Notice of Privacy Practices

THIS JOINT NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

- What is the Stony Brook Organized Health Care Arrangement?
- Who Will Follow This Notice?
- When SBOHCA May Not Use/Disclose Your Health Information
- How SBOCHA May Use or Disclose Your Health Information
- Your Health Information Rights
- Special Protections for HIV, Mental Health and Genetic Information
- Changes to This Joint Notice of Privacy Practices
- Complaints

WHAT IS THE STONY BROOK ORGANIZED HEALTH CARE ARRANGEMENT?
The Stony Brook Organized Health Care Arrangement (SBOHCA) operates for the sole purpose of facilitating compliance with the Health Insurance Portability and Accountability Act (HIPAA) and creates no legal representations, warranties, obligations, or responsibilities beyond HIPAA compliance. The Stony Brook entities covered by this Joint Notice include Stony Brook University Medical Center (SBUH), Voluntary members of the SBUH Medical Staff, the employees and contracted professionals of the professional corporations (PCs) comprising the faculty practices at Stony Brook University (SBU) in their employment or contracted professional capacity with the PCs, and several academic health professional schools. The entities, which comprise the SBOHCA, are in numerous clinical and academic locations throughout the greater New York area. This Joint Notice applies to those practice sites.

SBOHCA is required by law to maintain the privacy of your protected health information and to provide you with a joint notice of its legal duties and privacy practices with respect to your health information. Protected Health Information (herein referred to as health information) means individually identifiable information that we obtain from you or others that relates to your past, present or future physical or mental health, the health care that you have received, or payment for your health care transmitted or maintained in any form or medium (e.g. oral, written, electronic). It applies to all of the records of your care generated by the workforce of the entities including your medical doctor. The members of the SBOHCA will share health information with one another, as necessary, to carry out treatment, payment and health care operations relating to services rendered at the SBOHCA locations.

The entities that make up SBOHCA may have different policies and procedures regarding the use and disclosure of health information created and maintained in their facilities. Additionally, while all of the entities that make up SBOHCA will use the same Joint Notice, voluntary members of the SBUH Medical Staff will use other Notices when they are providing services at private practice sites. If you have questions about any part of this Joint Notice or if you want more information about the privacy practices at SBOHCA facilities, please contact the SBUH Privacy Administrator at (631) 444-5776 who will refer you to the appropriate SBOHCA Privacy Officer.

WHO WILL FOLLOW THIS NOTICE
This Joint Notice applies to the workforce members of the entities of the SBOHCA. Workforce members include all employees, medical or other students, trainees, residents, interns, volunteers and contracted personnel. It will be provided to patients on behalf of all of the SBOHCA entities.

WHEN SBOHCA MAY NOT USE/DISCLOSE YOUR HEALTH INFORMATION
Except as described below in this Joint Notice of Privacy Practices or as otherwise required by law, SBOHCA will not use or disclose your health information without your written authorization. If you do authorize SBOHCA to use or disclose your health information, you may revoke your authorization in
writing at any time except to the extent that SBOHCA has already taken action in reliance on your authorization.

http://www.stonybrookmedicalcenter.org/patientcare/privacy - topofpage

HOW SBOHCA MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

- SBOHCA collects health information from you and stores it in written and electronic formats. This is your health information. The health information is the property of SBOHCA, but the information is accessible to you. SBOHCA protects the privacy of your health information. The law permits SBOHCA to use or disclose your health information for the following purposes:

  **Treatment:** Your health information can be used or disclosed by SBOHCA to enable the organization to provide you with medical treatment (e.g. a doctor who is treating you may need to know if you have allergies to medication, a doctor may include your name on a specimen that is sent to a laboratory for testing, etc).

  **Payment:** Your health information can be used or disclosed by SBOHCA entities to enable these entities to receive payment for medical services provided to you (e.g. we may need to provide information to a third party payor to determine whether the proposed treatment will be covered, when we bill a third party payor for services rendered to you we can provide information regarding your care to obtain payment, etc).

  **Operations:** Your health information can be used or disclosed for operational purposes (e.g. utilization review, Health Department review, Cancer Registry, clinical education purposes).

  **Personal Use:** Your health information can be disclosed to you.

  **Consent:** SBOHCA has the right to use and disclose your health information for treatment, payment or operations once you have signed a consent form as required by New York State law. Once you sign this general written consent form, it will be in effect indefinitely until you revoke your general written consent. You may revoke your general written consent at any time (in writing), except to the extent that we have already relied on it. For example, if we provide you with treatment before you revoke your general written consent, we may still share your health information with your insurance company in order to obtain payment for that treatment. To revoke your general written consent, please contact the SBUH Privacy Administrator at (631) 444-5796 who will refer you to the appropriate SBOHCA Privacy Officer.

  **Directory/Census:** SBUH may list your name, where you are located in the facility, general medical status and religious affiliation in its directory. This information may be provided to members of the clergy. This information, except your religious affiliation, may be provided to other people (i.e. family members, friends and members of the press) who ask for you by name. If you do not want us to list this information in SBUH's directory/census or provide it to clergy or others, you must notify us in writing that you object.

  **Notification and Communication with Family:** SBOHCA may use or disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communicating with your family and others.

  **Required by Law or Public Health Authorities:** SBOHCA may use and disclose your health information as required by law. Additionally, SBOHCA may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting abuse, neglect or domestic violence of adults; reporting to the Food and Drug Administration problems with products or services and reactions to medications; reporting disease or infection exposure; or reporting to other authorities as required by law or regulation.

  **Health Oversight Activities/Judicial Matters:** SBOHCA may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings. Disclosure may also occur in the course of any administrative or judicial proceeding. SBOHCA may disclose your health information to a law enforcement official for identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
• **Deceased Person/Organ Donation Information or Personal Health and Safety:** SBOHCA may disclose your health information to coroners, medical examiners and funeral directors as well as organizations involved in procuring, banking or transplanting organs and tissues. SBOHCA may also use and disclose your health information in order to prevent or lessen a serious and/or imminent threat to the health or safety of a particular person or the general public.

• **Specialized Government Functions or Worker’s Compensation:** SBOHCA may disclose your information for military, national security or correctional facility purposes. We may also disclose your health information as necessary to comply with worker's compensation laws.

• **Research:** Part of the mission of SBU and SBOHCA is the improvement of health care, in part, through research involving human subjects. You may be asked to participate in such research. If you decide to do so, you will sign a consent form for participation in the study. At that time, you will also be asked to provide your written authorization permitting the use or disclosure of your health information for the research activity. However, certain research activities can include your health information without your written authorization if the researcher is approved through a special review process where it is determined that the use or disclosure of your health information in the research activity poses minimal risk to your privacy. This is achieved, in part, by removing most, if not all, of the information that has the potential to identify you. In some instances, the researcher must sign an agreement that further protects your privacy.

  We may also, under certain, limited circumstances, allow your identifiable health information to be viewed by researchers who are developing ideas for future research studies. However, SBU will protect your privacy by a) requiring the researcher to first apply for, and receive, special permission to view your health information, and b) not allowing any health information that identifies you to be written down or used. Health information can also be shared with researchers without authorization when the research involves the study of health information of deceased persons. As just explained, special permission must be granted, and no health information that identifies the deceased person can be written down or used.

• **Marketing and Fundraising:** SBOHCA may contact you to give information about other treatments or health-related benefits and services that may be of interest to you. Additionally, SBOHCA may contact you to participate in SBOHCA marketing and fundraising activities. You have the choice of opting out of receiving marketing and fundraising information.

  **Appointment Reminders:** SBOHCA may contact you to provide appointment reminders for treatment or medical care. The reminder system is automated and messages with the necessary information pertaining to your appointment may be left on answering machines. You will have the opportunity to request that you do not receive automated appointment reminders. The School of Dental Medicine does not leave automated appointment reminders.

• **Emergencies, Disaster Relief or if Information is De-identified:** SBOHCA may use or disclose your health information in an emergency or to assist in disaster relief efforts. Additionally, your information may be used or disclosed if we have removed any information that reveals who you are.

• **Change of Ownership:** In the event that SBOHCA is sold or divested by the State of New York, your health information will become the property of the new owner/entity and will be subject to their policies on health information as well as federal and state laws.

• **Incidental Disclosures:** Finally, while SBOHCA will take reasonable steps to protect the privacy of your health information, certain incidental uses and disclosures of your health information may occur. Incidental uses and disclosures are by-products of permitted uses and disclosures that are otherwise limited in nature and cannot be reasonably prevented (e.g. discussions about your health information may be overheard by another person).

[http://www.stonybrookmedicalcenter.org/patientcare/privacy - topofpage](http://www.stonybrookmedicalcenter.org/patientcare/privacy - topofpage)

**YOUR HEALTH INFORMATION RIGHTS**

• **Restrict Use/Disclosure:** You have the right to request restrictions on certain uses and disclosures of your health information. Although we will attempt to accommodate patient requests, SBOHCA is not required to agree or fulfill the restriction requested.

• **Request Alternate Method of Receipt:** You have the right to receive your health information through a reasonable alternative means or at an alternative location (e.g. work or home).
• **Inspect and Copy:** You have the right to inspect and receive a copy of your health information subject to SBOHCA policies and procedures (e.g. times and modes of access are expected to be followed). If you request a copy of your health information, we may charge you a reasonable fee.

• **Amend Information:** You have the right to request that SBOHCA amend your health information. SBOHCA is not required to change your health information. Under these circumstances, SBOHCA will provide you the reason for the denial and information about how you can disagree with an amendment denial.

• **Receive an Accounting of Disclosures:** You have the right to receive an accounting of disclosures of your health information made by SBOHCA for up to six years prior to your request, but not for disclosures made prior to April 14, 2003. It should be understood that SBOHCA does not have to account for a variety of disclosures related to treatment, payment, health care operations, information provided to you, disclosed information authorized by you and certain government law enforcement functions.

• **Request a Detailed Explanation of Rights:** You have the right to a paper copy of this Joint Notice of Privacy Practices. If you would like a more detailed explanation of these rights or if you would like to exercise one or more of the rights, contact the Privacy Administrator at (631) 444-5796 who will direct you to the appropriate SBOHCA Privacy Officer, or visit the SBUMC HIPAA website

http://www.stonybrookmedicalcenter.org/patientcare/privacy - topofpage

---

**SPECIAL PROTECTIONS FOR HIV, MENTAL HEALTH AND GENETIC INFORMATION**

Special Rules apply to these and other types of information. Some parts of this Joint Notice may not apply to these types. If your treatment involves this information, you may be provided with additional information explaining how the information will be protected.

http://www.stonybrookmedicalcenter.org/patientcare/privacy - topofpage

---

**CHANGES TO THIS JOINT NOTICE OF PRIVACY PRACTICES**

SBOHCA is required by law to comply with this Joint Notice. SBOHCA reserves the right to amend this Joint Notice of Privacy Practices at any time in the future. Periodically, SBOHCA will review our privacy policies and practices to help maintain the security and privacy of health information. Due to changing circumstances, at any time, it may become necessary to revise our privacy policies and practices and the terms of this Joint Notice, provided applicable law permits such changes. We reserve the right to make the changes in our privacy policies and practices and the new terms of our Joint Notice effective for all health information that we maintain including health information we created or received before we made changes. You can always request a written copy of our most current Privacy Joint Notice from any SBOHCA Privacy Officer or you can access it at the SBUMC HIPAA website.

---

**COMPLAINTS**

Complaints about this Joint Notice of Privacy Practices or how SBOHCA handles your health information should be directed to the SBUH Department of Patient/Guest Relations at (631) 444-2880. This Department will coordinate with the SBUH Privacy Administrator who will contact the appropriate SBOHCA Privacy Officer. No one will retaliate or take action against you for filing a complaint.

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information, you may file a written complaint with the Department of Health and Human Services, Office of Civil Rights.