



Notice of Privacy Practices

Avi so Fasonpoujere
enfòmasyonkonfidansyèl

Notice of Privacy Practices

(Para la versión española de este documento chasque por favor aquí): Version española

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

WE ARE COMMITTED TO YOUR PRIVACY

Westchester Medical Center Health Network (WMCHHealth) is 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 that describes the health information privacy practices of our hospital, its medical staff, and affiliated health care providers that jointly provide health care services with our hospital. We will only use or disclose (share) your health information as described in this Notice. You will be asked to sign an acknowledgement that you have received this Notice.

Some of our programs provide substance use disorder services that are subject to federal confidentiality rules at 42 CFR Part 2; additional information about how those records may be used and disclosed is provided in a separate Part 2 Privacy Notice Addendum. This Notice is supplemented by a Part 2 Privacy Notice Addendum, available upon request and on our website, for patients receiving substance use disorder services.

If you have any questions about this notice or would like further information, please contact the Privacy Officer at (914) 493-2600.

WHO FOLLOWS THIS NOTICE?

All employees, medical staff, trainees, students, volunteers, and agents of WMCHHealth at the locations listed below, follow these privacy practices. WMCHHealth includes:

- Westchester Medical Center including Maria Fareri Children's Hospital, Behavioral Health Center, MidHudson Regional Hospital
- Good Samaritan Hospital of Suffern, NY
- St. Anthony Community Hospital
- Bon Secours Community Hospital
- Villa Francis at the Knolls, Inc. (Schervier Pavilion)
- HealthAlliance Hospital, Mary's Avenue Campus, including HealthAlliance Hospital, Broadway Campus
- Margaretville Hospital
- Mountainside Residential Care Center
- Westchester Medical Center Advanced Physician Services, P.C.
- Bon Secours Charity Health System Medical Group, P.C.
- Center for Regional HealthCare Innovation

USING AND SHARING YOUR INFORMATION

This section describes the different ways that we may use and share your information.

We mainly use and share your information for treatment, payment, and health care operation purposes. This means we use and share your health information:

- With other health care providers who are treating you or with a Pharmacy that is filling your prescription;
- With your insurance plan to collect payment for health care services or to get pre-approval for your Treatment; and
- To run our business, improve your care, educate our professionals, and evaluate provider performance.

Sometimes we may share your information with our business associates, such as a billing service, who help us with our business operations. All of our business associates must protect the privacy and security of your health information just as we do.

We may also use or share your information to contact you:

- About health-related benefits or services;
- About your upcoming appointments;
- To see if you would like to take part in research projects;
- About fundraising for WMCHHealth.

You have the right to opt out of fundraising communications. You can do this by contacting WMCHHealth's Foundation Office at foundation@wmchealth.org or by phone at 914-493-2575.

If you do not wish to be notified of research projects you may be able to participate in, you can contact the Westchester Medical Center's Research Institute in writing to Westchester Medical Center, Executive Offices Taylor Pavilion West, 100 Woods Road, Valhalla, New York 10595, or by phone at 914-493-6280.

Special protections apply if we use or share sensitive health information. This includes HIV-related information, mental health information, alcohol or drug abuse treatment information, or genetic information. For example, under New York State law, confidential HIV-related information can only be shared with persons allowed to have it by law, or persons you have allowed to have it by signing a specific authorization form. If your treatment involves this information, you may contact the Compliance/Privacy Officer at 914-493-2600 for further explanation.

We are also allowed, and sometimes required by law, to share your information in other ways. We have to meet many conditions in the law before we can share your information for the following reasons. Some examples of each include:

- **Public Health and Safety:** reporting diseases, births, or deaths; reporting suspected abuse, neglect, or domestic violence; to avoid a serious threat to health or public safety; monitoring product recalls; and reporting information for safety and quality purposes.
- **Research:** analyzing health record projects that have been approved by our Institutional Review Board (IRB) and are of low risk to your privacy; preparing for research study; studies that only involve decedents' information.
- **Judicial and Administrative Proceedings:** responding to a court or administrative order.
- **Workers' Compensation and other Government Requests:** workers' compensation claims payment or hearings; health oversight agencies for activities authorized by law; special government functions (military, national security).
- **Law Enforcement:** with a law enforcement official to identify or find a suspect or missing person.
- **Comply with the Law:** to the Department of Health and Human Services to see if we are complying with federal privacy law.
- **Disaster Relief Situation:** sharing your location and general location for the purpose of notifying your family, friends, and agencies chartered by law to assist in emergency situations.

- To organizations that handle organ, tissue, or eye donation or transplantation.
- To a Coroner, Medical Examiner, or Funeral Director as needed to do their jobs.
- Incidental to a Permitted Use or Disclosure: calling your name in a waiting area for an appointment and others in the waiting area may hear your name called. We make reasonable efforts to limit these incidental uses and disclosures.

In the following situations, we may use or share your information, unless you object, or if you specifically give us permission. If for some reasons you are not able to tell us your preferences, for example if you are unconscious, we may share your information if we believe it is in your best interest.

- For our patient directory, including in our Chaplaincy Services Department, such as a Priest or Rabbi.
- With your family, friends, or others involved in your care or payment for your care.

In the following situations, we will only use or share your information if you give us permission:

- For marketing purposes
- For the sale of your information or payments from a third party
- For sharing of most psychotherapy notes
- Any other reasons not described in this Notice

You can revoke (take back) that permission, except when we have already relied on it. Please write to the Department of Health Information Management, contact information is listed on the back page of this Notice.

YOUR RIGHTS

When it comes to your health information, you have certain rights. You may:

- 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.
- Inspect or obtain a copy of your health information, please submit your request in writing to the Senior Director, Department of Health Information Management, contact information is listed on the back page of this Notice.
 - If you request a copy of the information, you will be charged 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 if paper and \$6.75 flat rate for a CD and must generally be paid before or at the time we give the copies to you.
 - We will respond to your request for inspection of records within 10 days. We ordinarily will respond to request for copies within 30 days if the information is located in our facility and within 60 days if it is located off-site at another facility.
- Request confidential communications. We will try and accommodate all reasonable requests.
 - To request more confidential communications, please write to the Compliance/ Privacy Officer, Westchester Medical Center, Executive Offices, Taylor Pavilion West, 100 Woods Road, Suite C-138 Valhalla, New York 10595.
- Ask us to limit what we use or share for your treatment, payment, and health care operations. We are not required to agree to your request, but we will review it. When you pay for services out-of-pocket, in full, and ask us not to share the information with your insurance plan, we will agree unless a law requires us to share that information.
- Ask us to amend your health information if you believe that the health information we have about you is inaccurate or incomplete.
 - To request an amendment, please write to the Senior Director, Department of Health Information Management, contact information is listed on the back page of this Notice. Ordinarily, we will respond to your request within 60 days.

- Get a list of those with whom we have shared information. You can ask for a list (accounting) of the times we shared your information and why for the six years prior to your request. Not all disclosures will be included in this list, such as those made for treatment, payment, or health care operations. You have the right to get this list one time every 12 months without charge, but we may charge you for the cost of providing additional list during that time.
 - To request a list, please write to the Senior Director, Department of Health Information Management, contact information is listed on the back page of this Notice. Ordinarily, we will respond to your request within 60 days.
- Get a copy of this Privacy Notice. Just ask us and we will give you a copy in the format you would like (paper or electronic).
- Choose someone to act for you. This “personal representative” can exercise your rights and make choices about your health information. Generally, parents and guardians of minors will have this right for the child, unless the minor is permitted by law to act on their own behalf.
- File a complaint if you feel your rights have been violated. You may contact the WMC Compliance/Privacy Officer, Westchester Medical Center, Executive Offices, Taylor Pavilion, 100 Woods Road, Suite C-138 Valhalla, New York 10595 or the Secretary of the United States Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, www.hhs.gov/ocr/privacy/hipaa/complaints We will not retaliate or take action against you for filing a complaint.
- Request additional privacy protections with respect to your electronic medical record.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy of your protected health information.
- We will notify you if a breach occurs that may have compromised the privacy or security of your identifiable information.
- We must follow the practices described in this Notice and give you a copy of it.
- We reserve the right to change the terms of this Notice and the changes will apply to all information we have about you. The new Notice will be available upon request and on our website @ www.westchestermedicalcenter.com or by requesting a copy at your next visit.

QUESTIONS OR CONCERNS

If you have a question or wish to exercise your rights described in this Notice, please contact the Compliance/Privacy Officer at: Westchester Medical Center, Corporate Compliance, 100 Woods Road, Suite C-138, Valhalla, New York 10595, by phone to 914-493-2600 or via email to westchestermedicalcenter.com.

Most requests to exercise your rights must be made in writing to the Privacy Officer or the Senior Director, Department of Health Information Management, listed on the back page of this Notice. For more information or to get a request form, contact the Compliance/Privacy Officer at 914-493-2600 or the Department of Health Information Management, contact information is listed on the back page of this Notice.

Avi sou fason nou jere enfòmasyon konfidansyèl

(Para la versión española de este documento chasque por favor aquí): Version espanola

AVI SA A DEKRI FASON YO KA SÈVI AK PATAJE ENFÒMASYON SOU SANTE W AK FASON W KA GEN AKSÈ AK ENFÒMASYON SA YO. TANPRI, PRAN SAN W POU W LI AVI SA A.

NOU PRAN ENFÒMASYON KONFIDANSYÈL OU OSERYE

Lalwa bay rezo Sante Westchester Medical Center (WMCHHealth) obligasyon pou l pwoteje enfòmasyon konfidansyèl sou sante ki ka afiche idantite w, e pou ba w yon kopi avi sa a ki dekri fason lopital nou an, ekip medikal la, ak founisè swen sante ki asosye avè l pou bay sèvis swen sante ak lopital nou an, jere enfòmasyon konfidansyèl sou sante w. N ap itilize oswa distribiye (pataje) enfòmasyon sou sante w jan sa dekri nan avi sa a. Y ap mande w pou w siyen yon konfimasyon ou te resevwa avi sa a.

Gen kèk nan pwogram nou yo ki bay sèvis pou pwoblèm abi nan dwòg ki gen pou respekte règ konfidansyalite federal nan 42 CFR Pati 2; plis enfòmasyon sou fason yo ka itilize epi pataje dosye sa yo bay nan yon Enfòmasyon ki ajoute pou Avi sou Konfidansyalite Pati 2 a apa. Avi sa a gen Enfòmasyon ki ajoute pou Avi sou Konfidansyalite Pati 2, disponib sou demann ak sou sit entènèt nou an, pou pasyan k ap resevwa sèvis pou pwoblèm abi nan dwòg.

Si w gen nenpòt kesyon konsènan avi sa a oswa ou ta renmen gen plis enfòmasyon, tanpri, kontakte Ajan ki Responsab Enfòmasyon Konfidansyèl la nan (914) 493-2600.

KIYÈS KI APLIKE SA K NAN AVI SA A?

Tout anplwaye, ekip medikal, moun k ap pran fòmasyon, elèv, benevòl, ak ajan WMCHHealth yo ki nan kote ki mansyone pi ba a, aplike pwosedi anrapò ak enfòmasyon konfidansyèl sa yo. WMCHHealth gen ladan:

- Westchester Medical Center ki gen ladan l Maria Fareri Children's Hospital, Behavioral Health Center, MidHudson Regional Hospital
- Good Samaritan Hospital of Suffern, NY
- St. Anthony Community Hospital
- Bon Secours Community Hospital
- Villa Francis at the Knolls, Inc. (Schervier Pavilion)
- HealthAlliance Hospital, Mary's Avenue Campus, ki gen ladan l HealthAlliance Hospital, Broadway Campus
- Margaretville Hospital
- Mountainside Residential Care Center
- Westchester Medical Center Advanced Physician Services, P.C.
- Bon Secours Charity Health System Medical Group, P.C.
- Center for Regional HealthCare Innovation

ITILIZE AK PATAJE ENFÒMASYON SOU OU

Seksyon sa a dekri plizyè fason nou ka sèvi ak pataje enfòmasyon sou ou.

N ap plis itilize ak pataje enfòmasyon w pou tretman, pèman ak pou swen sante. Sa vle di nou itilize ak pataje enfòmasyon sou sante w:

- Ak lòt founisè swen sante k ap ba w tretman oswa ak yon famasi k ap ba w medikaman ki sou preskripsyon w;
- Ak asirans ou pou nou ka resevwa pèman sèvis swen sante oswa pou yo ba nou otorizasyon ba w tretman; epi
- Pou fonksyonman biznis nou, amelyore swen w, bay pwofesyonèl nou yo fòmasyon, epi evalye pèfòmans founisè a.

Pafwa nou ka pataje enfòmasyon w ak asosye biznis nou yo, tankou sèvis fakti, ki ede nou ak fonksyonman biznis nou an. Tout asosye biznis nou yo dwe pwoteje konfidansyalite ak sekirite enfòmasyon sante w jan nou fè sa.

Nou ka itilize oswa pataje enfòmasyon w tou pou nou kontakte w:

- Konsènan avantaj oswa sèvis ki gen rapò ak sante;
- Konsènan randevou w genyen k ap vini;
- Pou l wè si w ta renmen patisipe nan pwojè rechèch;
- Konsènan kanpay pou ranmase lajan pou WMCHHealth.

Ou gen dwa pou w pa aksepte yo voye mesaj konsènan kanpay pou ranmase lajan pou ou. Ou ka fè sa lè w kontakte biwo WMCHHealth Foundation nan foundation@wmchealth.org oswa pa telefòn nan 914-493-2575.

Si w pa vle resevwa mesaj konsènan pwojè rechèch ou ka kalifye pou w patisipe, ou ka voye yon lèt nan Westchester Medical Center's Research Institute nan Westchester Medical Center, Executive Offices Taylor Pavilion West, 100 Woods Road, Valhalla, New York 10595, oswa nan telefòn nan 914-493-6280.

Gen pwoteksyon espesyal ki aplike si nou itilize oswa pataje enfòmasyon sante ki sansib. Sa gen ladan l enfòmasyon ki gen rapò ak VIH, enfòmasyon sante mantal, enfòmasyon sou tretman pou abi alkòl oswa dwòg, oswa enfòmasyon ki gen rapò ak jèn. Pa egzanp, an amoni ak lwa Eta Nouyòk la, yo ka pataje enfòmasyon konfidansyèl ki gen rapò ak VIH sèlman ak moun lalwa bay otorizasyon pou genyen l, oswa moun ou bay otorizasyon pou genyen l, lè w siyen yon fòmilè otorizasyon presi. Si tretman w lan gen enfòmasyon sa a ladan l, ou ka kontakte Ajan ki responsab Aplikasyon Prensip/Enfòmasyon Konfidansyèl la nan 914-493-2600 pou plis espplikasyon.

Nou gen otorizasyon tou, e pafwa dapre lalwa, pou nou pataje enfòmasyon w lòt fason. Nou dwe reponn ak anpil kondisyon lalwa mete anvan nou pataje enfòmasyon w pou rezon ki annapre yo. Pami egzanp sa yo gen:

- Sante Piblik ak Sekirite: deklare maladi, nesans oswa lanmò; deklare abi, neglijan, oswa vyolans domestik oupanse ki genyen; pou w evite menas grav pou sante oswa sekirite piblik; kontwole pwodui yo mande pou retounen; epi deklare enfòmasyon pou rezon sekirite ak kalite.
- Rechèch: analize pwojè dosye sante ki jwenn apwobasyon Komite Analiz Enstitisyon nou an (Institutional Review Board, IRB) e ki pa reprezante gwo danje pou vi prive w; prepare pou etid ki fèt nan kad rechèch; etid ki gen enfòmasyon sou defen sèlman.
- Jijman Jidisyèl ak Administratif: reponn yon manda tribinal oswa administratif.
- Konpansasyon Travayè ak lòt Demann Gouvènman: pèman lajan oswa odyans konpansasyon travayè; ajans k ap verifiye sante pou aktivite lalwa otorize; travay espesyal gouvènman (militè, sekirite nasyonal).
- Lapolis: ak yon polisye pou idantifye oswa jwenn yon moun ki annafè oswa yon moun ki pèdi.
- Obeyi ak Lalwa: bay Depatman Sante ak Sèvis Sosyal pou wè si nou obeyi lwa federal anrapò ak enfòmasyon konfidansyèl.
- Èd lè gen katastwòf: pataje kote w ye ak anplasman jeneral pou yo ka voye mesaj bay fanmi, zanmi, ak ajans lalwa bay responsabilite pandan yon tan pou ede nan sitiyasyon ijans.
- Bay òganizasyon ki jere don ògàn, tisi, oswa je oswa transplantasyon.
- Bay yon Anketè, Anketè Medikal, oswa Direktè Ponp Finèb lè sa nesèsè pou yo fè travay yo.

- Itilizasyon oswa Pataj ki Otorize ki Fèt yon Lè Konsa: site non w nan yon sal datant pou yon randevou e lòt moun nan sal datant lan ka tande yo site non w. Nou fè efò ki rezonab pou nou limite itilizasyon ak pataj sa yo ki fèt yon lè konsa.

Nan sitiyasyon ki annapre yo, nou ka itilize oswa pataje enfòmasyon w, sof si w di w pa dakò, oswa si se oumenm menm ki ba nou otorizasyon. Si pou kèk rezon ou pa ka di nou sa w prefere, pa egzanp si w pa konsyan, nou ka pataje enfòmasyon w si n panse se sa k ap pi bon pou ou.

- Pou dosye pasyan nou an, sa gen ladan l Depatman Sèvis Relijye, tankou Prèt oswa Raben.
- Ak fanmi w, zanmi w, oswa lòt moun ki enplike oswa k ap peye pou swen w.

Nan sitiyasyon ki annapre yo, nou ka itilize oswa pataje enfòmasyon w, si w ba nou otorizasyon:

- Pou fè piblisite
- Pou vann enfòmasyon w oswa fè pèman pou yon antite endepandan
- Pou pataje pifò nòt terapi anrapò ak mantal
- Nenpòt lòt rezon ki pa dekri nan Avi sa a

Ou ka anile (retire) otorizasyon sa a, sof si nou te gentan ap sèvi avè l. Tanpri ekri Depatman Jesyon Enfòmasyon sou Sante, enfòmasyon pou kontakte a nan do Avi sa a.

DWA W

Lè se pou kesyon enfòmasyon sou sante w, ou gen kèk dwa. Ou ka:

- Enspekte epi jwenn yon kopi nenpòt enfòmasyon sou sante w nou ka itilize pou pran desizyon ki konsène w ak tretman w toutotan nou kenbe enfòmasyon sa a nan dosye nou yo. Sa gen ladan l dosye medikal ak fakti.
- Verifye oswa resevwa yon kopi enfòmasyon sou sante w, tanpri, voye demann ou an pa ekri bay direktè anchèf la, Depatman Jesyon Enfòmasyon sou Sante, enfòmasyon pou kontakte a nan do Avi sa a.
 - Si w mande yon kopi enfòmasyon an, y ap fè w peye yon montan pou depans kopi, voye l pa lapòs oswa lòt materyèl nou resevwa pou n reponn ak demann ou an. Montan nòmal la se \$0.75 pa paj si se papye e \$6.75 fiks pou yon CD e anjeneral ou dwe peye l anvan ak nan moman n ap ba w kopi yo.
 - N ap reponn ak demann ou fè pou verifikasyon dosye yo nan 10 jou. Nou abitye reponn demann pou kopi yo nan espas 30 jou si enfòmasyon an twouve l nan lokal nou an ak nan 60 jou si l twouve l nan yon lòt lokal.
- Demann komunikasyon konfidansyèl. N ap eseye fè aranjman pou tout demann.
 - Pou w fè demann plis enfòmasyon konfidansyèl, tanpri, ekri Ajan ki Responsab Respè Prensip yo/Enfòmasyon Konfidansyèl la, Westchester Medical Center, Executive Offices, Taylor Pavilion West, 100 Woods Road, Suite C-138 Valhalla, New York 10595.
- Mande nou pou nou limite itilizasyon ak pataj pou tretman w, pèman, ak swen sante. Nou pa gen obligasyon pou nou dakò ak demann ou an, men n ap analize l. Lè w peye pou sèvis yo ak kòb ou, pou tout, e w mande nou pou nou pa pataje enfòmasyon an ak asirans ou an, n ap dakò sof si gen yon lwa ki mande nou pataje enfòmasyon sa a.
- Mande nou pou nou chanje enfòmasyon sou sante w si w panse enfòmasyon nou gen sou ou a pa kòrèk oswa l pa konplè.
 - Pou w mande yon chanjman, tanpri ekri Direktè Anchèf la, Depatman Jesyon Enfòmasyon sou Sante, enfòmasyon pou kontakte a nan do Avi sa a. N ap reponn demann ou fè pou verifikasyon dosye yo nan espas 60 jou.

- Resevwa yon lis moun nou pataje enfòmasyon yo avè yo a. Ou ka mande yon lis (kontabilite) ki gen lè nou te pataje enfòmasyon w e rezon an pou sis an anvan demann ou an. Se pa tout pataj k ap nan lis sa a, tankou sa yo te fè nan kad tretman, pèman, oswa swen sante. Ou gen dwa pou w resevwa lis sa a yon fwa chak 12 mwa san w pa peye, men nou ka fè w peye depans pou nou ka ba w plis lis pandan moman sa a.
 - Pou w mande yon lis, tanpri ekri Direktè Anchèf la, Depatman Jesyon Enfòmasyon sou Sante, enfòmasyon pou kontakte a nan do Avi sa a. N ap reponn demann ou fè pou verifikasyon dosye yo nan espas 60 jou.
- Resevwa yon kopi Avi anrapò ak Enfòmasyon Konfidansyèl sa a. Annik mande nou e n ap ba w yon kopi nan fòm a ou ta renmen an (papyè oswa elektwonik).
- Chwazi yon moun pou pran desizyon nan plas ou. "Reprezantan Pèsonèl" sa a ka ranpli dwa w epi fè chwa konsènan enfòmasyon sou sante w. Anjeneral, paran ak responsab minè yo ap gen dwa sa a pou pitit yo, sof lalwa bay minè a otorizasyon pou yo pran desizyon pou tèt li.
- Depoze yon plent si w santi yo pa respekte dwa w. Ou ka kontakte Ajan ki Responsab Respè Prensip yo/Enfòmasyon Konfidansyèl, Westchester Medical Center, Biwo Direktè yo, Taylor Pavilion, 100 Woods Road, Suite C-138 Valhalla, New York 10595 oswa Sekretè Depatman Sante ak Sèvis Sosyal Biwo Dwa Sitwayen, 200 Independence Avenue, S.W., Washington, D.C. 20201, rele 1-877-696-6775, www.hhs.gov/ocr/privacy/hipaa/complaints Nou p ap fè reprezay sou ou oswa pran desizyon kont ou paske w depoze yon plent.
- Mande plis pwoteksyon vi prive pou dosye medikal nan fòm a elektwonik.

RESPONSABILITE NOU

- Lalwa ba nou obligasyon pou nou konsève enfòmasyon prive ki pwoteje sou sante w.
- N ap fè w konnen si gen enfòmasyon ki gaye ki ta ka bay pwoblèm nan konfidansyalite ak sekirite enfòmasyon ki ka idantifye w.
- Nou dwe suiv pratik ki dekri nan Avi sa a epi ba w yon kopi ladan l.
- Nou gen dwa chanje kondisyon ki nan Avi sa a e chanjman yo ap aplike ak enfòmasyon nou gen sou ou. Nouvo avi a ap disponib sou demann epi sou sit entènèt nou an @ www.westchestermedicalcenter.com oswa lè w mande yon kopi nan pwochen vizit ou a

KESYON OSWA ENKYETID

Si w gen kesyon oswa w ta renmen dwa w genyen ki dekri nan Avi sa a aplike, tanpri, kontakte Ajan Pou Fè Respekte Prensip/Enfòmasyon Konfidansyèl la nan: Westchester Medical Center, Corporate Compliance, 100 Woods Road, Suite C-138, Valhalla, New York 10595, by phone to 914-493-2600 oswa pa imel nan westchestermedicalcenter.com.

Pifò demann pou aplike dwa w yo dwe fèt pa ekri pou w voye l bay Ajan Enfòmasyon Konfidansyèl la oswa Direktè Anchèf la, Direksyon Depatman Jesyon Enfòmasyon sou Sante, ki mansyone nan do Avi sa a. Pou plis enfòmasyon oswa pou w jwenn yon fòmilè demann, kontakte responsab respè règleman yo/konfidansyalite a nan 914-493-2600 oswa Depatman Jesyon Enfòmasyon Sante a, enfòmasyon kontak yo nan dènye paj Avi sa a.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

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By signing below, I acknowledge that I have been provided a copy of the Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by the hospital and the facilities listed at the beginning of this notice, and how I may obtain access to and control this information. I also acknowledge and understand that I may request copies of separate notices explaining special privacy protections that apply to HIV-related information, alcohol and substance abuse treatment information, mental health information and genetic information.

Signature of Patient or Personal Representative

Print Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority

KONFIMASYON OU RESEVWA AVI SOU PRATIK ANRAPÒ AK ENFÒMASYON KONFIDANSYÈL

2655 (Rev. 04/22) Paj 1 sou 1

Siyati m mete pi ba a vle di mwen rekonèt mwen te resevwa yon kopi Avi konsènan Pratik anrapò ak Enfòmasyon Konfidansyèl yo, donk, yo te fè m konnen ki fason lopital la ak etablisman ki mansyone nan kòmansman avi sa a ap itilize enfòmasyon sou mwen, ak fason mwen ka gen aksè ak kontwòl enfòmasyon sa yo. Mwen rekonèt tou e mwen konprann mwen ka mande kopi avi separe ki esplike pwoteksyon Vi Prive espesyal ki aplikab pou enfòmasyon ki gen rapò ak HIV, alkòl ak enfòmasyon konsènan tretman pou abi dwòg, enfòmasyon sou sante mantal ak enfòmasyon jenetik.

Siyati pasyan oswa reprezantan pèsònèl

Ekri non pasyan oswa reprezantan pèsònèl la ak lèt detache

Dat

Deskripsyon otorite reprezantan pèsònèl la

Department of Health Information
Management (HIM) – Contact
Information

Westchester Medical Center including
Maria Fareri Children’s Hospital Behavioral
Health Center MidHudson Regional Hospital
Health Information Management
100 Woods Road
Macy Pavilion
Valhalla, N.Y. 10595
914-493-7600

MidHudson Regional Hospital
Health Information Management
241 North Rd
Poughkeepsie, NY 12601
845-431-8152

Good Samaritan Hospital
Health Information Management
255 Lafayette Ave.
Suffern, NY 10901
845-368-5361

St. Anthony Community Hospital
Health Information Management
15 Maple Avenue
Warwick, NY 10990
845-987-5202

Bon Secours Community Hospital
Health Information Management
160 East Main St
Port Jervis, NY 12771
845-858-7086

HealthAlliance Hospital
including Margaretville Hospital and
Mountainside Residential Care Center
Health Information Management
105 Mary’s Ave
Kingston, N.Y. 12401
845-334-3150

Depatman Jesyon Enfòmasyon sou Sante (HIM) –
Enfòmasyon pou Kontakte

Westchester Medical Center ki gen ladan I
Maria Fareri Children’s Hospital Behavioral
Health Center MidHudson Regional Hospital
Jesyon Enfòmasyon sou Sante
100 Woods Road
Macy Pavilion
Valhalla, N.Y. 10595
914-493-7600

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HealthAlliance Hospital
sa gen ladan I Margaretville Hospital ak
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