

Nassau Health Care Corporation d/b/a NuHealth:

**Nassau University Medical Center
A. Holly Patterson Extended Care Facility
Long Island Federally Qualified Health Centers d/b/a NuHealth Family Health Centers
Collectively the “Health System”**

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

This Health System 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 Health System. This Notice details how your PHI may be used and disclosed to third parties to carry out your treatment, payment for your treatment, health care operations of the Health System, 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

1. The Health System may use and/or disclose your PHI for treatment, payment for your treatment, and health care operations of the Health System. 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.

(a) Treatment - In order to provide, coordinate and manage your health care, the Health System will provide your PHI to those health care professionals, whether on the Health System’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 Health System’s physicians.

(b) Payment - In order to get paid for some or all of the health care services provided to you, the Health System will provide your PHI, directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements. For example, the Health System may 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.

(c) Health Care Operations - In order for the Health System to operate in accordance with applicable law and insurance requirements and in order for the Health System to continue to provide quality and efficient care, it may be necessary for the Health System to compile use and/or disclose your PHI. For example, the Health System may use your PHI in order to evaluate the performance of the Health System's personnel in providing care to you or to support the business activities of the Health System. 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

1. In addition to treatment, payment, and health care operations, the Health System may use and/or disclose your PHI, without a written Authorization from you, in the following instances:

(a) 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.

(b) Business Associate - To a business associate, which is someone who the Health System 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 Health System will obtain satisfactory written assurance, in accordance with applicable law, that the business associate and its subcontractors will appropriately safeguard your PHI.

(c) 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.

(d) 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.

(e) Schools - Proof of immunization(s) about a student or prospective student may be disclosed to a school without written authorization if state law requires the school to have immunization records. The agreement to the disclosure may be given in either written or oral format and documented in the patient's medical record.

(f) 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.

(g) Abuse, Neglect or Domestic Violence - To a government authority if the Health System is required by law to make such disclosure. If the Health System 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 Health System 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.

(h) 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.

(i) Judicial and Administrative Proceedings - For example, the Health System may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.

(j) 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 Health System; and (6) a medical emergency (not on the Health System's premises) has occurred, and it appears that a crime has occurred.

(k) Coroner or Medical Examiner - The Health System 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.

(l) Organ, Eye or Tissue Donation - If you are an organ donor, the Health System may disclose your PHI to the entity to whom you have agreed to donate your organs.

(m) Research - If the Health System 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.

(n) Avert a Threat to Health Or Safety - The Health System 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.

(o) Specialized Government Functions - When the appropriate conditions apply, the Health System 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 Health System 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.

(p) Inmates - The Health System 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.

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

(r) Disaster Relief Efforts - The Health System may use or disclose your PHI to a public or private entity authorized to assist in disaster relief efforts.

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

PATIENT DIRECTORY

Unless you object, the Health System will include general information in its directories of individuals, including your name, location in the facility, your condition described in general terms, and your religious affiliation. The directory information, except for your religious affiliation, will be released to persons who ask for you by name. Your religious affiliation may be given to members of the clergy, even if they do not ask for you by name.

APPOINTMENT REMINDER

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

TREATMENT ALTERNATIVES/ BENEFITS

The Health System 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 Health System 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 Health System. Marketing also includes the receipt by the Health System of remuneration, directly or indirectly, from a third party whose product or service is being marketed to you. The Health System will inform you if it engages in marketing and will obtain your prior Authorization.

FUNDRAISING

The Health System may use and/or disclose some of your PHI in order to contact you for fundraising activities supportive of the Health System. 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 Health System establish relationships with other physicians who will take your call if a physician from the Health System is not available. Those on-call physicians will provide the Health System with whatever PHI that they create and will, by law, keep your PHI confidential.

FAMILY/FRIENDS

The Health System may disclose to your family members, other relatives, 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 Health System 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:

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

(b) If you are not present, the Health System will, in the exercise of its judgment, decide 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.

YOUR RIGHTS

1. You have the right to:

- a) Revoke any Authorization, in writing, at any time. To request a revocation, if you are a patient at Nassau University Medical Center, you must submit a written request to the Medical Records Department, NHCC, 2201 Hempstead Turnpike, East Meadow, New York 11554. If you are a resident of A. Holly Patterson Extended Care Facility ("AHP") you must submit your request in writing to Medical Records Department, AHP, 875 Jerusalem Avenue, Uniondale, New York 11553. If you are a patient of any of the Long

Island Federally Qualified Health Centers, you must submit your request in writing to the Health Center where you were treated (see below list with addresses).

- b)** Request restrictions on certain uses and/or disclosures of your PHI as provided by law. The Health System is not obligated to agree to every requested restriction, except to the extent required by the HIPAA Rules or by law. To request restrictions, you must submit a written request to the Medical Records Department, NHCC, 2201 Hempstead Turnpike, East Meadow, New York 11554. If you are a resident of A. Holly Patterson Extended Care Facility (“AHP”) you must submit your request in writing to Medical Records Department, AHP, 875 Jerusalem Avenue, Uniondale, New York 11553. If you are a patient of any of the Long Island Federally Qualified Health Centers, you must submit your request in writing to the Health Center where you were treated (see below list with addresses). In your written request, you must inform the Health System of what information you want to limit, whether you want to limit the Health System’s use or disclosure, or both, and to whom you want the limits to apply. If the Health System agrees to your request, the Health System will comply with your request unless the information is needed in order to provide you with emergency treatment.
- c)** Restrict certain disclosures of PHI about you to a health plan where you pay out of pocket in full for the health care item or service.
- d)** Receive confidential communications or PHI by alternative means or at alternative locations. You must make your request in writing to the Medical Records Department, NHCC, 2201 Hempstead Turnpike, East Meadow, New York 11554. If you are a resident of A. Holly Patterson Extended Care Facility (“AHP”) you must submit your request in writing to Medical Records Department, AHP, 875 Jerusalem Avenue, Uniondale, New York 11553. If you are a patient of any of the Long Island Federally Qualified Health Centers, you must submit your request in writing to the Health Center where you were treated (see below list with addresses). The Health System will accommodate all reasonable requests.
- e)** Inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a written request to the Medical Records Department, NHCC, 2201 Hempstead Turnpike, East Meadow, New York 11554. If you are a resident of A. Holly Patterson Extended Care Facility (“AHP”) you must submit your request in writing to Medical Records Department, AHP, 875 Jerusalem Avenue, Uniondale, New York 11553. If you are a patient of any of the Long Island Federally Qualified Health Centers, you must submit your request in writing to the Health Center where you were treated (see below list with addresses). In certain situations that are defined by law, the Health System may deny your request, but you will have the right to have the denial reviewed. The Health System can charge you a fee for the cost of copying, mailing or other supplies associated with your request.
- f)** Amend your PHI as provided by law. To request an amendment, you must submit a written request to the Medical Records Department, NHCC, 2201 Hempstead Turnpike, East Meadow, New York 11554. If you are a resident of A. Holly Patterson Extended Care Facility (“AHP”) you must submit your request in writing to Medical Records Department, AHP, 875 Jerusalem Avenue, Uniondale, New York 11553. If you are a

patient of any of the Long Island Federally Qualified Health Centers, you must submit your request in writing to the Health Center where you were treated (see below list with addresses). You must provide a reason that supports your request. The Health System may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by the Health System (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 Health System, 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 Health System's denial, you will have the right to submit a written statement of disagreement.

- g) Receive an accounting of disclosures of your PHI as provided by law. To request an accounting, you must submit a written request to the Medical Records Department, NHCC, 2201 Hempstead Turnpike, East Meadow, New York 11554. If you are a resident of A. Holly Patterson Extended Care Facility ("AHP") you must submit your request in writing to Medical Records Department, AHP, 875 Jerusalem Avenue, Uniondale, New York 11553. If you are a patient of any of the Long Island Federally Qualified Health Centers, you must submit your request in writing to the Health Center where you were treated (see below list with addresses). The request must state a time period which may not be longer than six (6) years and may not include dates before April 14, 2003. 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 twelve (12) month period will be free, but the Health System may charge you for the cost of providing additional lists in that same twelve (12) month period. The Health System will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.
- h) Receive a paper copy of this Privacy Notice from the Health System upon request to the Medical Records Department, NHCC, 2201 Hempstead Turnpike, East Meadow, New York 11554. If you are a resident of A. Holly Patterson Extended Care Facility ("AHP") you may direct your request to Medical Records Department, AHP, 875 Jerusalem Avenue, Uniondale, New York 11553. If you are a patient of any of the Long Island Federally Qualified Health Centers, you must submit your request in writing to the Health Center where you were treated (see below list with addresses).
- i) Be notified following a breach of your Unsecured PHI (as such term is defined by the HIPAA Rules).

Complain to the Health System or to the Secretary of Health and Human Services if you feel that your privacy has been violated. You may contact a regional office of the Office for Civil Rights, which can be found at www.hhs.gov/ocr/office/about/rgn-hqaddresses.html. To file a complaint with the Health System, you must contact the Health System's Privacy Officer. All complaints must be in writing.

To obtain more information, or have your questions about your rights answered, you may contact the Health System's Privacy Officer, Megan C. Ryan, Esq., at 2201 Hempstead Turnpike, East Meadow, New York 11554 at (516) 296-2389.

HEALTH SYSTEM'S REQUIREMENTS

1. The Health System:

(a) Is required by law to maintain the privacy of your PHI and to provide you with this Privacy Notice of the Health System's legal duties and privacy Health Systems with respect to your PHI.

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

(c) 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.

(d) Will not retaliate against you for making a complaint.

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

(f) Will post this Privacy Notice on the Health System's web site, if the Health System is maintaining a web site.

(g) 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 takes effect September 23, 2013. The prior Notice's effective date was April 14, 2003.

**Nassau Health Care Corporation and Component Entities a/k/a NuHealth
Collectively the "Health System"**

PRIVACY NOTICE

LIST OF HEALTH SYSTEM MEMBERS

Nassau University Medical Center
A. Holly Patterson Extended Care Facility
Elmont Health Center
Hempstead Health Center
Roosevelt/Freeport Family Center
Roosevelt High School
South Ocean Care
Westbury Health Center

LIST OF HEALTH SYSTEM ADDRESSES AND PHONE NUMBERS

Nassau University Medical Center
2201 Hempstead Turnpike
East Meadow, NY 11554
516-572-0123

Roosevelt/Freeport Family Center
380 Nassau Road
Roosevelt, NY 11575
516-571-8600

A. Holly Patterson Extended Care Facility
875 Jerusalem Avenue
Uniondale, NY 11553
516-572-1400

Roosevelt High School
One Wagner Avenue
Roosevelt, NY 11575
516-345-7229

Elmont Health Center
161 Hempstead Turnpike
Elmont, NY 11003
516-571-8200

South Ocean Care
101 South Bergen Place
Freeport, NY 11520
516-623-3600

Hempstead Health Center
135 Main Street
Hempstead, NY 11550
516-572-1300

Westbury Health Center
682 Union Avenue
Westbury, NY 11590
516-571-9500

**PATIENT ACKNOWLEDGEMENT
OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES
FOR PROTECTED HEALTH INFORMATION**

Dated: _____, New York
_____, 20_____

Signature of Patient or Representative

Patient's Name (Printed): _____

Name of Personal Representative: _____
(Printed) (If Applicable)

Relationship to Patient: _____
(If Applicable)