



NYU Langone Health

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are Committed to Your Privacy

The Lutheran Certified Home Health Care Agency, Inc. (“CHHA”), also known as Lutheran Care at Home, is part of NYU Langone Health. NYU Langone Health is committed to maintaining the privacy of your health information. We use a secure electronic health record to store your 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, medical staff, trainees, students, volunteers, and agents of the CHHA.

Using and Sharing Your Information

This section describes the different ways that we may use and share your information. We will usually contact you for these purposes by phone, but if you have given us your email address or permission to send a text message, we may contact you that way.

We mainly use and share your information for treatment, payment, and health care operation purposes. This means we use and share your health information within our affiliated covered entity (which includes NYU Langone Hospitals, NYU School of Medicine, Lutheran Augustana, and the CHHA):

- with other health care providers who are treating you or with a pharmacy that is filling your prescription;
- with your insurance plan to collect payment for health care services or to get pre-approval for your treatment; and
- to run our business, improve your care, educate our professionals, and evaluate provider performance.

Sometimes we may share your information with our business associates, such as a billing service, who help us with our business operations. All of our business associates must protect the privacy and security of your health information just as we do.

We may also use or share your information to contact you:

- about health-related benefits or services.
- about your upcoming appointments.
- to see if you would like to take part in research projects.
- about fundraising for NYU Langone Health.



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You have the right to opt out of fundraising communications. You can do this by contacting the NYU Langone Health Development Office at developmentoffice@nyumc.org or by phone at 212-404-3640 or, toll free, 1-800-422-4483.

If you do not wish to be notified of research projects you may be able to participate in, you can contact research-contact-optout@nyumc.org or 1-855-777-7858.

Special protections apply if we use or share sensitive health information. This includes HIV-related information, mental health information, alcohol or drug abuse treatment information, or genetic information. For example, 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 allowed to have it by signing a specific authorization form. If your treatment involves this information, you may contact the Privacy Officer for further explanation.

We are also allowed, and sometimes required by law, to share your information in other ways. We have to meet many conditions in the law before we can share your information for the following reasons. Some examples of each include:

- Public health and safety: reporting diseases, births, or deaths; reporting suspected abuse, neglect, or domestic violence; to avoid a serious threat to health or public safety; monitoring product recalls; and reporting information for safety and quality purposes
- Research: analyzing health record projects that have been approved by our institutional review board (IRB) and are of low risk to your privacy; preparing for a research study; studies that only involve decedents' information
- Judicial and administrative proceedings: responding to a court or administrative order
- Workers' compensation and other government requests: workers' compensation claims payment or hearings; health oversight agencies for activities authorized by law; special government functions (military, national security)
- Law enforcement: with a law enforcement official to identify or find a suspect or missing person
- Comply with the law: to the Department of Health and Human Services to see if we are complying with federal privacy law
- Disaster relief situation: sharing your location and general location for the purpose of notifying your family, friends, and agencies chartered by law to assist in emergency situations
- To organizations that handle organ, tissue, or eye donation or transplantation
- To a coroner, medical examiner, or funeral director as needed to do their jobs
- Incidental to a permitted use or disclosure: calling your name in a waiting area for an appointment and others in the waiting area may hear your name called. We make reasonable efforts to limit these incidental uses and disclosures.

In the following situations, we may use or share your information, unless you object or if you specifically give us permission. If for some reason you are not able to tell us your preferences, for example if you are unconscious, we may share your information if we believe it is in your best interest.



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- For our patient directory, including to our chaplaincy services department, such as a priest or rabbi.
- With your family, friends, or others involved in your care or payment for your care.

In the following situations, we will only use or share your information if you give us written permission:

- For marketing purposes
- Sale of your information or payments from a third party
- Most sharing of psychotherapy notes
- Any other reasons not described in this Notice

You can revoke (take back) that permission, except when we have already relied on it, by contacting the Privacy Officer.

Your Rights

When it comes to your health information, you have certain rights. You may:

- Review or get an electronic or paper copy of your medical record, including billing records. You may be charged a reasonable cost based fee for your records. We will let you know about any delay.
- Request confidential communications. You can ask us to contact you in a certain way, for example, by cell phone. We will say “yes” to all reasonable requests.
- Ask us to limit what we use or share for your treatment, payment, and healthcare operations. We are not required to agree to your request, but we will review it. When you pay for services out-of-pocket, in full, and ask us not to share the information with your insurance plan, we will agree unless a law requires us to share that information.
- Ask us to correct your medical record if it is inaccurate or incomplete. We may say “no” to your request, but we will tell you why in writing within 60 days.
- Get a list of those with whom we have shared information. You can ask for a list (accounting) of the times we shared your information and why for the six years prior to your request. Not all disclosures will be included in this list, such as those made for treatment, payment, or health care operations. You have the right to get this list one time every 12 months without charge, but we may charge you for the cost of providing additional lists during that time.
- Get a copy of this privacy Notice. Just ask us and we will give you a copy in the format you would like (paper or electronic).
- Choose someone to act for you. This “personal representative” can exercise your rights and make choices about your health information. Generally, parents and guardians of minors will have this right for the child, unless the minor is permitted by law to act on their own behalf.
- File a complaint if you feel your rights have been violated. You may contact the Privacy Officer or the Secretary of the United States Department of Health and Human Services. We will not retaliate or take action against you for filing a complaint.
- Request additional privacy protections with respect to your electronic medical record.



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Our Responsibilities

- We are required by law to maintain the privacy of your protected health information.
- We will notify you if a breach occurs that may have compromised the privacy or security of your identifiable information.
- We must follow the practices described in this Notice and give you a copy of it.
- We reserve the right to change the terms of this Notice and the changes will apply to all information we have about you. The new Notice will be available upon request and on our website.

Questions or Concerns

If you have a question or wish to exercise your rights described in this Notice, please contact the Privacy Officer at: One Park Avenue, 3rd Floor, New York, New York 10016, Attention: Privacy Officer, by phone to 1-877-PHI-LOSS or 212-404-4079, or via email to compliance.help@nyumc.org.

Most requests to exercise your rights must be made in writing to the Privacy Officer or the appropriate doctor's office or hospital department. For more information or to get a request form, contact the Privacy Officer or visit <http://nyulangone.org/policies-disclaimers/hipaa-patient-privacy>.

This Notice is effective as of 11/01/2017.