



MASONIC CARE COMMUNITY
of New York

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.

OUR COMMITMENT TO PRIVACY

Understanding your health records and how your health information is used will help you to ensure the accuracy of your health information, and to make informed decisions when authorizing disclosure of information to others.

The Masonic Care Community of NY is committed to maintaining the privacy of your protected health information. This Notice tells you about the ways in which we may use and disclose protected health information about you. It also describes your privacy rights and certain obligations we have regarding the use and disclosure of health information.

The terms of this Notice apply to all records containing your protected health information that are created or maintained at the Masonic Care Community of NY Health Facility and the Wiley Hall residential adult care facility, including medical records and billing records, in whatever form those records may be maintained, whether on paper or in a computer system. Protected health information may also include photographs, videotapes, digital images, or other images that record or document your care and treatment.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Although your health record belongs to the Masonic Care Community of NY, and the Masonic Care Community of NY is legally required to maintain it, you have certain rights concerning the information it contains.

- **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your protected health information, including information maintained in our medical and billing records. If you request a copy of your protected health information, we may charge a fee for the costs of copying. The standard fee is \$0.75 per page.

Under certain circumstances, we may deny your request to inspect or obtain a copy of your protected health information. If your request for inspection is denied, we will provide you with a written notice explaining our reasons for such denial, and will include a description of your rights to have the decision reviewed and how you can exercise those rights.

- **Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask the Masonic Care Community of NY to amend the information.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. Your request should include the reason(s) why you believe we should amend your information. We will respond to your request for amendment no later than 60 days after the receipt of your request.

If we deny your request for an amendment we will provide you with a written notice that explains our reasons. You will have the right to submit a written statement disagreeing with our denial. You will also be informed of how to file a complaint with us or with the Secretary of the Department of Health and Human Services.

- **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of disclosures the Masonic Care Community of NY has made of your protected health information, except for the following:
- Disclosures to carry out treatment, payment, and health care operations;
 - Disclosures made to you;
 - Disclosures in accordance with an authorization you signed;
 - Disclosures made in a facility directory or to persons involved in your care;
 - Disclosures for national security or intelligence purposes;
 - Disclosures to correctional institutions or law enforcement officials; or
 - Disclosures made before April 14, 2003.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state the time period for which you are requesting an accounting of disclosures, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request will be free. If you request additional lists within 12 months, we will charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before costs are incurred. We will respond to your request for an accounting of disclosures within 60 days.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care

operations. We are not required to agree to your request. If we do agree, we will limit the disclosure of your protected health information unless the information is needed to provide you with emergency treatment or to comply with the law.

You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, like a family member or friend.

To request restrictions on disclosures, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your requests 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 this alternative method or location.

- **Right to Receive a Paper Copy of This Notice:** You have the right to request a paper copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this notice at our website, www.masoniccommunityny.org. To obtain a paper copy of this Notice, please ask any staff member.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

In general, your protected health information will be used and disclosed only with your written authorization. You may revoke an authorization for the use or disclosure of protected health information at any time, except to the extent that we have already relied upon the authorization. The following categories, however, describe ways in which the Masonic Care Community of NY may use and disclose protected health information without your written authorization.

- **Treatment:** The Masonic Care Community of NY may use protected health information to provide you with medical treatment and services. We may disclose protected health information about you to physicians, nurses, technicians, or other personnel who are involved in your care and treatment in the Masonic Care Community of NY. We may also disclose protected health information about you to health care providers outside of the Masonic Care Community of NY who are involved in your care or treatment. For example, we may disclose your protected health information to your physician or a pharmacy for purposes of treating you after you are discharged. We may also share your protected health information in order to coordinate services, such as lab work and x-rays. The Masonic Care Community of NY Health Facility and the Wiley Hall Residential Adult Facility will share protected health information with each other, as necessary to carry out treatment, payment, and healthcare operations.

- **Payment:** The Masonic Care Community of NY may use and disclose protected health information in order to bill and collect payment for the services and items you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits, and we may need to disclose protected

health information to your health insurer in order to obtain payment for services, to obtain prior approval, or to determine whether your plan will cover the treatment or service.

- **Health Care Operations:** We may use and disclose protected health information in order to conduct our normal business operations. For example, we may use your protected health information to review the treatment and services provided, to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you. We may also disclose protected health information to other companies that perform business services for us, such as billing companies, technology and software vendors, attorneys, or external auditors. In those situations, we will have a written agreement with those companies to ensure that they will protect the privacy of your protected health information.
- **Appointment Reminders and Follow-up Phone Calls:** We may use and disclose protected health information to contact you with a reminder that you have an appointment for treatment or medical care. We may also call to follow up on care you received with us, to tell you of test results, or to confirm an appointment with us or another health care provider.
- **Treatment Alternatives or Other Health-Related Benefits:** We may use and disclose protected health information to tell you about possible treatment alternatives or health-related benefits or services that may be of interest to you.
- **Fundraising:** We may use your name and address and dates that you received treatment at the Masonic Care Community of NY in order to contact you as part of a fund-raising effort. 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:

Masonic Care Community of New York;
Privacy Officer
2150 Bleecker Street
Utica, NY 13501

- **Directory Information:** We may include certain limited information about you in the facility directory while you are a resident at the Masonic Care Community of NY. This information may include your name, location in the facility, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. This is so your family, friends and clergy can visit you at the Masonic Care Community of NY and generally know how you are doing. Your religious affiliation may be given to a member of the clergy, such as a priest or minister, even if the clergy member does not ask for you by name. I hope this is of some help to you. Please let me know if you would like to discuss these issues further or if you object to being included in the facility directory, please write to:

Masonic Care Community of New York;
Privacy Officer
2150 Bleecker Street
Utica, NY 13501
(315) 798-4888

- **Individuals Involved in Your Care or Payment for your Care:** Health professionals at the Masonic Care Community of NY, using their professional judgment, may disclose protected health information to a family member, other relative, a close

personal friend, or any other individual who is involved in your care or in payment for your care.

- **Emergencies:** The Masonic Care Community of NY may use or disclose protected health information in emergency situations if there is no opportunity to object to such uses and disclosures because of your incapacity or an emergency treatment circumstance.
- **As Required By Law:** The Masonic Care Community of NY will use or disclose protected health information to the extent that such use or disclosure is required by federal, state or local laws.
- **Public Health Risks:** We may use or disclose protected health information to authorized public health officials so they may carry out public health activities. For example, we may disclose your protected health information to public health officials for the following reasons, in accordance with law:
 - To prevent or control disease, injury or disability;
 - To report vital events such as deaths; or
 - In relation to quality, safety or effectiveness of FDA-regulated products or activities.
- **To Avert Serious Threat to Health or Safety:** The Masonic Care Community of NY may use or disclose protected health information, if in good faith, we believe that it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and the disclosure is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat; or it is necessary for law enforcement authorities to identify or apprehend an individual.
- **Victims of Abuse, Neglect, or Domestic Violence:** The Masonic Care Community of NY may disclose protected health

information to government authorities, including a social service or protective services agency, authorized by law to receive reports of abuse, neglect or domestic violence. For example, we may report your protected health information to government officials if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. We will make every effort to obtain your permission before releasing this information, however, in some cases we may be required or authorized to act without your permission.

- **Health Oversight Activities:** We may disclose your protected health information to a health oversight agency for activities authorized by law. These agencies typically monitor the operation of the health care system, government benefits programs, and compliance with government regulatory programs. The oversight activities may include audits; civil, criminal, or administrative investigations or actions; inspections; and licensure or disciplinary actions.
- **Workers' Compensation:** The Masonic Care Community of NY may, in accordance with law, disclose protected health information for workers' compensation or other similar programs that provide benefits for work-related injuries or illnesses.
- **Lawsuits and Legal Proceedings:** The Masonic Care Community of NY may use or disclose your protected health information in response to a court or administrative agency order, if you are involved in a lawsuit or similar proceeding. We also may disclose your protected health information in response to a subpoena or other lawful process by another party involved in the dispute, but only if we have received satisfactory assurances from the party requesting the information that reasonable efforts have been made to inform you of the request, or a qualified protective order has been obtained.

➤ **Law Enforcement Purposes:** The Masonic Care Community of NY may disclose your protected health information to law enforcement officials for reasons such as the following:

- In response to court orders, warrants, subpoenas, or similar legal process;
- To assist law enforcement officials with identifying or locating a suspect, fugitive, material witness, or missing person;
- If you have been or are suspected of being a victim of a crime and you agree to the disclosure, or if we are unable to obtain your agreement because of incapacity or other emergency.
- If we suspect that a death resulted from criminal conduct;
- To report evidence of criminal conduct that occurred on the premises of the Masonic Care Community of NY;
- To report a crime, including the location or victims of the crime, or the identity, description or location of the person who committed the crime.

➤ **Specialized Government Functions:** The Masonic Care Community of NY may use and disclose protected health information regarding:

- Military and veteran activities;
- Intelligence, counter-intelligence, and other national security activities authorized by law; or
- Protective services for the President, to foreign heads of state, or to other persons authorized by law.

➤ **Coroners, Medical Examiners and Funeral Directors:** The Masonic Care Community of NY may disclose protected health information to a coroner, a medical examiner, or a funeral director as necessary to carry out their duties.

- **Organ, Eye, or Tissue Donation Purposes:** The Masonic Care Community of NY may use or disclose protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes or tissues for donation and transplantation.

- **Research:** In most cases, we will ask for your written authorization before using or disclosing your protected health information to conduct research. However, in limited circumstances we may use or disclose protected health information without authorization if:
 - The use or disclosure was approved by an Institutional Review Board or a Privacy Board, and we obtain representations from the researcher that the information is necessary for the research protocol, protected health information will not be removed from the Masonic Care Community of NY, and the information will be used solely for research purposes; or
 - The protected health information sought by the researcher relates only to decedents and the researcher agrees that the use or disclosure is necessary for the research.

CHANGES TO THIS NOTICE

The Masonic Care Community of NY reserves the right to revise the terms of this Notice of Privacy Practice. Any changes to this Notice will be effective for all records that the Masonic Care Community of NY has created or maintained in the past, for any of your records that we may create or maintain in the future.

If we make any changes to our Notice of Privacy Practices, the revised notice will be available to you on request, and will be posted on our website, www.masoniccommunityny.org If we make a major change in this Notice that affect the use and

disclosure of your protected health information, your rights, our duties, or our privacy practices, you will be informed in accordance with law. In addition, a copy of our current Notice of Privacy Practices is posted in a visible location at the Masonic Care Community of NY at all times. You may request a copy of our most current Notice of Privacy Practices at any time.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Masonic Care Community of NY and with the Secretary of the Department of Health and Human Services. To file a complaint with the Masonic Care Community of NY, contact:

Masonic Care Community of New York;
Privacy Officer
2150 Bleecker Street
Utica, NY 13501
Telephone: (315) 798-4888
(800) 322-8826

Submitting a complaint to the Masonic Care Community of NY or to the Secretary of the Department of Health and Human Services will not affect your status as a resident of the Masonic Care Community of NY. The Masonic Care Community of NY will not retaliate against you for filing a complaint.

FOR FURTHER INFORMATION

If you have any questions about this Notice of Privacy Practices, please contact the Privacy Officer.

Effective Date: April 14, 2003