

## Notice Summary of Privacy Practices & Acknowledgement Form

This Notice Summary describes how medical information about you may be used and disclosed and how you can get access to this information. A copy of the complete notice is available for your review. Please review these documents carefully.

### Our Commitment to Your Privacy

Marshall Health is committed to maintaining the privacy and confidentiality of your health information. We will only use or disclose (share) your health information as described in this Notice. You will be asked to sign an acknowledgement that you have received this Notice.

### Who Follows This Notice

This Notice is followed by all employees, staff, volunteers, and agents of Marshall Health.

### Using and Sharing Your Information

We may use and share your information for the following purposes:

- **Treatment:** Sharing information with other health care providers involved in your care.
- **Payment:** communicating with billing service to collect payment for services
- **Health Care Operations:** Running our business, improving care, and evaluating performance.

We may also share your information with our business associates, who help us with our business operations. All of our business associates are required to protect your health information just as we do.

### Special Protections

Special protections apply if we use or share sensitive health information, such as:

- **HIV-related Information:** Under New York State Law, confidential HIV-related information can only be shared with persons allowed to have it by law or persons you have authorized by signing a specific authorization form.
- **Mental Health Information:** Certain mental health records require special consent for disclosure.
- **Substance Abuse Treatment Information:** Confidentiality requirements apply to records of substance abuse treatment.
- **Genetic Information:** Genetic information is protected and requires specific consent for use or disclosure.

### Situations Where We May Use or Share Your Information Without Your Permission

In certain situations, we may use or share your information without your explicit permission, including:

- **Public Health and Safety:** Reporting diseases, monitoring product recalls, and reporting abuse.
- **Research:** Analyzing health records approved by our institutional review board (IRB).
- **Judicial and Administrative Proceedings:** Responding to court orders and legal processes.
- **Workers' Compensation and Government Requests:** Handling workers' compensation claims and health oversight activities.
- **Law Enforcement:** Assisting law enforcement officials in identifying or locating suspects.
- **Disaster Relief:** Sharing information to notify family or assist in emergencies.
- **Organ and Tissue Donation:** Working with organizations handling donations and transplants.
- **Medical Examiner or Funeral Director:** Sharing information as needed for their duties.

### New York State-Specific Provisions

In addition to federal regulations, we comply with New York State laws which include:

- **Genetic Information:** Genetic information is protected under New York law, and specific consent is required for its use or disclosure.
- **HIV Status:** HIV-related information can only be disclosed with your explicit consent, except under specific circumstances required by law.
- **Mental Health Records:** Mental health records require explicit consent for disclosure, except as otherwise permitted by law.
- **Substance Abuse Treatment Records:** These records are protected and can only be disclosed with specific consent, except as allowed by law.

### Your Rights

You have certain rights regarding your health information:

- **Access:** Review or get a copy of your medical record, including billing records.
- **Confidential Communications:** Request alternative methods for contact.
- **Limitations:** Ask us to limit how we use or share your information.
- **Correction:** Request corrections to your medical record.
- **Accounting of Disclosures:** Get a list of disclosures made over the past six years.
- **Notice Copy:** Obtain a copy of this Privacy Notice.
- **Personal Representative:** Authorize someone to act on your behalf.
- **File a Complaint:** Contact the Privacy Officer or the Department of Health and Human Services if you believe your rights have been violated.

### Our Responsibilities

- **Privacy:** We are required by law to maintain the privacy of your health information.
- **Breach Notification:** We will notify you if a breach occurs that compromises your information.

- **Compliance:** We must follow the practices described in this Notice and provide you with a copy.

### **Changes to This Notice**

We reserve the right to change the terms of this Notice. Changes will apply to all information we have about you. The updated Notice will be available upon request and on our website.

### **Questions or Concerns**

You may complain to us or to the U.S. Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

For questions or to exercise your rights, contact Ryan Marshall at 518-732-1800

This Notice is effective as of October 2, 2024