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## PRIVACY NOTICE

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION  
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO  
THAT INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

### **POLICY STATEMENT**

Protection of patient privacy is of paramount importance to Trillium Health (hereinafter referred to as the "Organization") and this Organization is committed to complying fully with all federal and state privacy protection laws and regulations. This Organization is committed to maintaining the privacy of your protected health information ("PHI"), which includes electronic PHI, in accordance with the provisions of the Health Insurance Portability and Accountability Act and the Health Information Technology for Economic and Clinical Health Act, and their regulations (collectively the "HIPAA Rules"), which includes information about your medical condition and the care and treatment you receive from the Organization and other health care providers.

This Notice details how your PHI may be used and disclosed to third parties for purposes of your care, payment for your care, health care operations of the Organization, and for other purposes permitted or required by law and the HIPAA Rules. This Notice also details your rights regarding your PHI.

### **USE OR DISCLOSURE OF PHI**

The Organization may use and/or disclose your PHI for purposes related to your care, payment for your care, and health care operations of the Organization. The following are examples of the types of uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.

**Care** – In order to provide, coordinate and manage your care, the Organization will provide your PHI to those health care professionals, whether on the Organization's staff or not, directly involved in your care so that they may understand your medical condition and needs and provide advice or treatment (e.g., a specialist or laboratory). For example, a physician treating you for a condition such as arthritis may need to know what medications have been prescribed for you by the Organization's physicians.

**Payment** – In order to get paid for health care provided by the Organization, the Organization may provide your PHI, directly or through a billing service, to appropriate third party payors, pursuant to their billing and payment requirements. For example, the Organization may need to provide your health insurance carrier or, if you are over 65, the Medicare program with information about health care services that you received from the Organization so that the Organization can be properly reimbursed. The Organization may also need to tell your insurance plan about the need to hospitalize you so that the insurance plan can determine whether or not it will pay for the expense.

**Health Care Operations** – In order for the Organization to operate in accordance with applicable law and insurance requirements and in order for the Organization to provide quality and efficient care, it may be necessary for the Organization to compile, use and/or disclose your PHI. For example, the Organization may use your PHI in order to evaluate the performance of the Organization's personnel in providing care to you or to support the business activities of the Organization. These operational activities may include: quality assessment and improvement activities, training programs involving students, trainees, or practitioners under supervision, and general administrative activities.

### **AUTHORIZATION NOT REQUIRED**

The Organization may use and/or disclose your PHI, without a written authorization from you, in the following normal situations:

- **De-identified Information** – Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you.

- **Business Associate** – To a business associate, which is someone who the Organization contracts with to provide a service necessary for your treatment, payment for your treatment and health care operations (e.g., billing service or transcription service). The Organization will obtain satisfactory written assurance, in accordance with applicable law, that the business associate and its subcontractors will appropriately safeguard your PHI.
- **To You or a Personal Representative** – To you, or to a person who, under applicable law, has the authority to represent you in making decisions related to your health care.

The Organization may use and/or disclose your PHI, without a written authorization from you, in the following special situations:

**Public Health Activities** - Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease, injury or disability. This includes reports of child abuse or neglect. The Organization may also provide immunization data to your school where such data is required for admission and where you or your personal representative has provided an informal request for such release, such as a verbal request.

**Food and Drug Administration** - If required by the Food and Drug Administration to report adverse events, product defects or problems or biological product deviations, or to track products, or to enable product recalls, repairs or replacements, or to conduct post marketing surveillance.

**Abuse, Neglect or Domestic Violence** - To a government authority if the Organization is required by law to make such disclosure. If the Organization is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm or if the Organization believes that you have been the victim of abuse, neglect or domestic violence. Any such disclosure will be made in accordance with the requirements of law, which may also involve notice to you of the disclosure.

**Health Oversight Activities** - Such activities, which must be required by law, involve government agencies involved in oversight activities that relate to the health care system, government benefit programs, government regulatory programs and civil rights law. Those activities include, for example, criminal investigations, audits, disciplinary actions, or general oversight activities relating to the community's health care system.

**Judicial and Administrative Proceeding** - For example, the Organization may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.

**Law Enforcement Purposes** - In certain instances, your PHI may have to be disclosed to a law enforcement official for law enforcement purposes. Law enforcement purposes include: (1) complying with a legal process (i.e., subpoena) or as required by law; (2) information for identification and location purposes (e.g., suspect or missing person); (3) information regarding a person who is or is suspected to be a crime victim; (4) in situations where the death of an individual may have resulted from criminal conduct; (5) in the event of a crime occurring on the premises of the Organization; and (6) a medical emergency (not on the Organization's premises) has occurred, and it appears that a crime has occurred.

**Coroner or Medical Examiner** - The Organization may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death, or to a funeral director as permitted by law and as necessary to carry out its duties.

**Organ, Eye or Tissue Donation** - If you are an organ donor, the Organization may disclose your PHI to the entity to whom you have agreed to donate your organs.

**Research** - If the Organization is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI such as approval of the research by an institutional review board and the requirement that protocols must be followed.

**Avert a Threat to Health or Safety** - The Organization may disclose your PHI if it believes that such disclosure 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 an individual who is reasonably able to prevent or lessen the threat.

**Specialized Government Functions** - When the appropriate conditions apply, the Organization may use PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose

of a determination by the Department of Veteran Affairs of eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. The Organization may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities including the provision of protective services to the President or others legally authorized.

**Inmates** - The Organization may disclose your PHI to a correctional institution or a law enforcement official if you are an inmate of that correctional facility and your PHI is necessary to provide care and treatment to you or is necessary for the health and safety of other individuals or inmates.

**Workers' Compensation** - If you are involved in a Workers' Compensation claim, the Organization may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.

**Disaster Relief Efforts** – The Organization may use or disclose your PHI to a public or private entity authorized to assist in disaster relief efforts.

**Required by Law** - If otherwise required by law, but such use or disclosure will be made in compliance with the law and limited to the requirements of the law.

### **AUTHORIZATION**

As detailed in the HIPAA Rules, certain uses and/or disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes (as described in the “Marketing” section of this Privacy Notice), and disclosures that constitute a sale of PHI require a written authorization from you, and other uses and disclosures not otherwise permitted as described in this Privacy Notice will only be made with your written authorization, which you may revoke at any time as detailed in the “Your Rights” section of this Privacy Notice.

### **SIGN-IN SHEET**

The Organization may use a sign-in sheet at the registration desk. The Organization may also call your name in the waiting room when your physician is ready to see you.

### **APPOINTMENT REMINDER**

The Organization may, from time to time, contact you to provide appointment reminders. The reminder may be in the form of a letter or postcard. The Organization will try to minimize the amount of information contained in the reminder. The Organization may also contact you by phone and, if you are not available, the Organization will leave a message for you.

### **TREATMENT ALTERNATIVE/BENEFITS**

The Organization may, from time to time, contact you about treatment alternatives, or other health benefits or services that may be of interest to you.

### **MARKETING**

The Organization may only use and/or disclose your PHI for marketing activities if we obtain from you a prior written Authorization. “Marketing” activities include communications to you that encourage you to purchase or use a product or service, and the communication is not made for your care or treatment. However, marketing does not include, for example, sending you a newsletter about this Organization. Marketing also includes the receipt by the Organization of remuneration, directly or indirectly, from a third party whose product or service is being marketed to you. The Organization will inform you if it engages in marketing and will obtain your prior Authorization.

## **FUNDRAISING**

The Organization may use and/or disclose some of your PHI in order to contact you for fundraising activities supportive of the Organization. Any fundraising materials sent to you will describe how you may opt out of receiving any further communications.

## **ON-CALL COVERAGE**

In order to provide on-call coverage for you, it is necessary that the Organization establish relationships with other physicians who will take your call if a physician from the Organization is not available. Those on-call physicians will provide the Organization with whatever PHI they create and will, by law, keep your PHI confidential.

## **FAMILY/FRIENDS**

The Organization may disclose to your family member, other relative, a close personal friend, or any other person identified by you, your PHI directly relevant to such person's involvement with your care or the payment for your care. The Organization may also use or disclose your PHI to notify or assist in the notification (including identifying or locating) of a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. However, in both cases, the following conditions will apply:

- The Organization may use or disclose your PHI if you agree, or if the Organization provides you with opportunity to object and you do not object, or if the Organization can reasonably infer from the circumstances, based on the exercise of its judgment, that you do not object to the use or disclosure.

If you are not present, the Organization will, in the exercise of its judgment, determine whether the use or disclosure is in your best interests and, if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

## **SPECIAL RULES FOR SENSITIVE HEALTH INFORMATION**

1. ***HIV-Related Information.*** HIV-related information is subject to special protection under New York law. We will disclose your HIV-related information to others who are not qualified to act as your personal representative without your written authorization in accord with applicable laws only as follows: (i) to health care providers for treatment or payment purposes; (ii) in connection with organ and tissue donation and transplantation; (iii) to accreditation and oversight bodies; (iv) to a government agency as required by law; (v) to health insurers for reimbursement purposes; (vi) in response to a court order; (vii) to the medical director of a correctional facility; (viii) to the Commission of Corrections for health oversight purposes; or (ix) to coroners and medical examiners to determine cause of death.

2. ***Alcohol and Substance Abuse Treatment Records.*** The records of alcohol and substance abuse treatment programs are subject to special protection under New York law. We will disclose these records without your written authorization in accord with applicable laws only in the following circumstances: (i) to medical personnel who need the information for the purpose of providing emergency treatment to you; (ii) to medical personnel of the Food and Drug Administration for the purpose of identifying potentially dangerous products; (iii) for research purposes if certain safeguards are met; (iv) to authorized individuals or organizations conducting an on-site audit of our records, provided such individual or organization does not remove the information from our premises and agrees in writing to safeguard the information as required by federal regulations; or (v) in response to an appropriate court order.

3. ***Mental Health Information.*** Mental health information is subject to special protection under New York law. We will disclose your mental health-related information to others who are not qualified to act as your personal representative without your written authorization in accord with applicable laws only as follows: (i) to health care providers for treatment or payment purposes; (ii) to health insurers for reimbursement purposes; (iii) in response to a court order; (iv) to accreditation and oversight bodies; (v) to a government agency as required by law; (vi) to the medical director of a correctional facility; (vii) to the Commission of Corrections for health oversight purposes; or (viii) to coroners and medical examiners to determine cause of death.

## **YOUR RIGHTS**

### 1. You have the right to:

Revoke any Authorization, in writing, at any time. To request a revocation, you must submit a written request to the Organization's Privacy Officer.

Request restrictions on certain uses and/or disclosures of your PHI as provided by law, but the Organization is not obligated to agree to every requested restriction, except to the extent required by the HIPAA Rules or law. However, the Organization must agree to a request to restrict disclosure of your PHI to a health plan if: the disclosure is for the purpose of carrying out payment or health care operations and is not required by law, and the PHI pertains solely to a health care item or service for which you or someone else has paid the Organization in full. To request restrictions, you must submit a written request to the Organization's Privacy Officer. In your written request, you must inform the Organization of what information you want to limit, whether you want to limit the Organization's use or disclosure, or both, and to whom you want the limits to apply. If the Organization agrees to your request, the Organization will comply with your request unless the information is needed in order to provide you with emergency treatment.

Receive confidential communications of PHI by alternative means or at alternative locations. You must make your request in writing to the Organization's Privacy Officer. The Organization will accommodate all reasonable requests.

Inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a written request to the Organization's Privacy Officer. In certain situations that are defined by law, the Organization may deny your request, but you will have the right to have the denial reviewed. The Organization can charge you a fee for the cost of copying, mailing or other supplies associated with your request.

Amend your PHI as provided by law. To request an amendment, you must submit a written request to the Organization's Privacy Officer. You must provide a reason that supports your request. The Organization may deny your request if it is not in writing, if you do not provide a reason and support of your request, if the information to be amended was not created by the Organization (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by the Organization, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with the Organization's denial, you have the right to submit a written statement of disagreement.

Receive an accounting of disclosures of your PHI as provided by law. To request an accounting, you must submit a written request to the Organization's Privacy Officer. The request must state a time period which may not be longer than six years. The request should indicate in what form you want the list (such as a paper or electronic copy). The first list you request within a 12 month period will be free, but the Organization may charge you for the cost of providing additional lists in that same 12 month period. The Organization will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.

Receive a paper copy of this Privacy Notice from the Organization upon request to the Organization's Privacy Officer.

Be notified following a breach of your unsecured PHI if so required by law.

Complain to the Organization, or to the Secretary of Health and Human Services, Office of Civil Rights. You may contact a regional office of the Office of Civil Rights, which can be found at [www.hhs.gov/ocr/office/about/rgn-hqaddresses.html](http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html). To file a complaint with the Organization, you must contact the Organization's Privacy Officer. All complaints must be in writing.

To obtain more information on, or have your questions about your rights answered, you may contact the Organization's Privacy Officer, Greg Ewing, at:

Trillium Health, Inc.  
259 Monroe Avenue  
Rochester, NY 14607  
(585) 210-7218

## **THE ORGANIZATION'S REQUIREMENTS**

### 1. The Organization:

Is required by law to maintain the privacy of your PHI, and to provide you with this Privacy Notice of the Organization's legal duties and privacy practices with respect to your PHI.

Is required to abide by the terms of this Privacy Notice, which is currently in effect.

Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your PHI that it maintains.

Will not retaliate against you for making a complaint.

Must make a good faith effort to obtain from you an acknowledgement of receipt of this Notice.

Will post this Privacy Notice on the Organization's web site, if the Organization maintains a web site.

Will provide this Privacy Notice to you by e-mail if you so request. However, you also have the right to obtain a paper copy of this Privacy Notice.

## **EFFECTIVE DATE**

This Notice is in effect as of 09/23/2013.



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**ACKNOWLEDGEMENT OF RECEIPT**

I acknowledge that I have received a copy of the Organization's Privacy Notice bearing an effective date of September 23, 2013.

\_\_\_\_\_  
Name of Individual (Printed)

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Relationship

Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_