

*At Hudson Headwaters, we are dedicated to providing the best care, and access to that care, for everyone in our community.*

**As a patient in a Clinic in New York State, you have the right, consistent with law, to:**

1. Receive service(s) without regard to age, race, color, sexual orientation, marital status, religion, sex, national origin or sponsor;
2. Be treated with consideration, respect and dignity including privacy in treatment;
3. Be informed of the services available at the health center;
4. Be informed of the provisions for off-hour emergency coverage;
5. Be informed of and receive an estimate of the charges for services, view a list of the health plans and the hospitals that the center participates with; eligibility for third-party reimbursement and, when applicable, the availability of free or reduced cost care;
6. Receive an itemized copy of his/her account statement, upon request;
7. Obtain from his/her health care practitioner, or the health care practitioner's delegate, complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand;
8. Receive from his/her physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision;
9. Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her action;
10. Refuse to participate in experimental research;
11. Voice grievances and recommend changes in policies and services to the center's staff, the operator and the New York State Department of Health without fear of reprisal;
12. Express complaints about the care and services provided and to have the center investigate such complaints. The center is responsible for providing the patient or his/her designee with a written response within 30 days if requested by the patient indicating the findings of the investigation. The center is also responsible for notifying the patient or his/her designee that if the patient is not satisfied by the center response, the patient may complain to the New York State Department of Health;
13. Privacy and confidentiality of all information and records pertaining to the patient's treatment;
14. Approve or refuse the release or disclosure of the contents of his/her medical record to any health-care practitioner and/or healthcare facility except as required by law or third-party payment contract;
15. Access to his/her medical record per Section 18 of the Public Health Law, and Subpart 50-3.
16. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors;
17. When applicable, make known your wishes regarding anatomical gifts. Persons sixteen years of age or older may document their consent to donate their organs, eye and/or tissues, upon their death, by enrolling in the NYS Donate Life Registry or by documenting their authorization for organ and/or tissue donation in writing in several ways (such as health care proxy, will, donation card, or other signed paper). The health care proxy is available from the center;
18. View a list of the health plans and the hospitals that the center participates with; and
19. Receive an estimate of the amount that you will be billed after services are rendered.

*To provide safe and comprehensive services, Hudson Headwaters asks its patients to adhere to the following responsibilities:*

### **Health Center Rules and Regulations:**

1. Inform the Health Center personnel of any changes in your medical or dental treatment or condition.
2. Supply accurate and complete information whenever possible to your provider regarding all factors and changes affecting your health status.
3. Cooperate with those providing care.
4. Avoid discrimination in any form against Health Center personnel and other patients and visitors.
5. Ask questions if you do not fully understand your care.
6. Inform the Health Center staff if you need to cancel a scheduled visit, preferably 24 hours prior to the visit.
7. Provide the Health Center with the name, address and phone number of the person to contact in case of emergency.
8. Inform the Health Center of any changes affecting your financial status and/or need for service.
9. Arrive at the Health Center in advance of your appointment, as directed, so all necessary papers can be completed with the patient or designee prior to the visit with the provider.
10. Understand that arriving considerably late for an appointment means the provider may not be able to see you. It will be considered a missed appointment and it may be rescheduled.
11. Observe all rules and regulations of the Health Center, particularly those relating to safety. The Health Center has an obligation to make this information known to you.

### **Respect and Consideration:**

12. Be considerate of the rights and privacy of staff and other patients by assisting in the control of noise and refraining from the use of recording devices in the health center.
13. Be courteous to staff & other patients and refrain from being verbally or physically abusive. Threatening statements or behavior towards staff or other patients may result in you no longer receiving services from the Network.
14. Follow the Network's No Smoking, No Vaping, & No Weapons Policy.
15. Be respectful of the property of other persons and of Hudson Headwaters Health Network.

### **Compliance with Instructions:**

16. Follow the mutually agreed upon prescribed course of treatment. This may include following instructions of the nurse or other personnel as they carry out your coordinated plan of care.

### **Provision of Information:**

17. Communicate, to the best of your knowledge, an accurate and complete medical history to the providers and others providing health care services.
18. Report any changes in your condition promptly to the provider, nurses and others providing health care services.
19. Make it known whether you clearly understand explanations or instructions given and for stating your inability to follow completely any instruction given.

### **Payment of Services:**

20. Provide all necessary information including insurance card and policy number to assure timely processing of your bill and to make appropriate arrangements for the payment of your bills. You are also responsible for understanding the limitations of your insurance coverage and you must present any co-pay or other personal obligations at the time service is rendered.

## Your Rights

### **When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

#### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

#### **Ask us to limit what we use or share**

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

#### **Get a list of those with whom we've shared information**

- You can ask for a list of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures. We'll provide one accounting a year for free but will charge a reasonable fee for requests beyond that.

#### **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

- If you feel your privacy rights have been violated, you may file a complaint to:

**HHHN Privacy Officer**  
518-409-8642  
[PatientConcerns@hhhn.org](mailto:PatientConcerns@hhhn.org)

- You can also file a complaint with the 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 or retaliated against for filing a complaint.

# Your Choices

## For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

### In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

*Please note: Behavioral health, substance use, and HIV treatment services at Hudson Headwaters Health Network are integrated into our primary care program and, as such, are documented in the medical record.*

### In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

# Our Uses and Disclosures

## How do we typically use or share your health information?

We use or share your health information in the following ways.

### To Treat You

- We can use your health information and share it with other professionals who are treating you.  
*Example:* A doctor treating you for an injury asks another doctor about your overall health condition.

### To Run Our Organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.  
*Example:* We use health information about you to manage your treatment and services.

### To Bill You For Services

- We can use and share your health information to bill and get payment from health plans or other entities.  
*Example:* We give information about you to your health insurance plan so it will pay for your services.

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### Help with public health and safety issues

- We can share health information for certain situations such as: Preventing disease, helping with product recalls, reporting adverse reactions to medication, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety.

### Do research

- We can use or share your information for health research.

### Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

## Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you in regard to workers' compensation claims, law enforcement purposes, health oversight agencies and special government functions such as military, national security and presidential protective services.

## Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Participation in Organized Health Care Arrangements

- We can share health information about you within an Accountable Care Organization and Independent Provider Associations, such as Pearl Health and Healthy Alliance.

# Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time in writing.
- We will provide notice to any recipient of your information that they are prohibited from redisclosing HIV-related, alcohol/drug treatment, or mental health information without appropriate authorization.
- We make sure you receive quality health care and that all the rules and laws have been followed.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Changes to the Terms of This Notice.** We can 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, in our office, and on our website.

To file a complaint, please contact the following:

### Hudson Headwaters Health Network Privacy Officer

518-409-8642

[PatientConcerns@hhhn.org](mailto:PatientConcerns@hhhn.org)

### Office for Civil Rights- NY Regional Office

U.S. Department of Health and Human Services

Jacob Javits Federal Building

26 Federal Plaza - Suite 3312

New York, NY 10278

Customer Response Center: 800-368-1019

Fax: 202-619-3818

TDD: 800-537-7697

Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

### U.S. Department of Health and Human Services Office for Civil Rights

Hubert H. Humphrey Building

200 Independence Avenue, S.W.

Washington, D.C. 20201

Toll-Free Call Center: 1-877-696-6775

[www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)