• To be notified of a breach of your unsecured information.
• To obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.
• To complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying the Privacy Contact Official listed in this brochure. We will not retaliate against you for filing a complaint.

Service Delivery Sites
This notice applies only to services delivered by or at sites operated by St. Peter’s Health Partners affiliates named in this brochure. It does not apply to services provided by members of the medical staff of St. Peter’s Health Partners affiliates at non-St. Peter’s Health Partners sites.

Organized Health Care Arrangement
St. Peter’s Health Partners affiliates participate in organized health care arrangements (i) with their medical staffs, and (ii) Innovative Health Care Alliance of NY (IHANY), operated by St. Peter’s Health Partners affiliates named health care arrangements (i) with their medical staffs, and (ii) Innovative Health Care Alliance of NY (IHANY), which is a Performing Provider System (PPS). St. Peter’s Health Partners Medical Associates, PC, Privacy Officer

Providers and Affiliates, and Their Privacy Contact Officials
If you have any questions or concerns, or require assistance in exercising your privacy rights, you may contact the Privacy Contact Official for the St. Peter’s Health Partners affiliate or program that is treating you.

Health Information Exchange
St. Peter’s Health Partners affiliates may store your health records electronically with Health Information Exchange of New York (HIXNY). If you sign a separate written agreement, or in limited emergency circumstances, other health care providers will be able to access your information from HIXNY for the purpose of treating you. HIXNY has implemented administrative, physical and technical safeguards to protect the confidentiality and integrity of your information.

St. Peter’s Health Partners affiliates may store your health information electronically with the Health Information Exchange of New York (HIXNY), which is a Performing Provider System (PPS). Other health care providers may store your health information electronically with the Health Information Exchange of New York (HIXNY), if you sign a separate written agreement, or in limited emergency circumstances.

St. Peter’s Health Partners Medical Associates, PC, Privacy Officer

We at St. Peter’s Health Partners — the hospitals, nursing homes, home care, hospice, physician practices, senior residences, other providers and other affiliates listed in this brochure, along with our medical staffs — are committed to safeguarding the confidentiality of your protected health information. This notice describes only the practices of our facilities and programs, but those of any health care professional authorized to enter information in your medical record.

We are required by law to maintain patient privacy. We will use and disclose your information only as described in this notice.

This notice is effective April 1, 2018. We will provide you with a copy of this notice upon request. We may periodically change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time.

Acute Care
St. Peter’s Health Partners Medical Associates, PC, Privacy Officer

Notice of Privacy Practices

ST. PETER'S HEALTH PARTNERS
For Health Care Operations

Typically, we will use or disclose your protected health information for the following purposes, or to the following persons:

To a Facility Directory

We may disclose protected health information to a facility directory. A facility directory is a list of patients maintained by a healthcare provider to provide information to others involved in your care, such as laboratory technicians, a consulting physician or a social worker.

To Clergy

We may disclose your protected health information to a member of the clergy, even if you do not ask us to do so by name. You have the right to request that your name not be given to any member of the clergy.

To Family and Friends Involved in Your Care

We may disclose information about you to a friend or family member who is involved in your care or the planning for your care. You have a right to request that we restrict the information that is shared. A request must state the information you want to limit and how you want to limit it. We must act on your request within 3 business days of receiving it.

For Treatment Reminders and Alternatives

We may contact you to remind you of appointments, which may be scheduled with us. We may also use or disclose your information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Less Typical Uses and Disclosures

Less typically, we may use or disclose your protected health information in special situations set forth in federal and state laws and regulations as follows:

- To a St. Peter’s Health Partners Affiliate

- To Trinity Health

- To a Business Associate

- To You

We may disclose information to you or to someone you designate by you in writing to the Privacy Contact Official (see list at the back of this brochure). In any case, you have the right to request that any part of your information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. But if we agree to the restriction, we may not use or disclose your information in violation of that restriction unless you agree, in writing, to any such violation.

To request a restriction on disclosure of your information to a health plan (for purposes of paying your health care operations) in cases where you pay out-of-pocket, in full, for the items involved or services rendered.

To receive confidential communications from us concerning means or processes that are not otherwise obvious or true.

To make reasonable arrangements for your treatment, payment or health care operations that may be involved in your medical care.

If you sign an authorization for that specific purpose. For example, you may give an authorization to give the information to a prospective employer as part of a pre-employment physical.

You may give an authorization to any other entity, such as a prospec