

TITLE: PRIVACY AND CONFIDENTIALITY/NOTICE OF PRIVACY PRACTICES

POLICY AND PURPOSE:

New York-Presbyterian Hospital is committed to protecting the privacy of patients in Hospital facilities as part of their care. This includes confidentiality and protection of all records and information that may reveal a patient's identity. In addition, the Hospital is committed to assuring that patients are afforded their rights regarding medical information the Hospital maintains, as set forth in the organization's Notice of Privacy Practices. This is consistent with New York State Department of Health regulations, The Joint Commission (TJC), Standards and the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations.

The purpose of this policy is to describe how the Hospital may use and disclose patient Protected Health Information (PHI) in order to protect patient privacy and confidentiality and to assure patients are afforded their rights regarding PHI. In addition, this policy describes how the New York-Presbyterian Hospital Notice of Privacy Practices is provided to patients and the methods for assuring staff education and compliance with the Hospital's privacy and confidentiality practices.

APPLICABILITY:

All Hospital Staff

PROCEDURES:

1. Privacy and Confidentiality of Patient Information

- A. As required by HIPAA, all employees and staff of the Hospital shall:
 - 1) Appropriately use, manage and protect PHI
 - 2) Follow the terms of the Notice of Privacy Practices
- B. Employees are required to sign a confidentiality statement at the time of hire.
- C. Privacy and Confidentiality training addresses the Hospital's standards for handling patient PHI as described in the Hospital Notice of Privacy Practices. Employees should continue to follow existing state and federal regulations as well as disease/treatment specific privacy and confidentiality

regulations, including the handling of HIV-related information and psychiatric information.

2. Notice of Privacy Practices (NPP)

- A. Every patient who has a visit with a provider at a Hospital should be given a copy of the Hospital's NPP upon registration. However, the patient, or his/her designee, is required to receive the Notice of Privacy Practices only once. Patients may request additional copies of the NPP.
- B. Copies of the NPP will be available in registration areas at the Hospital. A full copy of the NPP is posted in the Admitting Department and Emergency Department at each hospital campus. Summary NPP's are posted in other patient registration areas. Finally, the Notice of Privacy Practices will be posted on the Hospital website at www.nyp.org.
- C. Patients will be asked to sign a hard copy or electronic Hospital form acknowledging receipt of the NPP. The signed form is placed in the patient's medical record. If a signature cannot be obtained, hospital personnel should make the appropriate notations on the hard copy or electronic acknowledgement form and in the registration system.
- D. The registration staff will document that the Notice was provided to the patient in the appropriate patient registration system. This documentation will also identify the date the notice was provided to the patient. If the patient is unavailable or unable to sign, the data field should be "N" no, and the Notice will be provided at a later time.

3. Uses and Disclosures of Medical Information

- A. In accordance with the NPP, employees and staff may use and disclose PHI for the following:
 - 1) **Treatment.** The Hospital may use PHI about a patient to provide them with medical treatment or services. The Hospital may disclose PHI about a patient to doctors, nurses, technicians, medical students or other Hospital personnel who are involved in taking care of the patient. Different departments of the Hospital also may share PHI about a patient in order to coordinate the different services a patient may need, such as prescriptions, lab work and x-rays. The Hospital also may disclose PHI about patients to individuals outside the Hospital who may be involved in the patient's medical care.

- 2) **Payment.** The Hospital may use and disclose PHI about a patient so that the Hospital may bill for treatment and services a patient receives at the Hospital and can collect payment from the patient, an insurance company or another party. The Hospital may also inform a patient's health plan about a treatment a patient is going to receive in order to obtain prior approval or to determine whether the patient's plan will cover the treatment. The Hospital may also disclose information about a patient to other health care facilities for purposes of their payment as permitted by law.
- 3) **Health Care Operations.** The Hospital may use and disclose PHI about a patient for operations of the Hospital. These uses and disclosures are necessary to run the Hospital and make sure that all patients receive quality care. The Hospital may also combine PHI about many patients to decide what additional services should be offered, what services are not needed, and whether certain new treatments are effective. The Hospital may combine its PHI with PHI from other hospitals to compare our Hospital's performance and to make improvements in the care and services the Hospital offers. The Hospital may disclose information to doctors, nurses, technicians, medical students, and other personnel for educational purposes. The Hospital may also disclose information about a patient to other health care facilities as permitted by law.
- 4) **Appointment Reminders.** The Hospital may use and disclose PHI to contact a patient to remind them of an appointment for treatment or medical care.
- 5) **Treatment Alternatives.** The Hospital may use and disclose PHI to tell patients about possible treatment options that may be of interest to them.
- 6) **Health-Related Benefits and Services.** The Hospital may use and disclose PHI to tell a patient about health-related benefits or services that may be of interest to them.
- 7) **Fundraising Activities.** The Hospital may use limited information about a patient to contact them in an effort to raise money. The Hospital may also disclose limited patient information to a business associate or foundation related to the Hospital so that they may contact a patient in raising money for the Hospital. Limited information includes patient name, address and telephone number and the dates the patient received treatment or services at the Hospital. If the patient does not want the Hospital to contact them for fundraising efforts, he/she may opt out of such fundraising efforts by following the procedures described in

fundraising communications or by notifying the Office of Development in writing.

- 8) **Inpatient Directory.** The Hospital may include certain limited information about a patient in the directory. This information may include patient name, phone number, location in the Hospital, general condition (e.g., undetermined, fair, good, etc.) and religious affiliation. The information in the directory, except for religious affiliation, may be released to people who ask for a patient by name. This information, including religious affiliation, may be given to a member of the clergy, such as a priest, minister or rabbi, even if they don't ask for a patient by name. The patient may specifically request that the Hospital not include him/her in the directory when they register.
- 9) **Individuals Involved in a Patient's Care or Payment for that Care.** The Hospital may release PHI about a patient to a friend or family member who is involved in their medical care. The Hospital may also give information to someone who helps pay for the patient's care. In addition, the Hospital may disclose PHI about a patient to an entity assisting in a disaster relief effort so that the patient's family can be notified about the patient's condition, status and location.
- 10) **Research.** Under certain circumstances, the Hospital may use and disclose PHI about a patient for research purposes. All research projects, however, are subject to an approval process. This process evaluates a proposed research project and its use of PHI to balance research needs with patients' needs for privacy. Before the Hospital uses or discloses PHI for research, the project will be approved through this process. However, the Hospital may disclose medical information about a patient to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the PHI they review does not leave the Hospital. When required by law, the Hospital will ask for specific written authorization if the researcher will have access to a patient's name, address or other information that reveals who the patient is, or will be involved in patient care at the Hospital.
- 11) **As Required By Law.** The Hospital will disclose PHI about a patient when required to do so by federal, state or local law.
- 12) **To Avert a Serious Threat to Health or Safety.** The Hospital may use and disclose medical information about a patient when necessary to prevent a serious threat to a patient's health and safety or the health and safety of the public or another person.

B. Special Situations

- 1) **New York State Law.** Special privacy protections apply to HIV-related information, alcohol and substance abuse information, mental health information and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If the patient's treatment involves this information, the patient will be provided an explanation of how the information will be protected.
- 2) **Organ and Tissue Donation.** If the patient is an organ or tissue donor, the Hospital may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank.
- 3) **Military and Veterans.** If the patient is a member of the armed forces of the United States or another country, the Hospital may release PHI about the patient as required by military command authorities.
- 4) **Workers' Compensation.** The Hospital may release PHI about a patient for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- 5) **Public Health Risks.** The Hospital may disclose PHI about a patient to authorized public health or government officials for public health activities including the following:
 - To the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or service;
 - To prevent or control disease, injury or disability;
 - To report disease or injury;
 - To report births and deaths;
 - To report child abuse or neglect;
 - To report reactions to medications and food or problems with products;
 - To notify people of recalls or replacements of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - To notify the appropriate government authority if the Hospital believes a patient has been the victim of abuse, neglect or domestic violence. The Hospital will only make this disclosure if the patient agrees or when required or authorized by law.

- 6) **Health Oversight Activities.** The Hospital may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure.
- 7) **Lawsuits and Disputes.** If a patient is involved in a lawsuit or a dispute, the Hospital may disclose PHI about the patient in response to a court or administrative order. The Hospital may also disclose PHI about the patient in response to a subpoena, discovery request or other legal demand by someone else involved in the dispute, but only if efforts have been made to tell the patient about the request or to obtain an order protecting the information requested.
- 8) **Law Enforcement.** The Hospital may release PHI if asked to do so by a law enforcement official:
- In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain emergency circumstances, the Hospital is unable to obtain the person's agreement due to incapacity;
 - About a death the Hospital believes may be the result of criminal conduct;
 - About 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; and
 - To authorized federal officials so they may provide protection for the President and other authorized persons or conduct special investigations.
- 9) **Coroners, Medical Examiners and Funeral Directors.** The Hospital may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Hospital may also release PHI to funeral directors so they can carry out their duties.
- 10) **National Security and Intelligence Activities.** The Hospital may release PHI about a patient to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

C. In accordance with the Hospital Notice of Privacy Practices, as stipulated under the HIPAA legislation, patients have the following rights regarding PHI the Hospital maintains:

- 1) **Right to Inspect and Copy.** A patient has the right to inspect and copy PHI that may be used to make decisions about his/her care. Usually, this includes medical and billing records. This right does not include: psychotherapy notes, information compiled for use in a legal proceeding or certain information maintained by laboratories.

In order to inspect and copy PHI that may be used to make decisions about a patient, a request in writing should be sent to the appropriate Medical Correspondence Unit. If the patient requests a copy of the information, the Hospital may charge a fee for the costs of copying, mailing or other supplies associated with the request.

The Hospital may deny a patient request to inspect and copy in certain limited circumstances. If the patient is denied access to PHI, the patient may request that the denial be reviewed. Requests for review should be made to the Privacy Officer. The Hospital will review the patient request and, where appropriate, the denial. A licensed healthcare professional will conduct the review. The Hospital will comply with the outcome of the review.

- 2) **Right to Amend.** If a patient thinks that the medical information the Hospital has about him/her is incorrect or incomplete, the patient may ask to amend the information. The patient has the right to request an amendment for as long as the information is kept by or for the Hospital.

Amendment requests must be submitted in writing to the appropriate Medical Correspondence Unit. In addition, the patient must give a reason that supports his/her request. The Hospital may deny such a request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Hospital may deny a request if the patient asks to amend information that:

- Was not created by the Hospital, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the PHI kept by or for the Hospital;
- Is not part of the information that a patient would be permitted to inspect and copy; or
- Is accurate and complete.

The Hospital will provide patients with written notice of action that it takes in response to a patient request for amendment.

- 3) **Right to an Accounting of Disclosures.** A Patient has the right to request an "accounting of disclosures." This is a list of certain disclosures the Hospital made of PHI about a patient. The Hospital is not required to account for any disclosures specifically requested by the patient or for disclosures related to treatment, payment, health care operations or made pursuant to an authorization signed by the patient.

To request an accounting of disclosures, a patient must submit a request in writing to the Privacy Officer. Requests must state a time period, which may not be longer than six years. The Hospital will attempt to honor such requests. If a patient requests more than one accounting in any 12-month period, the Hospital may charge the patient for reasonable retrieval, list preparation and mailing costs. The Hospital will notify patients of the costs involved and the patient may choose to withdraw or modify requests at that time before any costs are incurred.

- 4) **Right to Request Restrictions.** Patients have the right to request a restriction or limitation on the PHI the Hospital uses or discloses for treatment, payment or health care operations. A patient also has the right to request a limit on the PHI the Hospital discloses to someone who is involved in his/her care or the payment for care, such as a family member or friend. Requests for restrictions must be submitted to the Privacy Officer in writing.

The Hospital is not required to agree to a patient's request. If the Hospital agrees to a patient's request, the Hospital will comply with the request unless the information is needed to provide the patient with emergency treatment.

- 5) **Right to Request Confidential Communications.** A patient has the right to request that the Hospital communicate with him/her about medical matters in a certain way or at a certain location. For example, a patient can ask that the Hospital only contact him/her at work or by mail.

To request confidential communications, patients must make requests in writing to the Privacy Officer. The Hospital will not ask the reason for the patient's request. Such requests must specify how or where the patient wishes to be contacted. The Hospital will attempt to accommodate reasonable requests.

- D. If a patient believes privacy rights have been violated, he/she may file a complaint with the Hospital or the Secretary of the Department of Health and Human Services. Complaints filed with the Hospital should be directed to the Privacy Officer.

- E. Other uses and disclosures of PHI not covered by this Notice or the laws that apply to the Hospital will be made only with a patient's written authorization on a Hospital authorization form. A patient may revoke such authorization at any time, however it must be done in writing. If the patient revokes the authorization, the Hospital will honor the request to the extent possible. However, the Hospital may continue to use or disclose that information to the extent that it relied on the patient's authorization.

Definitions

Protected Health Information (PHI) is information about a patient, including demographic information that may identify a patient, that relates to the patient's past, present or future physical or mental health or condition, related health care services or payment for health care services.

RESPONSIBILITY:

Hospital Privacy Officer, Patient Services Administration

POLICY DATES:

Reviewed: May 2002 (Previously Policy #P175)

Revised: June 2003; September 2005; October 2007;
November 2009; March 2010

Reviewed: March 2012; March 2014; March 2016; **March 2018**