



Notice of Health Information Practices

Finger Lakes Community Health is required by law to maintain the privacy of your health information, to provide you with a notice of its legal duties and privacy practices, and to follow the information practices that are described in this notice. This notice explains how your health information may be used and/or disclosed, and you have a right to request and receive a paper copy of this notice. Finger Lakes Community Health will not use or disclose your health information except as disclosed in this notice.

This notice applies to all of the health information generated by the health care professionals, employees, contract staff, students and volunteers, for the Finger Lakes Community Health sites.

This notice applies to other health care providers that share a single patient electronic health record with Finger Lakes Community Health and have agreed to abide by this notice of health information practices.

This notice applies to the personal health information and health records used for your care in Finger Lakes Community Health facilities. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. The records in the hospital, emergency department and diagnostic test departments such as X-ray and outpatient clinics are examples. When we provide joint health-care arrangements among these entities, we share your health information as necessary to perform treatment, payment and operational activities.

This notice applies to Finger Lakes Community Health's electronic health-record system. Each patient's electronic health record may be accessed electronically for treatment purposes.

Using Personal Health Information

Each time you visit a hospital, physician or other health-care provider, a record of your visit is made. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- Tool in educating health or other professionals
- Source of data for medical research
- Source of information for public health officials charged with improving the health of the nation
- Source of data for facility planning and marketing
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, why and how others may access your health information
- Make more informed decisions when authorizing disclosures to others

Examples of Disclosures for Treatment, Payment and Health Operations

The following categories describe the ways that we may use and disclose your health information.

Treatment

We will use your health information to provide health-care services to you. For example, nurses, physicians or other members of your health-care team will record information in your record and use that information: to determine a course of treatment, tests, therapies and medications; to carry out treatment; and to understand and evaluate your response to treatment. We may also disclose your health information to people who may be involved in your medical care after you leave Finger Lakes Community Health, such as family members and other health-care providers.

Payment

We will use your health information for payment. For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, your diagnosis, dates of service, procedures and supplies used.

Routine health-care operations

We will use your health information to carry out health-care operations. For example, members of the medical staff, or the quality-improvement team, may use information in your health record to assess the care and outcomes in your case and others like it. This helps evaluate the performance of our staff in caring for you.

Other Uses and Disclosures

We may also use or disclose your personal health information without your consent to meet special reporting requirements, to facilitate continuity of care, or for public health or other purposes. Such uses or disclosures include:

- Family, domestic partners and friends who are involved in your medical care
- Business associates of our organization, with whom we contract for services. Examples of business associates include consultants, accountants, lawyers, medical transcriptionists and third-party billing companies. We require these business associates to protect the confidentiality of your health information
 - The Food and Drug Administration, such as to report adverse events
 - Data for health oversight activities, such as auditing or licensing
 - Reports on communicable diseases
 - Reports to employers for work-related illness or injuries
 - Reports on abuse, neglect or domestic violence
 - To avert a serious threat to health or safety or to prevent serious harm to an individual

- Disaster relief: we may disclose your location and general condition to a public or private entity (such as FEMA or the Red Cross) authorized by law to assist in disaster relief efforts
- As required by law, such as for law enforcement or in response to a subpoena or court order
- Information for the hospital directory, limited to your name and general health condition (i.e., “critical,” “poor,” “fair,” “good,” or similar statements), unless you notify us that you wish to be excluded from the directory
- Coroners and medical examiners as necessary to carry out their duties
- Organ-procurement organizations, to the extent allowed by law
- Research approved by an Institutional Review Board. While most clinical research studies require specific patient consent, there are instances where a record, tissue or specimen review may be conducted by such researchers without patient consent
- Specialized government functions, for example, as required by military authorities
- Worker’s compensation
- Fundraising: We may contact you as part of a fund-raising effort.
- Marketing: We may provide you with information about treatment alternatives or other health-related services that may be of interest to you
- Appointment reminders
- If you are an inmate, your health information may be released to the correctional institute or agents

Other uses and disclosures will be made only with your written authorization, which you have the right in most cases to revoke.

Special Authorizations

Federal and state laws that provide special protections for certain kinds of personal health information (such as information about sexually transmitted and other communicable diseases, drug and alcohol-abuse treatment, certain mental-health treatment services) call for specific authorizations from you to disclose information. When your personal health information falls under these special protections, we will secure the required authorizations from you to comply with those laws.

Your Rights

You have individual rights over the use and disclosure of your personal health information, including the rights listed below. You may exercise any of these rights by contacting our Corporate Compliance Officer at 315-781-8448.

Restrict use

You may request in writing that we not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it.

Self-pay restriction

You may request in writing that we not disclose your personal health information to health plans for services or items that are self-paid. There are certain conditions that must be met in order for us to comply with your request.

Receive confidential communications

You have the right to receive confidential communication by alternative means or locations. This includes an alternative mailing address or an e-mail address.

Inspect and copy

In most cases, you have the right to request in writing access to or a copy of your health information.

Request corrections

You have the right to request in writing that we correct information in your record that you believe is incorrect or add information that you believe is missing.

Know about disclosures

You have the right to request in writing and receive a list of instances where we have disclosed information for reasons other than treatment, payment or related administrative purposes.

Complaints

If you are concerned that we have violated your privacy, or you disagree with a decision we made about access to your record, you may contact our Corporate Compliance Officer at 315-781-8448.

You may also contact the Secretary of Health and Human Services – Office for Civil Rights if you feel your privacy rights have been violated. Finger Lakes Community Health will not retaliate against you for filing any complaint.

We are required by law to protect the privacy of your health information, to provide this Notice about our health information practices and to follow the privacy practices that are described in this Notice.

Changes to this Notice

This notice is effective as of April 14, 2003. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all personal health information we maintain. The revised notice will be posted at our places of service and on our website at www.flchealth.org . You can request a copy of the current notice at any time by calling **315-531-9102**.