

WMC Health
Westchester Medical Center Health Network

Notice of Privacy Practices

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Notice of Privacy Practices

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 (WMCHealth) 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.

If we receive information relating to your diagnosis, prognosis, or treatment for a substance use disorder subject to 42 CFR Part 2 ("Part 2 Records"), we will not use or disclose your Part 2 Records, or provide testimony relaying the content of your Part 2 Records, in any civil, criminal, administrative, or legislative proceeding against you unless you have provided written consent to this disclosure (separate from your consent for any other use or disclosure), or a court order after notice and an opportunity to be heard is provided to you or us (as the lawful holder of the Part 2 Record), as provided by 42 CFR Part 2. A court order authorizing the use or disclosure of this information must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested information is used or disclosed. In some instances, we operate substance use disorder programs that are subject to additional restrictions under Part 2. Patients of those programs can find additional privacy practices of those programs on WMCHealth's website at https://www.wmchealth.org.

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 WMCHealth at the locations listed below, follow these privacy practices. WMCHealth includes:

Westchester Medical Center, including the following campuses:

- Maria Fareri Children's Hospital
- Behavioral Health Center
- Mid-Hudson Regional Hospital
- Good Samaritan Hospital, a Member of WMCHealth
- St. Anthony Community Hospital, a Member of WMCHealth
- Por Jervis Community Hospital, a Member of WMCHealth
- HealthAlliance Hospital, a Member of WMCHealth

Villa Francis at the Knolls, Inc. (Schervier Pavilion)
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.

Use of AI-Assisted Documentation Tools

You have the right to know when and how Artificial Intelligence (AI) is used by us. Your WMCHealth provider may use a secure, AI-Assisted documentation tool during your visit to support efficient clinical documentation. The tool may process information from your visit, including spoken communication, to generate a draft clinical note for provider review, editing, and approval. The final signed note becomes part of your medical record. Audio or other transient data captured for this purpose is not retained as part of your medical record and is not used to make clinical decisions.

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 WMCHealth.

You have the right to opt out of fundraising communications. You can do this by contacting WMCHealth'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 situation- 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 RESPONSIBILITES

• 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 compliance.info@wmchealth.org.

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.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

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

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

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