



Stony Brook Medicine

Stony Brook Organized Health Care Arrangement - 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.

THE STONY BROOK ORGANIZED HEALTH CARE ARRANGEMENT

The Stony Brook Organized Health Care Arrangement (SBOHCA) is formed for the sole purpose of facilitating compliance with the Health Insurance Portability and Accountability Act (HIPAA) and creates no legal representations, warranties, obligations or responsibilities beyond HIPAA compliance. The covered entities participating in the Organized Health Care Arrangement (OHCA) agree to abide by the terms of this notice with respect to protected health information (PHI) created or received by the covered entity as part of its participation in the OHCA. The covered entities of the SBOHCA include Stony Brook University Hospitals (SBUHs), the University Faculty Practice Corporations (UFPCs), SB Community Medical, P.C. (SBCM), Meeting House Lane Medical Practice, P.C.; the Long Island State Veterans Home (LISVH) and several academic health professional schools of Stony Brook University including the School of Medicine, School of Dental Medicine, School of Nursing, School of Health Technology and Management, School of Social Welfare and the School of Pharmacy; their employees and contracted professionals and students ; and the voluntary members of the SBUH Medical Staff. The covered entities, which comprise the SBOHCA, are in numerous locations throughout the greater New York area. This notice applies to all these sites.

The covered entities participating in the SBOHCA will share protected health information with each other, as necessary to carry out treatment, payment or healthcare operations relating to the OHCA. The covered entities that make up SBOHCA may have different policies and procedures regarding the use and disclosure of health information created and maintained in each of their facilities. Additionally, while all of the entities that make up SBOHCA will use this notice, voluntary members of the SBUH Medical Staff will use a Notice specific to their practice when they are providing services at their private practice sites. If you have questions about any part of this Notice or if you want more information about the SBOHCA covered entities, please contact the Privacy Officer at (631) 444-5796.

Stony Brook Organized Health Care Arrangement (SBOHCA) MAY USE AND DISCLOSE YOUR HEALTH INFORMATION FOR:

Treatment: Your health information can be used and disclosed to provide you with medical treatment or services. We will disclose PHI about you to doctors, nurses, technicians, students in training programs or other personnel, volunteers, contracted individuals who are involved in your care and other healthcare providers such as your Primary Care Physician for continuity of your healthcare.

Payment: The covered entities of the SBOHCA will use and disclose your health information to other healthcare providers to assist in the payment of your bills. Your health information will also be used to send bills and collect payment from you, your insurance company or other payers, such as Medicare for the care, treatment and other related services you receive. We may

inform your health insurer about a treatment your doctor has recommended to obtain prior approval to determine whether your plan will cover the cost of the treatment.

Operations: Your health information can be used and disclosed for healthcare operational purposes. For example, information from medical records is used to achieve and maintain accreditation and certification.

Consent: In New York State your general consent is required for treatment and payment. Once you sign the general consent, it will be in effect indefinitely until you withdraw/revoke your general consent. To withdraw/revoke your general consent at any time, you must submit your request in writing to the Privacy Office. Please contact the Privacy Officer at (631) 444-5796 for instructions/options for submitting your written request to withdraw/revoke your consent. Once you withdraw/revoke your consent, the individual entity or entities of the SBOHCA will no longer be able to provide you treatment, and use and disclose your health information, except to the extent that the individual entity or entities of the SBOHCA have already relied on your consent. For example, if a SBOHCA entity provided you treatment before you withdraw/revoke your general consent, the SBOHCA entity may still share your health information with your insurance company in order to obtain payment for that treatment.

SBOHCA entities will obtain your authorization for the following uses and disclosure of your health information:

Psychotherapy Notes: Any use and disclosure of psychotherapy notes other than to provide treatment, obtain payment and perform healthcare operations requires your authorization.

Sale of PHI: The individual entity or entities of the SBOHCA are required to obtain your authorization for any use and disclosure of your PHI for which the individual entity or entities of the SBOHCA is receiving any form of incentive or payment.

SBOHCA entities will provide you with an opportunity to agree or object to the following use and disclosure of your health information (unless you are incapacitated, otherwise unable to reply or in the case of an emergency):

Patient Directory: For hospitalized patients, the hospitals may list your name, the unit where you are located in the facility, general medical status and religious affiliation in the patient directory. Information such as your location or condition may be provided as appropriate to members of the clergy, your family members, visitors and members of the press who ask for you by name. If you do not want us to list this information in the hospitals' patient directory or provide it to clergy or others, you must request to speak to the Assistant Director of Nursing (ADN) on duty at any time during your hospitalization.

Communication With Those Involved in Your Care: The individual entities of the SBOHCA may use and disclose your health information to notify or assist in notifying a family member, other relative or a close personal friend about your general condition, other information as needed to participate in the provisions of your healthcare or in the event of your death. If you are unable or unavailable to agree or object to these communication(s), our health professionals will use their best judgment in communicating with your family and others.

Emergencies, Disaster Relief: The individual entities of the SBOHCA may use and disclose your health information to a public or private entity authorized to assist in an emergency or disaster relief effort.

Deceased Individuals: The individual entities of the SBOHCA may use and disclose a decedent's health information to family members, other relatives or a close personal friend who were involved in providing and/or paying for healthcare received by the decedent and is relevant

to such person's involvement in the decedent's healthcare; unless in doing so would be inconsistent with any prior expressed preference made by the decedent to the SBOHCA entity.

SBOHCA entities are not required to provide you with an opportunity to agree or object to the following use and disclosure of your health information:

Required by Law: The individual entities of the SBOHCA may use and disclose your health information to comply with state and federal law(s). For example, a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability, or to an employer about an employee relating to medical surveillance or work-related illness or injury.

Health Oversight Activities/Judicial Matters: The individual entities of the SBOHCA may disclose your health information for audits, investigations, inspections, licensure, certification, the identification of individual(s) involved in a law enforcement investigation or related activities, or to reply to a subpoena or summons.

Deceased Person/Organ Donation Information or Personal Health and Safety: The individual entities of the SBOHCA may disclose your health information to coroners, medical examiners and funeral directors; organizations involved in procuring, banking or transplanting organs and tissues; and in order to prevent or lessen a threat to the health and safety of a person or the public.

Specialized Government Functions or Worker's Compensation: The individual entities of the SBOHCA may disclose your information for: military and veterans activities; national security and intelligence activities; and correctional or other law enforcement custodial situations. We may also disclose your health information as necessary to comply with worker's compensation laws.

Research: The individual entities of the SBOHCA may use and disclose your health information for research, regardless of the source of funding, for research as approved by the appropriate Institutional Review Board (IRB) or any applicable waivers.

Marketing and Fundraising: The individual entities of the SBOHCA may contact you to give information about other treatment or health-related benefits and services that may be of interest to you. Additionally, SBOHCA entities may contact you to participate in marketing or fundraising activities. You have the choice of opting out of receiving marketing and fundraising information. The SBOHCA entities will not sell your health information to a third party for the purposes of marketing or fundraising or accept payment from a third party to use your health information to market a product or service or for fundraising activities. To opt out of fundraising or marketing you may either call the Privacy Officer at (631) 444-5796 or email your request including your name and date of birth to HIPAA@stonybrookmedicine.edu.

Change of Ownership: In the event that an individual entity (or entities) of the SBOHCA is sold or divested, your health information will become the property of the new owner/entity and will be subject to their policies on health information as well as federal and state laws.

Incidental Disclosures: The individual entities of the SBOHCA will take reasonable steps to protect the privacy of your health information; however, certain incidental uses and disclosures of your health information may occur as a result of permitted uses and disclosures that are otherwise limited in nature and cannot be reasonably prevented. For example, discussions about your health information may be overheard by another person.

YOUR HEALTH INFORMATION RIGHTS

Receive Confidential Communications: You have the right to request that you receive your health information through a reasonable alternative means or at an alternative location. For example you can provide us with your cell phone number as your primary number instead of home phone number or use a P.O. Box instead of home mailing address as your primary address.

Restrict Use/Disclosure: You have the right to submit a written request to restrict certain uses and disclosures of your health information. Although we will attempt to accommodate your request, the individual entities of the SBOHCA are not required to agree to or fulfill the restriction requested; except a request to restrict disclosure of your health information to your health plan/insurance if the disclosure is for payment or healthcare operations and pertains to a healthcare item or service for which out of pocket payment in full has been obtained at the time the service is provided.

Inspect and Copy: You have the right to submit a written, original signed request to inspect or to receive a copy of your health information. The individual entities of the SBOHCA have policies and procedures to provide you proper access to inspect or receive a copy of your health information. If your health information is maintained in electronic format you may request an electronic copy of your health information instead of a paper copy. A CD containing your requested electronic health information will be provided to you. If you request a copy of your health information, we may charge you a reasonable fee for the copies.

Amend/Correct Information: You have the right to submit a written request to amend/correct your health information. The individual entities of the SBOHCA are not required to make the requested change to your health information. A written response to your request will be provided to you and if your request is denied the response will include the reason for the denial and information about how you can appeal the denial.

Receive an Accounting of Disclosures: You have the right to submit a written request to receive an accounting of disclosures of your health information made by the individual entities of the SBOHCA. We do not have to account for all disclosures of your health information. For example, an accounting of disclosures is not required for disclosures related to treatment, payment, healthcare operations, information that was provided to you, information that was disclosed with your written authorization/permission and disclosures required by state or federal law.

Detailed Explanation of Rights: You have the right to receive a paper copy of this Notice of Privacy Practices. If you would like a more detailed explanation of these rights or if you would like to exercise one or more of the rights, contact the Privacy Office at (631) 444-5796 or visit the SBUH website at: stonybrookmedicine.edu/patientcare/patientprivacy.

SBOHCA Duties:

The individual entities of the SBOCHA will notify you, as required by law, following a breach of your protected health information.

CHANGES TO THIS JOINT NOTICE OF PRIVACY PRACTICES

The individual entities of the SBOHCA are required by law to comply with this Notice of Privacy Practices. This notice can be revised and will be made available upon verbal or written request at any individual SBOHCA entity site or by contacting the Privacy Officer at (631) 444-5796, via email at HIPAA@stonybrookmedicine.edu or you can access it online at: stonybrookmedicine.edu/patientcare/patientprivacy.

COMPLAINTS

Complaints about this Notice or how the individual entities of the SBOHCA handle your health information should be directed to the Privacy Officer at (631) 444-5796 or via email at HIPAA@stonybrookmedicine.edu. No one will retaliate or take action against you for filing a complaint.

If you think any of the individual entities of the SBOHCA may have violated your privacy rights, you may file a complaint with the Department of Health and Human Services, Office for Civil Rights at: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/> or calling (800) 368-1019.

Effective date of Original Notice: April 14, 2003

Effective date Amended Notice: September 23, 2013

Effective date Amended Notice: August 22, 2016

Effective date Amended Notice: August 1, 2017

[Stony Brook University/SUNY is an affirmative action, equal opportunity educator and employer. For accessibility-related accommodations, please call \(631\) 444-4000, 16080326H](#)