YOUR HEALTH INFORMATION RIGHTS

Receive Confidential Communications: You have the right to request that you receive your health information through a reasonable alternative means or at an alternative location. For example you can provide us with your cell phone number as your primary number instead of home phone number or use a P.O. Box instead of home mailing address as your primary address.

Restrict Use/Disclosure: You have the right to submit a written request to restrict certain uses and disclosures of your health information. Although we will attempt to accommodate your request, the individual entities of the SBOHCA are not required to agree or fulfill the restriction requested, except a request to restrict disclosure of your health information to your health plan/insurance if the disclosure is for payment or healthcare operations and pertains to a healthcare item or service for which out of pocket payment in full has been obtained at the time the service is provided.

Inspect and Copy: You have the right to submit a written, original signed request to inspect or to receive a copy of your health information. The individual entities of the SBOHCA have policies and procedures to provide you proper access to inspect or receive a copy of your health information. If your health information is maintained in electronic format you may request an electronic copy of your health information instead of a paper copy. A CD containing your requested electronic health information will be provided to you. If you request a copy of your health information, we may charge you a reasonable fee for the copies.

Amend/Correct Information: You have the right to submit a written request to amend/correct your health information. The individual entities of the SBOHCA are not required to make the requested change to your health information. A written response to your request will be provided to you and if your request is denied the response will include the reason for the denial and information about how you can appeal the denial.

Receive an Accounting of Disclosures: You have the right to submit a written request to receive an accounting of disclosures of your health information made by the individual entities of the SBOHCA. We do not have to account for all disclosures of your health information. For example, an accounting of disclosures is not required for disclosures related to treatment, payment, healthcare operations, information that was provided to you, information that was disclosed with your written authorization/permission and disclosures required by state or federal law.

Detailed Explanation of Rights: You have the right to receive a paper copy of this Notice of Privacy Practices. If you would like a more detailed explanation of these rights or if you would like to exercise one or more of the rights, contact the SBUH Privacy Office at (631) 444-5796 or visit the SBUH website at: stonybrookmedicine.edu/patientcare/patientprivacy.

SBOHCA Duties: The individual entities of the SBOCHA will notify you, as required by law, following a breach of your protected health information.

CHANGES TO THIS JOINT NOTICE OF PRIVACY PRACTICES

The individual entities of the SBOHCA are required by law to comply with this Notice of Privacy Practices. This notice can be revised and will be made available upon verbal or written request at any individual SBOHCA entity site or by contacting the SBUH Privacy Officer at (631) 444-5796, via email at HIPAA@stonybrookmedicine.edu or you can access it online at: stonybrookmedicine.edu/patientcare/patientprivacy.

COMPLAINTS

Complaints about this Notice or how the individual entities of the SBOHCA handle your health information should be directed to the SBUH Privacy Officer at (631) 444-5796 or via email at HIPAA@stonybrookmedicine.edu. No one will retaliate or take action against you for filing a complaint.

If you think any of the individual entities of the SBOHCA have violated your privacy rights, you may file a complaint with the Department of Health and Human Services, Office of Civil Rights at: hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaintform.pdf or email at OCRMail@hhs.gov or by calling (800) 368-1019.

Effective date of Original Notice: April 14, 2003
Effective date of Amended Notice: September 23, 2013

Stony Brook University/SUNY is an affirmative action, equal opportunity educator and employer. If you require a disability-related accommodation, please call (631) 444-4000. Produced by the Office of Communications. 13080284H
SBOHCA entities will provide you with an opportunity to agree or object to the following use and disclosure of your health information (unless you are incapacitated, otherwise unable to reply or in the case of an emergency):

Patient Directory: For hospitalized patients, SBHU may list your name, the unit where you are located in the facility, general medical status and religious affiliation in the patient directory. Information such as your location or condition may be provided as appropriate to members of the clergy, your family members, visitors and members of the press who ask for you by name. If you do not want us to list this information in SBHU’s patient directory or provide it to clergy or others, you must request to speak to the Assistant Director of Nursing (ADN) on duty at any time during your hospitalization.

Communication With Those Involved in Your Care: The individual entities of the SBOHCA may use and disclose your health information to notify or assist in notifying a family member, other relative or close personal friend about your general condition, other information as needed to participate in the provisions of your healthcare or in the event of your death. If you are unable or unavailable to agree or object to these communication(s), our health professionals will use their best judgment in communicating with your family and others.

Emergencies, Disaster Relief: The individual entities of the SBOHCA may use and disclose your health information to a public or private entity authorized to assist in an emergency or disaster relief effort.

Deceased Individuals: The individual entities of the SBOHCA may use and disclose a decedent’s health information to family members, other relative or close personal friend who were involved in providing and/or paying for healthcare received by the decedent and is relevant to such person’s involvement in the decedent’s healthcare; unless in doing so would be inconsistent with any prior expressed preference made by the decedent to a SBOHCA entity.

SBOHCA entities are not required to provide you with an opportunity to agree or object to the following use and disclosure of your health information:

Required by Law: The individual entities of the SBOHCA may use and disclose your health information to comply with state and federal law(s). For example, a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability, or to an employer about an employee relating to medical surveillance or work-related illness or injury.

Health Oversight Activities/Judicial Matters: The individual entities of the SBOHCA may disclose your health information for audits, investigations, inspections, licensure, certification, the identification of individual(s) involved in a law enforcement investigation or related activities, or to reply to a subpoena or summons.

Deceased Person/Organ Donation Information or Personal Health and Safety: The individual entities of the SBOHCA may disclose your health information to coroners, medical examiners and funeral directors; organizations involved in procuring, banking or transplanting organs and tissues; and in order to prevent or lessen a threat to the health and safety of a person or the public.

Specialized Government Functions or Worker’s Compensation: The individual entities of the SBOHCA may disclose your information for military and veterans activities; national security and intelligence activities, and correctional or other law enforcement custodial situations. We may also disclose your health information as necessary to comply with worker’s compensation laws.

Research: The individual entities of the SBOHCA may use and disclose your health information for research, regardless of the source of funding, for research as approved by the Stony Brook Committee Involving Research on Human Subjects (Institutional Review Board – IRB) or any applicable waivers.

Marketing and Fundraising: The individual entities of the SBOHCA may contact you to give information about other treatment or health-related benefits and services that may be of interest to you. Additionally, SBOHCA entities may contact you to participate in marketing or fundraising activities. You have the choice of opting out of receiving marketing and fundraising information. The SBOHCA entities will not sell your health information to a third party for the purposes of marketing or fundraising or accept payment from a third party to use your health information to market a product or service or for fundraising activities. To opt out of fundraising or marketing you may either call the SBHU Privacy Officer at (631) 444-5796 or email your request including your name and date of birth to HIPAA@stonybrookmedicine.edu.

Change of Ownership: In the event that an individual entity (or entities) of the SBOHCA is sold or divested by the State of New York, your health information will become the property of the new owner/entity and will be subject to their policies on health information as well as federal and state laws.

Incidental Disclosures: The individual entities of the SBOHCA will take reasonable steps to protect the privacy of your health information; however, certain incidental uses and disclosures of your health information may occur, as a result of permitted uses and disclosures that are otherwise limited in nature and cannot be reasonably prevented. For example, discussions about your health information may be overheard by another person.