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.

About This Notice

Your privacy is very important to us, and we are committed to protecting health information that identifies you ("health information"). This Notice will tell you about the ways we may use and disclose health information. We also describe your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to maintain the privacy of health information that identifies you, give you this Notice of our legal duties and privacy practices with respect to your health information, and follow the terms of our Notice that is currently in effect.

This Notice applies to care and treatment you receive at the institutions that are part of Montefiore Health System, including Montefiore Medical Center, Burke Rehabilitation Hospital, Montefiore Einstein Advanced Care, Montefiore Mount Vernon Hospital, Montefiore New Rochelle Hospital, Montefiore Nyack Hospital, Schaffer Extended Care Center, Specialty Surgeons of Connecticut, St. Luke's Cornwall Hospital and White Plains Hospital, and by the Medical Staff at these institutions (collectively referred to as "We" or "Burke" or "Montefiore" in this Notice). This Notice will be followed by any healthcare professional who treats you at any Montefiore hospital, clinic or office location. "Health information" includes any individually identifiable information that we obtain from you or others that relates to your past, present or future physical or mental health, the healthcare you have received, or payment for your healthcare.

The institutions that are part of Montefiore Health System participate injoint activities, such as payment activities and quality improvement activities, and may share your health information among themselves for purposes of treatment, payment and operations. All of the Montefiore Health System institutions will abide by the privacy requirements of this Notice.

How We May Use and Disclose Health Information About You

For Treatment

We may use health information about you to provide you with medical treatment or services. We may disclose health information to doctors, nurses, technicians, medical students or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes, because diabetes may slow the healing process. Different departments of Montefiore also may share health information such as prescriptions, lab work and X-rays to coordinate your treatment. We also may disclose health information to people outside of Montefiore who may be involved in your medical care.

For Payment

We may use and disclose health information so that we may bill for treatment and services you receive at Montefiore and can collect payment from you, an insurance company or another third party. For example, we may need to give your health plan information about your treatment in order for your health plan to pay for that treatment. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. In the event a bill is overdue, we may need to give healthinformation to a collection agency to help collect the bill or may disclose an outstanding debt to credit reporting agencies.

For Healthcare Operations

We may use and disclose health information for healthcare operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. For example, we may use health information to review the treatment and services you receive to check on the performance of our staff in caring for you. We also may disclose information to doctors, nurses, technicians, medical students and other personnel for educational and learning purposes. We also may combine health information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.

Fundraising Activities

We may use certain information (name, address, telephone number or email information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information or outcome information) to contact you for the purpose of raising money for Burke, and you will have the right to opt out of receiving such communications with each solicitation. The money raised will be used to expand and improve the services and programs we provide to the community. You are free to opt out of fundr aising solicitations, and your decision will have no impact on your treatment or payment for services at Burke. BURKE

Family and Friends Involved in Your Care
If you do not object, we may release health information to a person who is involved in your medical care or helps pay for your care, such as a family member or close friend. We also may notify your family about your location, general condition or death, or disclose such information to an entity assisting in a disaster relief effort.

Patient Directory
If you do not object, we will include your name, hospital location, general condition (e.g., fair, stable, critical, etc.) and your religious affiliation in our Patient Directory while you are a patient in the hospital. This directory information, except for religion, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi.

Research
Under certain circumstances, we may use and disclose health information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. Before we use or disclose health information for research, however, the project will go through a special approval process, which balances the benefits of research with the patient's need for privacy. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research projects or for similar purposes, so long as they do not remove or take a copy of any health information.

As Required by Law
We will disclose health information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety
We may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, will be to someone who may be able to help prevent the threat.

Business Associates
We may disclose health information to our business associates that perform functions on our behalf or provide us with services, if the health information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated, under contract with us, to protect the privacy of your health information and are not allowed to use or disclose any health information other than as specified in our contract.

Organ and Tissue Donation
If you are an organ or tissue donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

Military and Veterans
If you are a member of the armed forces, we may release health information as required by military command authorities. We also may release health information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation
We may release health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks
We may disclose health information for public health activities. These activities generally include disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (8) the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and the patient agrees or we are required or authorized by law to make such disclosure.

Health Oversight Activities
We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

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Lawsuits and Disputes
If you are involved in a lawsuit or a dispute, we may disclose health information in response to a court or administrative order. We also may disclose health information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement
We may release health information if asked by a law enforcement official for the following reasons: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness or missing person; (3) about the victim of a crime under certain limited circumstances; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

National Security and Intelligence Activities and Protective Services
We may release health information to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law. We also may disclose health information to authorized federal officials so they may conduct special investigations and provide protection to the President, other authorized persons and foreign heads of state.

Coroners, Medical Examiners and Funeral Directors
We may release health information to a coroner, medical examiner or funeral director so that they can carry out their duties.

Inmates
If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information to the correctional institution or law enforcement official. This release would be if necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

How to Learn About Special Protections for HIV, Alcohol and Substance Abuse, Mental Health and Genetic Information
Special privacy protections apply to HIV-related information, alcohol and substance abuse information, mental health information and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you may contact the Privacy Officer for more information about the protections.

Incidental Disclosures
While we take reasonable steps to safeguard the privacy of your health information, certain unavoidable disclosures may occur. For example, during a treatment session, other patients in the area may see or overhear discussion of your health information.

Other Uses of Health Information
Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. This includes most uses and disclosures of psychotherapy notes, unless the disclosure is required by law and for other limited purposes. It also includes disclosure of your health information that would constitute a "sale" of the information, and includes use and disclosure of your health information for marketing purposes when Montefiore is being paid by a third party to make the marketing communication, except for refill reminders where the payment received by Montefiore is reasonably related to Montefiore's cost of making the reminder communications, face-to-face communications and gifts of nominal value. You may revoke your permission at any time by submitting a written request to our Privacy Officer, except to the extent that we acted in reliance on your permission.

Your Rights Regarding Health Information About You
You have the following rights, subject to certain limitations, regarding health information we maintain about you:

Right to Inspect and Copy
You have the right to inspect and copy health information that may be used to make decisions about your care or payment for your care. We may charge you a fee for the costs of copying, mailing or other supplies associated with your request. Upon request, we will provide you with an electronic copy of the health information that we maintain electronically.

Right to Request Amendments

If you believe that health information we have is incorrect or that important information is missing, you may ask us to correct the records. This request, along with your reason, must be submitted in writing to the Privacy Officer at the addressprovided at the end of this Notice. You have the right to request an amendment for as long as the information is kept by or for Montefiore. We may deny your request if we determine that the record is accurate.

Right to an Accounting of Disclosures

You have the right to request a list of other persons or organizations to whom we have disclosed your health information. The list does not include information about certain disclosures, including disclosures made to you or authorized by you, or disclosures for treatment, payment or operations. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the
costs of providing the list.

Right to Request Restrictions

You have the right to request a restriction or limitation on the health information we use or disclose for treatment, payment or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request, except for certain disclosures to health plans as noted below. If we agree, we will comply with your request unless we terminate our agreement or the information is needed to provide you with emergency treatment.

Right to Restrict Disclosure to Your Health Plan

If you have paid out of pocket in full for any services provided at Burke, and you ask us not to disclose that health information to your health plan, we will honor the request, except where we are required by law to make a disclosure.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a more confidential way or at a certain location. For example, you can ask that we only contact you by mail or at work. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to Notification of a Breach of Your Health Information

If there is improper access, use or disclosure of your health information that meets the legal definition of a "Breach" of your health information, we will notify you in writing.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. You may obtain a copy of this Notice at our website, http://www.burke.org.

How to Exercise Your Rights

To exercise your rights described in this Notice, send your request, in writing, to our Privacy Officer at the address listed at the end of this Notice. Alternatively, to exercise your right to inspect and copy health information, you may contact your physician's office directly. To obtain a paper copy of our Notice, contact our Privacy Officer by phone or mail.

Changes to This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have as well as any health information we receive in the future. We will post a summary of the current Notice at each Burke location and on our website. The end of our Notice will contain the Notice's effective date.

Questions

If you have a question about this Privacy Notice, please contact:

Burke Privacy Officer

Burke Rehabilitation Hospital
785 Mamaroneck Avenue
White Plains, NY 10605
Phone:914-597-2579
cadwyer@burke.org

Website: www.burke.org

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Burke or with the Secretary of the Department of Health and Human Services. To file a complaint with Burke, contact our Privacy Officer at the address listed at the end of this notice. You will not be penalized for filing a complaint.

Email:

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