



& Affiliates

NOTICE OF PRIVACY PRACTICES

As required by the Health Insurance Portability & Accountability Act (HIPAA) of 1996
Effective March 6, 2018

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.

This Notice applies to the following facilities:

- Strong Memorial Hospital
- Highland Hospital
- F.F. Thompson Hospital
- Jones Memorial Hospital
- Noyes Memorial Hospital
- St. James Hospital
- Physician practices owned by hospitals listed
- University of Rochester Medical Faculty Group
- University Dental Faculty Group
- University of Rochester School of Nursing and Community Nursing Center
- Eastman Dental
- Highland South Wedge Pharmacy
- Highlands at Brighton
- Highlands Living Center
- M.M. Ewing Continuing Care Center
- Meadowbrook Adult Day Care
- University Health Service
- Finger Lakes Visiting Nurse Service
- Finger Lakes Home Care
- Visiting Nurse Service of Rochester and Monroe County
- Visiting Nurse Signature Care
- Visiting Nurse Hospice
- Ontario-Yates Hospice
- University of Rochester School of

- x Appointment Reminders. In the course of providing treatment to you, we may use your health information to contact you (e.g.: by phone or postcard) with a reminder that you have an appointment for treatment or services.
- x Health-related Benefits and Treatment Alternatives. We may use and disclose medical information to tell you about or recommend health-related benefits, services or treatment alternatives that may be of interest to you.
- x Fundraising Activities. We may use information about you to contact you in an effort to raise money for one or more of our facilities. We may also disclose information to a related foundation so they may contact you for fundraising. We may use or disclose demographic and contact information (such as your name, address, phone, gender), the date and department of service (such as cardiology or pediatrics), and your treating physician. Any fundraising communications we send you will include information on how to elect not to receive further fundraising contacts, or you may call 800-598-1330 at any time to opt out of fundraising communications.
- x Patient Information Directory. While you are a hospital patient, your name, location, general condition (e.g., satisfactory) and your religious affiliation will be included in a patient information directory. Directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may also be provided to members of the clergy of your congregation, even if they don't ask for you by name. We will give you the opportunity to object to being included in the directory, unless an emergency situation prevents us from asking you.
- x Individuals Involved in Your Care or Payment for Your Care. If you do not object, we may release medical information about you to a friend or family member who is involved in your care or payment for your care. We may also tell your family or friends your condition and that you are in the hospital. During a disaster (e.g., a flood), medical information may be disclosed to an authorized public or private entity authorized by law or its charter to assist with relief efforts (such as Red Cross).
- x Research

- x Coroners, Medical Examiners and Funeral Directors We may disclose health information to funeral directors, coroners and medical examiners as permitted by law to carry out their duties.
- x Inmates. If you are an inmate of a correctional facility, we may disclose to the institution or agents of the institution health information necessary for your health and the health and safety of other individuals.
- x Disclosures to Schools Student immunization information may be disclosed to a school without written authorization if state law requires the school to have immunization records and the patient or personal representative's written or oral agreement documented.
- x Sale of Protected Health Information We may only sell your protected health information in very limited circumstances without your written authorization, such as if the covered entity is sold
- x Military and Veterans. If you are or have been a member of the armed forces, we may release your medical information as required by the Departments of Defense, Transportation or Veterans Affairs.
- x Protective Services for the President and Others We may disclose health information about you to authorized federal officials for the provision of protective services to the President, foreign heads of state or certain other persons.
- x National Security and Intelligence Activities We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities required by law.

ELECTRONIC HEALTH CARE RECORDS

Some or all of your medical information may be created and/or stored in an electronic format. When permissible for valid purposes (e.g, providing treatment or billing for services) your health care providers may access your medical information electronically. Other healthcare providers outside URMC & Affiliates caring for you may also receive access to your electronic health records for purposes outlined above

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the right to:

