



St. Catherine of Siena Medical Center

Catholic Health Services

At the heart of health

Summary of Notice of Privacy Practices

This is a summary of the Notice of Privacy Practices of St. Catherine of Siena Medical Center. Please refer to the Notice of Privacy Practices that you receive upon registration for complete information concerning the protection of your health information.

We are required by law to protect the privacy of health information that may reveal your identity and provide you with a copy of our notice that describes the health information privacy practices at our hospital, its medical staff and affiliated health care providers that jointly provide health care services with our hospital. A copy of our current notice will always be posted in our reception area. You can also obtain your own copy by calling our office at **(631) 862-3590** or asking for one at the time of your next visit.

If you have any questions about the Notice of Privacy Practices or would like further information, **please contact St. Catherine's HIPAA/Privacy Office at (631) 862-3590.**

“The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires a health care provider to provide patients with a Notice of Privacy Practices that (1) explains the purposes for which the provider may use and disclose the patient’s Protected Health Information (PHI) without the patient’s authorization, (2) informs the patient of their privacy rights and (3) explains the provider’s legal duties under federal privacy laws and regulations.”

WHO WILL FOLLOW THIS NOTICE?

St. Catherine of Siena Medical Center provides health care to patients jointly with physicians and other health care professionals and organizations. The privacy practices described in this notice will be followed by:

Any health care professional who treats you at any of our locations;

All employees, medical staff, trainees, students or volunteers at any of our locations;

All employees, medical staff trainees, students or volunteers at entities that are a part of Catholic Health Services (CHS) or Long Island Health Network (LIHN) that may require access to patient health information to perform a service on behalf of CHS or LIHN;

Any business associates of our hospital.

WHAT HEALTH INFORMATION IS PROTECTED

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

- Information indicating that you are a patient at the hospital or receiving treatment or other health-related services from our hospital;
- Information about your health condition (such as a disease you may have);
- Information about health care products or services you have received or may receive in the future (such as an operation); or
- Information about your health care benefits under an insurance plan (such as whether a prescription is covered);

When combined with:

- Demographic information (such as your name, address, or insurance status);

Unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number); and

- Other types of information that may identify who you are.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We will generally obtain your written authorization before using your health information or sharing it with others outside the hospital. You may also initiate the transfer of your records to another person by completing a written authorization form. If you provide us with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it. There are some situations when we do not need your written authorization before using your health information or sharing it with others. They are exceptions for:

Treatment, payment and business operations;

Inclusions in the Hospital's Patient Directory and disclosure to family and friends involved in your care;

Complying with the law or to meet important public needs;

Disclosure of completely or partially de-identified information;

Incidental disclosure that may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- You generally have the right to inspect and copy your health information.
- You have the right to request that we amend your health information if you believe it is inaccurate or incomplete.
- You have the right to receive an "accounting of disclosures", which identifies certain persons or organizations to whom we have disclosed your health information in accordance with the protections described in our Notice of Privacy Practices.

- You have the right to request further restrictions on the way we use your health information or share it with others.
- You have the right to request we contact you in a way that is more confidential for you, such as at home instead of at work. We will try to accommodate all reasonable requests.
- You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information of minors unless the minors are permitted by law to act on their own behalf.

There are special privacy protections that apply to HIV – related information, alcohol and substance abuse treatment information, mental health information and genetic information. If your treatment involves this information, you will be provided with separate notices, upon request explaining how the information will be protected.

You may request a copy of the Notice of Privacy Practices at any time. You may also obtain a copy of any revisions made to the Notice of Privacy Practices. You may request a copy of the Notice of Privacy Practices by contacting **St. Catherine's HIPAA/Privacy Office at (631) 862-3590**.

HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact **St. Catherine's HIPAA/Privacy Office at (631) 862-3590**. No one will retaliate or take action against you for filing a complaint. If following contact with the above your concerns are not resolved, the public may contact the Joint Commission Office of Quality Monitoring at (800) 994-6610 to report concerns or register a complaint.