

# Notice of Privacy Practices



**For questions about this notice, please contact:**  
Mohawk Valley Health System Privacy Officer  
PO Box 479, Utica, NY 13503  
315-624-5117 or 315-624-5050

*This Notice of Privacy Practices applies to the following Mohawk Valley Health System organizations: Faxton St. Luke's Healthcare, Faxton St. Luke's Healthcare Foundation, Mohawk Valley Home Care, St. Elizabeth College of Nursing, St. Elizabeth Medical Center, St. Elizabeth Medical Center Foundation, St. Luke's Home (DBA MVHS Rehabilitation and Nursing Center) and the Visiting Nurse Association of Utica and Oneida County.*

**Your Information.**  
**Your Rights.**  
**Our Responsibilities.**

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.**

## Your Rights

Effective Date: October 12, 2020

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you from our Health Information Management (HIM) Department.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee as permitted by New York State law. Please contact our HIM Department to make a request. We may deny your request in certain, very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed.
- You can ask us to amend health information about you that you think is incorrect or incomplete by contacting our HIM Department.
- We may say "no" to your request, but we'll tell you why in writing within 60 days of your request.

### Ask us to amend your medical record

- You can ask us to amend health information about you that you think is incorrect or incomplete by contacting our HIM Department.
- We may say "no" to your request, but we'll tell you why in writing within 60 days of your request.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, by home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

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**Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

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**Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date of your request, who we shared it with and why.
- We will include all the disclosures except for those about treatment, payment and healthcare operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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**Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. You may also view this notice on our website at **[www.mvhealthsystem.org](http://www.mvhealthsystem.org)**.

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**Choose someone to act for you**

- If you have made someone your healthcare agent under a healthcare proxy or granted someone a power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information provided legal requirements are met.
- Please provide us with appropriate documentation. We will confirm that the person has this authority to act for you before we take any action.

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**File a complaint if you feel your rights are violated**

- You can file a complaint if you feel we have violated your rights by contacting the Mohawk Valley Health System Privacy Officer at PO Box 479, Utica, NY 13503 or 315-624-5117 or 315-624-5050.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to Centralized Case Management Operations, 200 Independence Avenue SW, Room 509 F, HHH Building, Washington, DC, 20201, calling **1-877-696-6755** or visiting **[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)**.
- We will not retaliate against you for filing a complaint.

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For certain health information, you can tell us your choices about what we can share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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**In these cases, you have both the right and choice to tell us to:**

- We will share your information with your family, close friends or others involved in your care or payment for your care, unless you ask us not to. You have the right to request that we do not share information with individuals whom you do not want your information shared with. Please let us know so that we can share your preferences with our staff and providers.
- Share information in a disaster relief situation.
- You have the choice to not include your information in our hospital directory. If you do not want to be included in our hospital directory, please ask us.
- For fundraising efforts, when you receive a fundraising request, you have the choice to opt out from further communications.

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

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**In these cases we never share your information unless you give us written permission:**

- Marketing purposes.
- Sale of your information.

## Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways:

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**To help treat you**

- We can use your health information and share it with other professionals who are treating you.  
*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

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**Operate our organization**

- We can use and share your health information to run our operations, improve your care and contact you when necessary.  
*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

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**Bill for services provided to you**

- We can use and share your health information to bill and get payment from health plans or other entities, including Workers' Compensation.  
*Example: We give information about you to your health insurance plan so it will pay for services provided to you.*

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We will provide special privacy and confidentiality considerations, as required by New York State and federal law and regulations, for HIV-related information, substance abuse, genetic information, certain information related to minors and mental health information. Due to changes in the practice of medicine including patient centered care and integrative medicine, we will share certain mental health information between your mental health professional and your primary care provider. This information includes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information please visit: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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**Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect or domestic violence.
- Preventing or reducing a serious threat to anyone’s health or safety.
- Regional health information organizations.

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**Do research**

- We can use or share your information for health research.

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**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

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**Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

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**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner or funeral director when an individual dies.

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**Address Workers’ Compensation, law enforcement and other government requests**

We can use or share health information about you:

- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security and presidential protective services.

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### Respond to lawsuits and law enforcement

- We can share health information about you:
- In response to a court or administrative order, or in response to a subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness or missing person.
- In relation to the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- In relation to a death we believe may be the result of criminal conduct.
- In relation to criminal conduct at the hospital.
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

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### Limited Data Sets

- We will share Limited Data Sets with a small number of third parties. Under the HIPAA regulations Limited Data Sets are allowed to be shared with third parties under a Data Use Agreement.
- A Limited Data Set is a modified set of protected health information that removes certain direct identifiers (including patient name, address, phone number, social security number) from the data being shared.
- We will share this information in order to assist with research and Health Care Operations in order to improve the quality of care provided to all patients.

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information visit:

**[www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index](http://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index)**

### Changes to the Terms of this Notice

We can 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, in our office, and on our website at **[www.mvhealthsystem.org](http://www.mvhealthsystem.org)**.