the following:

- Required by law. We may use or disclose your protected health information when we are required by law to do so, such as to comply with a court order.

- Public health. We may disclose your protected health information for public health activities and purposes. For example, we may disclose information to a public health authority that is authorized to receive such information for the purpose of controlling disease, injury or disability. 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 or rule permits us to do so.

---

•Health oversight. We may disclose your information to a health oversight agency for its oversight activities such as audits, investigations, inspections, licensure or disciplinary actions.

•Product Monitoring, Repair and Recall. We may disclose your information to a person or company that is required by the Food and Drug Administration to report or track product defects or problems, to repair, replace, recall or enable lookbacks on defective or dangerous products, or monitor product performance.

•Abuse or neglect. We may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, if we believe that you have been a victim of abuse, neglect or domestic violence, we may disclose your protected health information to the public health authority or agency authorized to receive such information.

•Legal proceedings. We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal or, in certain circumstances, in response to a subpoena, discovery request or other lawful process.

•Law enforcement. We may disclose protected health information for law enforcement purposes, including disclosures in response to limited information requests for identification and location purposes, disclosures pertaining to victims of a crime, and disclosures about decedents. We may also disclose protected health information in order to comply with laws requiring reporting of certain types of injuries or deaths, in response to court orders, to report crimes under certain emergency circumstances, or to report a crime that occurred on our property.

•Coroners, funeral directors, and organ donation. We may disclose protected health information to a coroner, medical examiner, or funeral director, to permit them to carry out their functions. This may be required, for example, in order to determine the cause of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation or transplantation purposes.

•Research. As an academic medical center, information contained in confidential database files may be made available to researchers so that they may contact you about research. We will not use your protected health information unless you provide us with specific permission after the research has been explained to you, unless the institution's Institutional Review Board (a body that approves research) determines that specific permission from you is not required.

•Health or safety threat. We may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

---

•Specialized governmental functions. We may use or disclose protected health information for specialized governmental functions, such as disclosing information about a member of the armed services to the military to assure the proper execution of a military mission, or disclosing information about inmates to a correctional facility for security, continued health care or safety or other important purposes.

•Workers' compensation. Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

•Fundraising. We may use the basic identifying information from patient lists (such as where you live or work and the dates that you received treatment) to send you material in connection with our efforts to raise funds for our charitable activities. We may also provide this information to our related foundation so that the foundation may contact you for fundraising purposes. If we do, we will let you know how to opt out of receiving any future fundraising materials.

#### **Uses and Disclosures with Your Authorization**

In addition to the uses and disclosures above, we can use or disclose protected health information for any other purpose, if you give us your written, signed authorization to use or disclose the information for that specific purpose. For example, you may give us an authorization to give information to a prospective employer as part of a pre-employment physical.

#### **Your Rights**

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right:

•To inspect and copy your protected health information. You may inspect and obtain a copy of protected health information about you that we maintain in a medical or billing record for as long as we maintain the record. However, under federal and state law, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to that protected health information. In some circumstances, you may have a right to have this decision reviewed. Contact the Health Information Services Department at the address below if you wish to inspect or copy your protected health information or if you have questions about this right.

•To request a restriction of the use or disclosure of your protected health information. You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. Your request must state the

specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request. If we agree to the requested restriction, we may not use or disclose your information in violation of that restriction except for emergency treatment. With this in mind, please discuss any restriction you wish to request with your treating physician. You may request a restriction or revoke a restriction previously made by you by contacting the Privacy Officer (listed below). You may also request that any part of your information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices.

- To request to receive confidential communications from us by alternative means or at an alternative location. For example, you may request that we send mail to you or call you at an office address rather than home address. We will accommodate reasonable requests, but we may ask you how payment will be handled or the specification of an alternative address or other method for contact. We will not request an explanation from you about the reason for your request. Please make this request during your registration process.

- To request us to amend your protected health information. This means if you believe our records are incorrect or incomplete, you may request an amendment of protected health information about you in our records for as long as we maintain the record. Please make your request for amendment in writing to the Health Information Services Department at the address listed below. In certain cases, we may deny your request for an amendment. For example, we may deny your request if the information is accurate and complete or if we did not create the record you seek to amend unless you establish that the original entity that created the record is no longer available to act on your request. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

- To receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures: we may have made to you, for a facility directory, made to family members or friends involved in your care or for notification purposes, disclosures about inmates to correctional officers or law enforcement officers, and disclosures made before April 14, 2003. You have the right to receive specific information regarding these disclosures that occurred on or after April 14, 2003. You may request this information for a period of up to six years prior to your request. You may request a shorter time frame, for example, from January 1, 2004 to June 1, 2004. You may obtain one accounting listing within every 12-month period without charge; we may impose a charge for additional requests within the same 12-month period. The right to receive this information is subject to certain exceptions, restrictions and limitations. To make this request, please submit a written request for the information to the Health Information Services Department

- To obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

- To complain. You may complain to us or to the Secretary of the US Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Patient Relations Department of your complaint. We will not retaliate against you for filing a complaint. The Patient Relations Department may be contacted in writing or by telephone at the address and telephone number listed below.

### **Contacting Our Privacy Officers**

If you have any questions or concerns, or require assistance in exercising your privacy rights, you may contact the Privacy Officer for the affiliate that is providing or involved in our care to you.

#### Albany Medical Center Hospital Privacy Officer - Karen Houston

Telephone Number (518) 262-8279

Address: MC-93, 43 New Scotland Ave., Albany, NY, 12208

#### Albany Medical Center – South Clinical Campus Privacy Officer - Karen Houston

Telephone Number (518) 262-8279

Address: MC-93, 43 New Scotland Ave., Albany, NY, 12208

#### Albany Medical College / Faculty Practice Privacy Officer - Linda Kindlon

Telephone Number (518) 262-5107

Address: MC-180, 43 New Scotland Ave., Albany, NY, 12208

#### Albany Medical College / College and Research Privacy Officer - Valerie Konopka

Telephone Number (518) 262-6540

Address: MC-169, 43 New Scotland Ave., Albany, NY, 12208

#### Albany Medical Center Privacy Officer - Janis Leonard

Telephone Number (518) 262-4470

Address: MC-67, 43 New Scotland Ave., Albany, NY, 12208

---

### **Other Contact Information**

Health Information Services Department, MC-67, 43 New Scotland Ave., Albany, NY, 12208

Telephone Number: (518) 262-3151

Patient Relations, MC-83, 43 New Scotland Ave., Albany, NY, 12208

Telephone Number: (518) 262-3499

---

**Effective Date and Changes**

This notice was published and becomes effective on April 14, 2003. We reserve the right to change the terms of our notice or policies at any time, and to make the new notice effective for all protected health information that we maintain. We will make any revised Notice of Privacy Practices available to you by posting it in our facility and on our website, *www.amc.edu*, or you may obtain a copy of the revised Notice upon request.

**Affiliates and Combined Notice**

This notice covers the organizations described above that are using this combined notice of privacy rights and sharing information as provided by applicable law; they are not providing health care services mutually or on each other's behalf. Each organization participating in this joint notice is individually responsible for its own activities, including compliance with privacy laws, billing, and for the health care services which it provides. Other physicians or organizations who do not participate in this joint notice may have different policies or notices which apply to their separate activities. Notice of their privacy practices may be obtained directly from them.