



155 Crystal Run Road  
Middletown, NY 10941  
845-703-6999

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845-794-6999

## Crystal Run Healthcare LLP/Crystal Run Ambulatory Surgery Center of Middletown, LLC

### **Notice of Privacy Practices**

This notice contains important information about Crystal Run Healthcare, LLP and Crystal Run Ambulatory Surgery Center of Middletown, LLC (collectively, "Crystal Run") privacy practices which were revised pursuant to the Health Insurance Portability and Accountability Act of 1996 and related regulations. This notice describes how your Protected Health Information ("PHI") may be used and disclosed, and indicates how you get access to this information. Please review it carefully.

### **OUR COMMITMENT TO YOUR PRIVACY**

#### **Summary**

1. We are dedicated to maintaining the privacy of your PHI. In conducting our business, we will create records regarding the treatment and services we provide to you.
2. Your medical records are our property. However, we are required by law:
  - a. To maintain the confidentiality of your PHI;
  - b. To provide you with this notice of our legal duties and privacy practices concerning your PHI called Notice of Privacy Practices; and
  - c. To follow the terms of our Notice of Privacy Practices in effect at the time.
3. This notice provides you with the following important information:
  - a. How we may use and disclose your PHI;
  - b. Your privacy rights regarding your PHI; and
  - c. Our obligations concerning the use and disclosure of your PHI.

#### **Changes to this Notice**

The terms of this notice apply to all records containing your PHI that are created or retained by us. We reserve the right to revise, change or amend our Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of the information that we already have about you, as well as any PHI that we may receive, create, or maintain in the future. We will make a good faith effort to document that we provided our patients with a copy of our Notice of Privacy Practices, and you may request a copy of our most current notice during any visit to Crystal Run or access it on the Internet.

#### **Protected Health Information or PHI**

We are committed to protecting the privacy of information gathered about you while providing health-related services. This includes any information that may identify you in connection with your health care. Examples of PHI include:

1. Information about your health status (such as your medical conditions and test results);
2. Information about health care services you have received or will receive in the future (such as surgeries);
3. Information about your health care benefits (such as what services are covered under your insurance plan);
4. Geographic and demographic information (such as your address, race, gender ethnicity, religion or marital status);
5. Unique numbers and other identifiers (such as your social security number, your phone number or your driver's license number); and
6. Photographs.

#### **Privacy Officer**

We have appointed a Privacy Officer. Our Privacy Officer/designee provides training programs to our medical staff and employees regarding our policies and procedures to implement and enforce the safeguarding of your PHI. If you have any questions about this notice, please contact the Corporate Compliance Officer, 95 Crystal Run Road, Middletown, NY 10941, 845-703-3591 or by email at [compliance@crystalrunhealthcare.com](mailto:compliance@crystalrunhealthcare.com).

#### **How We May Use and Disclose Your Medical Information**

The following categories describe the different ways in which we may use and disclose your PHI. Please note that each particular use or disclosure is not necessarily listed below. However, the different ways we are permitted to use and disclose your PHI do fall within one of the listed categories.

#### **Treatment**

We may use and disclose your PHI to treat you or to assist others in your treatment. We may disclose your PHI to others who may assist in your care, such as your non-Crystal Run physician and other health care professionals from whom you seek treatments. While we will take reasonable steps to protect your PHI, certain disclosures may be unavoidable. For example, other patients may overhear your discussion with your doctor and such incidental disclosures are permissible.

#### **Payment**

We may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment. We also may use and disclose your PHI to obtain payment from other third parties who may be responsible for such costs. Also, we may use your PHI to bill you directly for services and items under applicable law.

**Health Care Operations**

We may use and disclose your PHI to operate our business. An example of the way in which we may use and disclose your PHI for our operations would be to evaluate the quality of care you received from us. We may also disclose your PHI to doctors, nurses and students for review and learning purposes. We maintain safeguards to protect your PHI against unauthorized access and uses.

**Appointment Reminders**

We may use and disclose your PHI to remind you that you have an appointment. We may use or disclose your PHI to generate an appointment reminder that may be sent to you by telephone, email, text message or other means to inform you of the date, time, and location of your next appointment.

**Business Associates**

We may share your PHI with a "business associate" that we work with, such as a computer or cleaning company. Business associates will have assured us in writing that they will protect your PHI as required by law.

**Release of PHI to Family/Friends**

We may release PHI to people such as family members or close friends who are assisting in your care or helping you with your medical bills. We may also disclose your PHI to a patient representative. If a person has the authority under the law to make health care decisions for you, we will treat that individual the same way we would treat you with respect to your PHI. Although parents and legal guardians are considered patient representatives for minors, the law allows minors to make their own health care decisions in certain circumstances. If you do not want us to disclose your PHI to those involved in your care, please contact us.

**Treatment Alternatives/Health-Related**

We may use and disclose your PHI to inform you of treatment alternatives and/or health-related benefits and services that may be of interest to you.

**Fundraising/Marketing**

We do not use or disclose PHI for fundraising or marketing purposes.

The following categories describe additional conditions in which we may use or disclose your PHI:

**Required by law**

We will use or disclose PHI about you when required by applicable law.

**Public Health Activities**

We may disclose your PHI for public health activities, including generally:

1. To prevent or control disease, injury or disability;
2. To maintain vital records, such as births and deaths;
3. To report child abuse or neglect;
4. To notify a person regarding potential exposure to a communicable disease;
5. To notify a person regarding a potential risk for spreading or contracting a disease or condition;
6. To report reactions to drugs or problems with products or devices;
7. To contact public health surveillance, investigation or intervention;
8. To notify individuals if a product or device they may be using has been recalled;
9. To notify appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient including domestic violence; however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information; or
10. To notify your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

**Abuse, Neglect and Domestic Violence**

We may disclose your PHI to a government authority if we believe you are a victim of abuse, neglect or domestic violence. If we make such a disclosure, we will inform you of it, unless we think informing you places you at risk of serious harm or if we were to inform your personal representative, is otherwise not in your best interest.

**Health Oversight Activities**

We may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs and compliance with civil rights laws.

**Lawsuits and Similar Proceedings**

We may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

**Law Enforcement**

We may release your PHI if asked to do so by law enforcement officials:

1. Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement per state law;
2. Concerning a death we believe might have resulted from criminal conduct;
3. Regarding criminal conduct at Crystal Run;
4. In response to a warrant, summons, court order, subpoena or similar legal process;
5. To identify/locate a suspect, material witness, fugitive or missing person; or
6. In an emergency, to report a crime (including the location or victim(s) of the crime, the description, identity or location of the perpetrator).

**Coroners, Medical Examiners, and Funeral Directors**

We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release your PHI to funeral directors as necessary to carry out their duties.

**Organ and Tissue Donation**

We may use or disclose your PHI to organizations that handle organ and tissue procurement, banking or transplantation.

**Serious Threats to Health or Safety**

We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**Specialized Government Functions**

We may disclose your PHI if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities. In addition, we may disclose your PHI to federal and/or state and/or local officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state or to conduct investigations.

Furthermore, we may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary:

1. For the institution to provide health care services to you;
2. For safety and security of the institution; or
3. To protect your health and safety or the health and safety of other individuals.

**Workers' Compensation or Disability Claims**

We may release your PHI for your workers' compensation and disability claims and similar program to appropriate agencies.

**YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding the medical information that we maintain about you:

**Requesting Restrictions**

When requested in writing, you have the right to request a restriction in your PHI for treatment, payment or health care operations. Additionally you have the right to request that we limit our disclosure of your PHI to individuals involved in your care or the payment for your care, such as family members and friends. In order to request a restriction in our use and disclosure of your PHI you must make your request in writing to the Director of Health Information Management specifying the method of contact, or the location where you wish to be contacted. We will accommodate reasonable requests. You need not give a reason for your request.

We are not required to agree to your request except in the case of a request that we not release to your health insurance company PHI that pertains solely to a health care item or service for which you have paid us out of pocket in full. If we do agree we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. If multiple medical services are provided to you at one time, you will have to pay for all of the services in order to restrict the disclosure of any of them to your health insurance company. If you require a follow-up care related to the undisclosed service and you decide you do not want to pay for that service, we may inform your health insurance company about the previously undisclosed service.

**Confidential Communications**

You have the right to request that we communicate with you about your health and related issues in a particular manner, or at a certain location. For instance, you may ask that we contact you by mail, rather than by telephone, or at home rather than work.

In order to request a type of confidential communication, you must make a written request to the Director of Health Information Management specifying the requested method of contact, or the location where you wish to be contacted. We will accommodate reasonable requests. You do not need to give a reason for your request.

**Inspection and Copies**

You have the right to inspect and obtain a copy of your PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Director of Health Information Management in order to inspect/or obtain a copy of your PHI. You may ask to see or get an electronic or paper copy of your PHI. In accordance with state law we may charge a fee. In accordance with law and our best judgment, we may deny your request to inspect and/or copy your PHI in certain limited circumstances; however, you may request a review of our denial.

**Amendment**

You may ask to amend your PHI via addenda if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by us. To request an amendment, your request must be made in writing to your healthcare provider. You must provide us with a reason that supports your request for amendment. Crystal Run Healthcare will act on the request within 60 days of receipt of request, the time period may be extended once for an additional 30 days. Health Information Management will notify you in writing the reasons for the delay and the date by which we will complete your request.

We may deny your request if you fail to submit your request and the reason supporting your request in writing. Also, we may deny your request if the amendment would violate any law or statute or if you ask us to amend information that is:

1. Accurate and complete;
2. Was not created by Crystal Run;
3. If the individual who created the information is no longer available to act on the request; or
4. Not part of the PHI which you would be permitted to inspect or copy.

**Accounting of Disclosures**

An accounting of disclosures is a list of certain disclosures we have made of your PHI, which you did not specifically authorize. You have the right to request a copy of our accounting of disclosures for your PHI. Your request must be made in writing to the Director of Health Information Management. All requests for an accounting of disclosures must state a time period that may be no longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge. A charge for subsequent requests in the same 12-month period will be imposed in accordance with state law. A record of disclosures will be provided within 60 days of receiving the request, the time period may be extended once for an additional 30 days. Health Information Management will notify you in writing reasons for the delay and the date by which we will provide the accounting.

**Right to a Paper Copy of This Notice**

You have a right to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, ask any member of our staff or contact the Director of Health Information Management. We also have our Notice of Privacy Practices on our Website ([www.crystalrunhealthcare.com](http://www.crystalrunhealthcare.com))

**Right to Receive Notice of a Breach**

You have the right to be notified by us by first class mail or by e-mail (if you have requested a preference to receive information by e-mail), of any breaches of Unsecured PHI as soon as possible, but no later than 60 days following the discovery of the breach. "Unsecured PHI" is information that is not protected through the use of a technology or methodology determined by the Secretary of the U.S. Department of Health and Human Services to render PHI unusable, unreadable and undecipherable to unauthorized individuals. The notice of a breach will include the following information;

1. A brief description of what happened, including the date of the breach and the date of the discovery, if known;
2. A description of the types of Unsecured PHI involved in the breach;
3. Steps you should take to protect yourself from potential harm resulting from the breach;
4. A brief description of what we are doing to investigate the breach, mitigate losses and protect against any further breaches; and
5. Contact procedures for you to ask questions or learn additional information, including a toll-free telephone number, e-mail address, Web site or postal address.

**Right to File a Complaint**

If you believe your privacy rights have been violated, you may contact the Corporate Compliance Officer at Crystal Run Healthcare, 95 Crystal Run Road, Middletown, NY 10941 or call 1-845-703-3591. You can also file a complaint with U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). You will not be penalized for filing a complaint.



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***Right to Provide an Authorization for other Uses and Disclosures***

We shall make a good faith effort to obtain your written authorization for uses and disclosures that are not identified by this notice or are not permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked at any time in writing by sending a written, signed and dated request to the Director of Health Information Management. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Of course, we are unable to take back any disclosures that we have already made with your permission. Please note that we are required to retain records of your care.

Special Authorization is required before we can disclose psychotherapy notes, HIV information and/or alcohol or drug use information to anyone, except to individuals who need to know such information in connection to your medical care and in certain circumstances, to public health or other government officials (as required by law), to persons specified in a court order or to insurers for payment for your care or treatment.