



AUBURN COMMUNITY  
HOSPITAL

## ABBREVIATED NOTICE OF PRIVACY PRACTICES

Except of the uses and disclosures described in this notice, use and disclosure will only be with your specific written authorization. You will be able to revoke your authorization, in writing, at any time. The authorization will not be revoked if: 1) we have already relied and acted upon it; or 2) it was made as a condition to obtaining insurance coverage.

### **YOUR RIGHTS PERTAINING TO YOUR PROTECTED HEALTH INFORMATION**

**Right to Access.** You have the right to inspect and/or obtain a copy of the health information pertaining to you, except for psychotherapy notes, information compiled in anticipation of legal action, and information that is subject to law that prohibits access to protected health information-

To request access to your protected health information, please contact our Privacy Contact, whose name and phone number appear at the end of this document. A reasonable fee may be charged to cover the costs of providing you with a copy of your information to cover the cost of copies, postage, supplies and labor.

We will provide your protected health information in readable hard copy. If you agree in advance, we may provide you with a summary or explanation of your information. You must also agree in advance to pay the fee for such summary or explanation.

You have the right to timely access to your protected health information. Generally your request must be acted upon within 10 days of its receipt.

We may deny access to your protected health information in a limited number of instances. If denied, you have the right to a timely written explanation, along with an explanation of the right to review, and procedures for filing a complaint. Someone other than the individual involved in the denial will review your denial. In very limited circumstances, however, a denial of access is not reviewable.

**Right to Amend.** If you believe that health information contained in your medical and billing record maintained by us is incorrect or incomplete; you have the right to request that it be amended. To request an amendment, please write to our Privacy Contact listed at the end of this notice and include the information you want changed, and the reason.

We may deny your request for an amendment if your health information:

- Was not created by us;
- Is not part of the medical and billing records kept by us;
- Is accurate and complete; or
- Would not be available to you for inspection.

If we deny your request of amendment, we must provide you with a written denial explaining the reasons. You have the right to submit a written statement of disagreement, and may also file a complaint. If we prepare a written rebuttal, you will be provided a copy of the rebuttal.



**Right to an Accounting of Disclosures.** You have the right to know who has received your protected health information **other than those disclosures for the purpose of treatment, payment, or health care operations or those pursuant to an authorization.** You may request a written statement or accounting of disclosures of your information that occurred during the period beginning April 14,2003.

- The accounting will include:
- Dates of disclosures;
- Name of entities or persons who received your protected health information;
- A brief description of the information disclosed;
- The purpose of the disclosure;
- A copy of your written authorization for the disclosure; and
- A copy of the request for disclosure.

To request an accounting, please write to our Privacy Contact and include the time period for which you wish to receive and accounting. The first accounting within a 12-month period will be provided free of charge. We may charge a reasonable fee for additional accountings requested within the same 12-month period. You will be advised of the charge before the accounting is prepared in order to provide you with an opportunity to withdraw or to modify your request. In limited circumstances, certain disclosures are not included in the accounting. If you have questions regarding which disclosures are not included, you may contact the person listed at the end of this notice for more information.

**Right to Restrict Uses and Disclosure.** We understand that there may be situations in which you do not want your protected health information used by or disclosed to others. You may also request that your information not be disclosed to specific family members or friends involved in your care or the payment for care.

We are not required to agree to the restriction or limitation. If we do agree to the restriction, we will follow your wishes except to the extent that use or disclosure may be necessary to provide you emergency treatment. If we must use or disclose protected health information in order to provide emergency treatment, we will request that the disclosed information not be further used or disclosed.

To request that a restriction or limitation be placed on your protected health information, please write to our Privacy Contact. You may also write to this person to terminate a restriction or limitation. We may terminate a restriction or limitation by informing you of such termination. A termination will only be effective for protected information created or received after you have been informed of the termination.

**Right to Request Confidential Communications.** You may request, in writing to receive confidential communications regarding your protected health information by an alternative method or at an alternative location. We will not ask you to explain your reason and we will accommodate reasonable requests. To request confidential communications, please write to our Privacy Contact.

**Right to Receive a Paper Copy of this Notice.** This notice is displayed on our web site at [www.auburnhospital.org](http://www.auburnhospital.org). You may also receive the notice by e-mail if you agree. However, you always have the right to a paper copy. To request a paper copy, please contact our Privacy Contact.

## **COMPLAINT PROCEDURES**

If you believe that your protected health information was used or disclosed unlawfully, or that any of your rights with respect to this information were violated; you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. If complaining to us, your complaint should be in writing and sent to our Privacy Contact. If you are complaining to the Secretary of the U.S. Department of Health and Human Services, your written complaint should be addressed to:

Office of Civil Rights, Region II  
U.S. Department of Health and Human Services  
Jacob Javits Federal Building, Suite 3312  
26 Federal Plaza  
New York, NY 10278

Phone: 212-264-3313  
Fax: 212-264-3039  
TDD: 212-264-2355

PLEASE BE ADVISED THAT NO ADVERSE ACTION WILL BE TAKEN AGAINST YOU FOR FILING A COMPLAINT.

## **RIGHT TO CHANGE NOTICE**

We reserve the right to change this notice. We also reserve the right to make the revised or changed notice effective for medical information we already have about you and for information we may receive in the future. A current copy of this notice is always posted in the hospital or our clinics, and at the time of treatment or admission you may be given a current copy of the notice. You may always request a copy of our current notice by contacting the Privacy Contact.

## **HIPPA SECURITY OFFICER**

**Ms. Delicia Herrick**  
**Auburn Community Hospital**  
**17 Lansing Street**  
**Auburn, NY 13021**  
**Telephone 315-255-7343**