

Effective Date: March 01, 2006

**CORTLAND REGIONAL MEDICAL CENTER/NURSING AND
REHABILITATION CENTER**

134 Homer Avenue

Cortland, New York 13045

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.

*If you have any questions about this notice, please contact the
Privacy Officer at 607-756-3687*

A. PURPOSE OF THIS NOTICE OF PRIVACY PRACTICES

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We create a record of the care and services you receive at the hospital/Nursing and rehabilitation center. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the hospital/nursing and rehabilitation center, whether made by hospital/nursing and rehabilitation center personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This Notice tells you about the ways in which we may use and disclose medical information about you. This Notice also describes your rights and our obligations regarding the use and disclosure of medical information.

We are required by law to protect the privacy of health information that may reveal your identity, to abide by the terms and conditions of the Notice of Privacy Practices currently in effect, and to provide you with a copy of this Notice which describes the health information privacy practices of this hospital/nursing and rehabilitation center, its medical staff, and affiliated health care providers that jointly perform payment activities and business operations with our hospital/nursing and rehabilitation center. A copy of our current Privacy Practices Notice will always be posted in our Admissions area. You will be provided with a copy of this Notice at the time of your initial visit to our facility. You will also be able to obtain your own copies by accessing our website at www.cortlandregional.org calling our office at 607-756-3687.

WHAT HEALTH INFORMATION IS PROTECTED

We are committed to protecting the privacy of the information that we gather about you while providing health-related services. Some examples of protected health information are:

- Information about your health condition (such as a disease you may have);
- Information about healthcare services you have received or may receive in the future (such as an operation).
- Information about your health care benefits under an insurance plan (such as whether a prescription is covered);
- Geographic information (such as where you live or work);
- Demographic information (such as your race, gender, ethnicity, or marital status);

- Unique numbers that may identify you (such as your social security number, phone number, or driver's license number); and
- Other types of information that may identify who you are.

This Notice describes our health information privacy practices and compliance by:

- All health care professionals, residents, students and graduate students of health care professional schools affiliated with the hospital/nursing and rehabilitation center who are authorized to enter information into your medical record maintained by the hospital/nursing and rehabilitation center;
- All hospital/nursing and rehabilitation center employees in every department or unit of the hospital/nursing and rehabilitation center having access to your medical information;
- Any member of a volunteer group we allow to help you while you receive services in the hospital/nursing and rehabilitation center;
- All hospital/nursing and rehabilitation center affiliations. These affiliations are independent contractors. The hospital/nursing and rehabilitation center does not assume any liability for any negligence or professional malpractice on the part of or committed by the medical staff members of these affiliations.

The individuals and affiliations listed above may share your medical information with each other as may be necessary to provide your treatment, for payment of your treatment or for purposes of hospital/nursing and rehabilitation center operations.

B. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION?

1. TREATMENT, PAYMENT AND HOSPITAL/NURSING AND REHABILITATION CENTER BUSINESS OPERATIONS

Without your permission, the hospital/nursing and rehabilitation center and its medical staff may use your health information or share it with others in order to treat your condition, obtain payment for that treatment, and run the hospital/nursing and rehabilitation center's normal health care operations. Your health information may also be shared with affiliated hospital/nursing facilities and health care providers so that they may jointly perform certain treatment, payment activities and health care operations.

Below are further examples of how your information may be used without your authorization.

Treatment. We may share your health information with doctors, nurses, technicians, students or other personnel who are involved in your care and they may in turn use that health information to diagnose or treat you. A doctor at our hospital/nursing and rehabilitation center may share your health information with another doctor within our hospital/nursing and rehabilitation center, or with a doctor at another hospital/nursing and rehabilitation center, in order to diagnose or treat you. Your doctor may also share your health information with another doctor to whom you have been referred for further health care. We may also share medical information about you with other hospital/nursing and rehabilitation center personnel or non-hospital/nursing and rehabilitation center providers, agencies or facilities in order to provide or coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital/nursing and rehabilitation center who may be involved in your continuing medical care after discharge such as health care providers, transport companies, community agencies and family members.

Payment. We may use your health information or share it with others so we may obtain payment for your health care services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you. In some cases, we may share information about you with your health insurance company to determine whether it will cover your treatment. We might also need to inform your health insurance company about your health condition in order to obtain pre-approval for your treatment, such as admitting you to the hospital/nursing and rehabilitation center for a particular type of surgery.

Health Care Operations. We may use your health information or share it with others in order to conduct our normal business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide to you.

2. OTHER USES AND DISCLOSURES

There are other special situations when we may use and disclose your health information without your authorization. These uses and disclosures are listed below.

Appointment Reminders, Treatment Alternatives, Benefits, And Services. We may use your health information when we contact you with a reminder that you have an appointment for treatment or services at our facility. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

Fundraising. We may use information about where you live or work, and the dates that you received treatment, in order to contact you to raise money to help us operate. We may also share this information with a charitable foundation that will contact you to raise money on our behalf. If you do not want to be contacted for these fundraising efforts, please write to the Foundation Director at Cortland Regional Medical Center, 134 Homer Avenue, P.O. Box 2010, Cortland, New York 13045-0960.

Hospital/nursing and rehabilitation center Directory. Unless you object, we may include certain limited information about you in the hospital/nursing and rehabilitation center directory while you are a patient at the hospital/nursing and rehabilitation center. This information may include your name, location in the hospital/nursing and rehabilitation center, your general condition (e.g. fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, even if they do not ask for you by name, this is so your family, friends and clergy can visit you in the hospital/nursing and rehabilitation center and generally know how you are doing. You may restrict or prohibit the use or disclosure of this information by notifying the Privacy Officer at 607-756-3687.

Friends And Family Involved In Your Care. Unless you object, or as otherwise instructed by you, or as authorized by law, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care. We may also notify a family member, personal representative or another person responsible for your care about your location and general condition here at the hospital/nursing and rehabilitation center, or about the unfortunate event of your death. In some cases, we may need to share information with a disaster relief organization so that your family or friends can be notified about your condition, status and location.

News Gathering Activities. We may contact you or a family member when a news reporter has requested an interview with you. News reporters often seek interviews with patients injured in accidents or experiencing particular medical conditions or procedures. For example, a reporter working on a story about a new cancer therapy may ask whether any of the patients undergoing that therapy might be willing to be interviewed. In such cases, a member of our staff would contact you to discuss whether or not you want to participate in the story.

As Required By Law. We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures if the law requires notice.

Public Health Activities. We may disclose your health information to public health authorities that are authorized by law to receive and collect health information for purposes of preventing or controlling disease, injury or disability; to report births, deaths, suspected abuse or neglect, reactions to medications, food or defects or problems with products; or to facilitate product recalls.

Employer Activities. We may disclose health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

Victims Of Abuse, Neglect Or Domestic Violence. As authorized or required by law, we may release your health information to a public health or government authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, we may report your information to government officials if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. We

will make reasonable efforts to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

Health Oversight Activities. As authorized or required by law, we may release your health information to government agencies and accreditation agencies authorized to conduct audits, investigations, licensure, certification or accreditation surveys, and inspections of our facility. These government and accreditation agencies monitor the operation of the health care system, government benefit programs such as, Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Medical Product Monitoring, Repair and Recall. We may disclose your health information to a person or company that is required by the Food and Drug Administration to: (1) report or track product defects or problems; (2) repair, replace, or recall defective or dangerous products; or (3) monitor the performance of a product after it has been approved for use by the general public.

Lawsuits and Disputes. In connection with lawsuits or other legal proceedings, we may, as authorized or required by law, disclose your health information about you in response to a court or administrative order, or in response to a subpoena, discover request, warrant, summons or other unlawful process.

Law Enforcement. We may disclose your health information to law enforcement officials if asked to do so by law enforcement officer, and as authorized or required by law, for the following reasons:

- To comply with a court order or laws that we are required to follow;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person.
- If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your consent because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interest;
- If we suspect that your death resulted from criminal conduct;
- If necessary to report a crime that occurred on our property; or
- If necessary to report a crime discovered during an offsite medical emergency (for example, by emergency medical technicians at the scene of a crime).

To Avert A Serious Threat To Health Or Safety. As authorized or required by law, we may use your health information or share it with others when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling), or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

National Security And Intelligence Activities or Protective Services. As authorized or required by law, we may disclose your health information to authorized federal officials who are conducting national security and intelligence or counter intelligence activities or providing protective services to the President or other important officials.

Military And Veterans. If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission as authorized or required by law. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Inmates And Correctional Institutions. As authorized or required by law, if you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined. This includes sharing information that is necessary

to protect the health and safety of other inmates or other persons involved in supervising or transporting inmates.

Workers' Compensation. As authorized or required by law, we may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries when your health condition arises out of a work-related illness or injury.

Coroners, Medical Examiners And Funeral Directors. We may disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties.

Organ And Tissue Donation. In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

Research. In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your health information without your authorization if we obtain approval through a special process to ensure that research without your authorization poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly. We may also release your health information without your authorization to people who are preparing a future research project, so long as any information identifying you does not leave our facility. In the unfortunate event of your death, we may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our facility any information that identifies you.

C. AUTHORIZATION FOR USE AND DISCLOSURE OF YOUR HEALTH INFORMATION.

Other uses and disclosures of your health information not covered by this Notice or the laws that apply to us will be made only with your written permission. In those instances, we will provide you with a hospital/nursing and rehabilitation center authorization to sign. You may revoke your authorization, in writing, at any time except to the extent we have already relied upon it. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your authorization.

Depending upon the nature of your health information, we may be required by law to comply with additional requirements prior to using or disclosing your health information. For example, use and disclosure of HIV-related, genetic and mental health information may need your specific permission.

D. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

We want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.

1. RIGHT TO INSPECT AND COPY RECORDS

With certain exceptions, you have the right to 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. To inspect or obtain a copy of your medical record, please submit your request in writing to the Health Information Management Department, Cortland Regional Medical Center, 134 Homer Avenue, P.O. Box 2010, Cortland, New York 13045-0960. If you request a copy of the information, we may charge 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 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 requests for copies within 10 days. If we need additional time to respond to a request for copies, we will

notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request. We will respond to requests for inspection of Nursing and Rehabilitation Center records within 24 hours after an oral or written request has been made. Copies of Nursing and Rehabilitation Center records will be provided within 2 working days of the written request.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If you are denied access to your medical information, you may request that the denial be reviewed.

2. RIGHT TO REQUEST AN AMENDMENT OF RECORDS

If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please write to the Director of Health Information Management, Cortland Regional Medical Center, 134 Homer Avenue, P.O. Box 2010, Cortland, New York 13045-0960. Your request should include the reasons why you think we should make the amendment. Ordinarily we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request. We may deny your request if the information sought to be amended: (a) was not created by us; (b) is not part of the information kept by or for us; (c) is not part of the information which you are permitted to inspect and copy; or (d) is accurate and complete in the record. If we deny all or part of your request, we will provide a written notice that explains our reasons for doing so. We may also deny your request for an amendment if it is not in writing or does not include a reason. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement, which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

3. RIGHT TO AN ACCOUNTING OF DISCLOSURES

After April 14, 2003, you have the right to request an “accounting of disclosures” which is a list with information about how we have shared your information with others. The accounting, however, will not include:

- Disclosures we made to you;
- Disclosure made pursuant to a written authorization;
- Disclosures we made in order to provide you with treatment, obtain payment for that treatment, or conduct our normal health care operations;
- Disclosures made in the facility directory;
- Disclosures made to your friends and family involved in your care;
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures about inmates to correctional institutions or law enforcement officers; or
- Disclosures made before April 14, 2003.

To request this accounting, please write to the Director of Health Information Management, Cortland Regional Medical Center, 134 Homer Avenue, P.O. Box 2010, Cortland, New York 13045-0960. Your request must state a time period for disclosures you want us to include which time period may not be longer than the previous six years and may not include dates before April 14, 2003. For example, you may request a list of the disclosures that we made between January 1, 2004 and January 1, 2005. You have a right to one accounting within every 12 month period for free. However, we may charge you for the cost of providing any additional accountings in that same 12 month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily we will respond to your request for a list within 60 days. If we need additional time to prepare the accounting list you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting list.

4. RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request that we limit how we disclose medical information about you to family or friends involved in your care or the payment of your care. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, please write to the Privacy Officer, Cortland Regional Medical Center, 134 Homer Avenue, P.O. Box 2010, Cortland, New York 13045-0960. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

5. RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about your medical matters in a more confidential way. For example, you may ask that we contact you at work instead of at home. To request more confidential communications, please write to the Privacy Officer, Cortland Regional Medical Center, 134 Homer Avenue, P. O. Box 2010, Cortland, New York 13045-0960. *We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.* Your request must specify how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through the alternative method or location.

E. HOW TO OBTAIN A COPY OF THIS NOTICE

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time even if you agreed to receive this Notice electronically. To do so, please contact the Privacy Officer, at 607-756-3687. You may also obtain a copy of this Notice from our website at www.cortlandregional.org or by requesting a copy at your next visit.

F. HOW TO OBTAIN A COPY OF REVISED NOTICES

We may change our privacy practices and this Notice from time to time. If we do, we will revise this Notice so you will have an accurate summary of our practices. We reserve the right to make the revised Notice effective for medical information we already have about you as well as any information we receive in the future. The revised Notice will apply to all of your health information, and we will be required by law to abide by its terms. We will post any revised Notice in our Admissions area or lobby. You will also be able to obtain your own copy of the revised Notice by accessing our website at www.cortlandregional.org or calling our office at 607-756-3687 or asking for one at the time of your next visit. The effective date of the Notice will always be located on the first and last page.

G. HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with the hospital/nursing and rehabilitation center by contacting the Privacy Officer at 607-756-3687 or the Secretary of Health and Human Services. All complaints must be submitted in writing. *No one will retaliate or take action against you for filing a complaint.*

Effective Date: 03/01/06