NOTICE OF PRIVACY PRACTICES

Effective Date: April 2003 • Revised Date: February 2026

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.

Upstate Medical University Health System is required by law to protect the privacy of health information that may reveal your identity and to provide you with our notice of our legal duties and privacy practices with respect to your health information. Upstate Medical University Health System is comprised of University Hospital and affiliated private practices where members of our medical staff care for patients. This notice describes the health information privacy practices of private practices affiliated with Upstate Medical University including how we may use and disclose your health information and your rights to access and control your health information. A shared electronic health record system between all of these sites and providers means that your medical information will be readily available to your Upstate health care providers so that we can provide you with the best possible care and treatment.

If you have questions about any part of this notice or would like to discuss our privacy practices, please contact:

UUMAS, Upstate University Medical Associates at Syracuse, Inc.
750 East Adams Street
Syracuse, New York 13210

IMPORTANT WORDS USED IN THIS POSTER

We:	Means private practices affiliated with Upstate Medical University (practice)
You:	Means the patient or the patient's personal representative and "your information" means the patient's information.
Disclose:	To share with those outside the private practices affiliated with Upstate Medical University
Use:	To share with those within the private practices affiliated with Upstate Medical University
Health Information:	Any information we receive, create, or maintain that could be used to identify you, your health condition, the health care services you receive, payment for health care services you receive, whether in the past, present, or future

PROTECTING THE PRIVACY OF YOUR HEALTH INFORMATION

We understand that the medical information contained in the medical record about you and your health is personal. We are committed to protecting the privacy of the health information we gather about you while providing health care services. We are required by law to provide you with this notice of our legal duties and privacy practices and to comply with the legal duties and privacy practices currently in effect.

WHERE IS YOUR HEALTH INFORMATION KEPT?

Health information collected from you is stored in a medical record. The medical record may be partly on paper and partly in computers. The record belongs to the practice, but the health information in it belongs to you. Your rights to access this information are reviewed later in this booklet. First, we would like to share with you how we may use and disclose your health information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

In some cases, the law allows us to use and disclose your health information with others without your authorization. Below is a description of how your health information may be used or shared with others. Although not every specific use or disclosure will be listed, the ways in which we are permitted to use and share your health information will fall within one of the following categories.

I. Treatment, Payment, and Health Care Operations

The practice and its staff may use and share your health information in order to treat your condition, obtain payment for treatment, and conduct our operations. Your health information may also be shared with other hospitals and health care providers so that we may jointly care for you, perform certain payment activities, and business operations. You will be asked to sign a general consent at your first visit to a private practice affiliated with Upstate Medical University allowing us to use and disclose your health information for the purposes outlined below.

- **Treatment:** We may use your health information to provide you with health care services and to coordinate your health care with other health care providers. Your health information may be shared with doctors, nurses, students, technicians, and other members of the health care team who are involved in taking care of you. For example, our health care providers may share medical information about you in order to coordinate the different parts of your treatment such as prescriptions, lab work and x-rays, make referrals to other doctors outside of the private practices affiliated with Upstate Medical University, or arrange for ongoing health care after discharge with skilled nursing facilities or home health care providers.
- **Payment:** We may use your information or share it with others so that we can bill and obtain payment for services we provided to you. For example, we may share your health information with your insurance company. This would be done to determine if your insurance company will cover the cost of your treatment or to obtain approval from your insurance company before you have treatment. This also applies to programs that provide benefits for work-related injuries such as worker's compensation. You have the right to restrict the disclosure of your health information to your insurer unless we are required by law to disclose it. If you restrict the disclosure to your insurer it means that you will be directly responsible for the cost of your services. If you wish to exercise this right, you can either tell the registration person when you present for services or send your written request to the practice prior to receiving service.
- **Health Care Operations:** We may use your health information or share it with others to conduct our business operations. For example, we may use your health information to evaluate our treatment and services or to educate our staff to improve the care they provide to you. Your health information may also be used to teach health care students and providers. We may also share your health information with other companies that perform services for us. If so, we will have written agreements with these companies to make sure that the privacy of your health information is protected.
- **Health Information Exchanges (HIEs):** To support high-quality care and coordinated care, our practice participates in secure Health Information Exchanges, which allows your health information to be exchanged with other healthcare providers and organizations involved in your care, as permitted by law to support your treatment, payment, and healthcare operations. You have the right to opt out of HIE participation, except where sharing is required by law.
- **Communications:** We may use your health information when we contact you for an appointment for health care services at Upstate. We may also contact you to follow-up on the care you have received, to discuss test results, or make referrals to other health care providers.
- **Treatment Alternatives, Benefits, and Services:** We may use and disclose your health information in order to recommend possible treatment options, health-related benefits, or services that may be of interest to you.
- **Fundraising Activities:** We may use and disclose your information to raise funds or solicit support for various programs at Upstate. You have the right to opt out of receiving fundraising communication. When we call you or send you written fundraising communication, we will provide you with contact information to use to opt out of receiving any future calls or written communication for fundraising purposes.

II. Disclosure to Other Individuals

We may share your health information with your personal representative, family member, friend, or others involved in your care without your written authorization, unless you object. If we are providing health care to you because of a medical emergency, we will allow you the opportunity to object as soon as you are stable.

- **Notification and Communication with Other Individuals:** We may disclose some of your health information to your appointed personal representative, family member, or friend who is involved in your care.
- **Individuals Involved in Payment for Your Care:** We may disclose your health information related to treatment and services provided by us to an individual responsible for payment or maintenance of your health insurance.

III. Public Need

We may disclose your health information to others in order to meet important public needs or other legal requirements. In some situations, the disclosure may be required by law. We are not required to obtain your written authorization before using or disclosing your health information for the purposes outlined below:

- **Public Health Activities:** We may disclose your health information to authorized public health officials and agencies for the purpose of public health activities. These activities may include controlling or preventing disease, injury, or disability, reporting of births and deaths, reporting reactions to medications, products, or medical devices, or communicable disease reporting.
- **Abuse or Neglect:** We are required by law to disclose health information to certain authorities who are authorized to receive reports of suspected child abuse and/or neglect.
- **Health Oversight Activities:** We may disclose your health information to agencies authorized to perform health oversight activities. These activities may include audits, investigations, inspections and licensure. These activities are necessary to monitor the operation of the health care system, government benefit programs such as Medicaid and Medicare, and compliance with Civil rights laws.
- **Lawsuits, Disputes, and Other Legal Matters:** We may disclose your health information if we are ordered to do so by a court that is handling a lawsuit or other dispute or if we are required to do so in response to other legal orders.
- **Law Enforcement:** We may disclose your health information to law enforcement officials to comply with a legal order or law we are required to follow. In certain circumstances we are required to disclose your health information to law enforcement agencies.
- **Product Monitoring, Repair and Recall:** We may disclose your health information to an agency or individual that is required by law to report problems or reactions to medical products. This information will be used to track, recall, repair, or replace a defective or dangerous product or device or to monitor the performance of an approved product or device.
- **National Security and Intelligence Activities or Protective Services:** We may disclose your health information to authorized federal officials for intelligence or national security activities, to conduct special investigations, or to provide protective services to the President or other government officials.
- **Inmates and Correctional Institutions:** We may disclose your health information to correctional institutions or law enforcement officers if you are an inmate or under lawful custody, when necessary to provide you with healthcare, ensure your health and safety or that of others, or maintain the safety and security of the practice. While inmates do not have the same rights to receive a Notice of Privacy Practices as other patients, their health information remains protected under HIPAA and appliable state law. Disclosures without authorization are permitted by law under these specific circumstances.
- **Organ and Tissue Donation:** We are required by law to disclose your health information to organ donation groups or other similar groups upon your death or imminent death.
- **Coroners, Medical Examiners, and Funeral Directors:** We may disclose your health information to a coroner or medical examiner. This may be necessary to determine a cause of death or to identify a deceased person. We may also disclose your health information to a funeral director as necessary to carry out their duties.
- **Military and Veterans:** If you are in the armed forces, we may disclose your health information to appropriate military authorities for activities they determine are necessary to carry out their military mission. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.
- **Research:** In certain limited circumstances, we may use and disclose your health information for research purposes. We obtain approval through a special process to be sure that the research poses little risk to your privacy. Examples of such circumstances include research using your health information to determine if you are a candidate for a research study, to determine whether there will be an adequate number of potential research candidates for a future study or after your death. In any case, researchers are not permitted to use your name or identify you publicly unless you sign an authorization giving permission to do so.
- **Student Immunizations to Schools:** We are permitted to disclose proof of immunization to a school if state law requires it prior to admitting a student. Although an authorization is not required, we will obtain oral agreement from the parent/guardian or directly from an adult patient before disclosing the information.

IV. Special Privacy Protections May Apply to Certain Categories of Health Information Such as:

- HIV/AIDS related information
- Alcohol and substance treatment information
- Mental health information
- Genetic health information
- Psychotherapy notes

If your treatment involves any of these specialized services, you will be asked to sign an authorization permitting us to disclose this information. You have the right to revoke the authorization at any time. If you revoke the authorization, we will not further use or disclose your health information for the purposes documented on the authorization.

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

V. Other Uses and Disclosures of Your Health Information

The use and disclosure of your health information for any purpose not already outlined will require us to obtain an authorization from you allowing us to disclose your information. Examples of such disclosures that would require an authorization are the use of your health information for marketing purposes or disclosure to an attorney.

VI. Third Party

Information we disclose to a third party as outlined herein might be redisclosed by the third party, and the redisclosure may no longer be protected by federal or state law.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

The health information contained in your medical record belongs to you. You have been granted several rights by law that allow you to control the way we use your health information, share it with others, communicate with you about your health care and treatment, and maintain the accuracy of your health information.

In certain circumstances, we may deny your request. If we do, we will provide you with an explanation of our reason for denying the request and a complete description of your rights and the process for requesting a review of the denial.

I. Your Right to Inspect and Copy Your Records

You have the right to inspect and receive a copy of any of your health information that is used to make decisions about your care and treatment for as long as the health information is retained in our records. This includes medical and billing records but does not include psychotherapy notes.

If you request a copy of your health information, we will provide it to you in the format you request, if we have the capability to do so. We may charge a fee per page for paper copies or a fee for the cost of electronic media recordings. In addition, we may charge additional fees for mailing the information. All fees must generally be paid before we will release the copies of your health information to you. In cases of demonstrated financial hardship, we may waive the charges.

We will respond to your request for inspection within 10 days. We will respond to your request for copies of your health information within 30 days. If we need additional time to respond to your request for copies, we will notify you in writing explaining the reason for the delay and expected completion date. In any case, we may only extend the time period for providing your records to an additional 30 days.

If we deny your request to inspect or obtain a copy of your **complete** health information, we will provide access to the remaining parts after excluding the information we cannot let you inspect or copy.

To exercise the right to inspect or receive a copy of your record, you must put your request in writing and direct it to the affiliated private practice that maintains the record.

II. Your Right to Amend Your Records

You have the right to request an amendment to your health information if you believe that the information we have about you is incomplete or incorrect. You have the right to request an amendment for as long as the information is kept in our records. Your request for an amendment must include a reason why you feel an amendment is necessary. We will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

We may deny your request in certain circumstances, for example:

- The health information was not created by us
- The information is not part of the medical record which you would be permitted to inspect or copy
- We believe the health information is deemed to be complete and accurate

If you disagree with our denial, you have the right to have certain information related to your requested amendment included in your records.

III. Your Right to an Accounting of Disclosures

You have the right to request a list of disclosures we made of your health information and how we shared it with others. This list will not include all of the disclosures we made, such as:

- Disclosures we made to you
- Disclosures we made in order to provide you with treatment, obtain payment for treatment, or conduct our normal business operations
- Disclosures made in the facility directory
- Disclosures made to your personal representative, family, or friends involved in your care
- Disclosures made to federal officials for national security and intelligence activities
- Disclosures made as the result of your signed authorization
- Unavoidable or unintended disclosures that occur even with reasonable safeguards in place

Your request must state a time period, which may not be longer than 6 years. We will respond to your request within 60 days from the date of the request. If we cannot provide you with an accounting list within 60 days, we will notify you with an explanation and the date when you can expect to receive the accounting list. We are required to provide you with an accounting list within 90 days from the date of your original request. The first list you request within the first 12-month period will be free. For additional lists, we may charge you for the costs of providing the lists. We will notify you of the cost involved so that you can choose whether to withdraw or modify your request.

IV. Your Right to Request Additional Privacy Protection

You have the right to request a restriction or limitation on the way we use and disclose your health information for treatment, payment for treatment, and the running of our normal business operations. You also have the right to request that we limit how we share your health information with family and friends involved in your care or the payment for your care.

Your request must include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply. We are not required to agree to your request for restrictions, and in some cases the restriction or limitations you request may not be permitted by law or may not be feasible or possible to honor.

If we do agree to your request, we will be bound by our agreement unless your health information is needed to provide you with emergency care or comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under special circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so. In some cases, we are required to obtain your permission before we can revoke the restriction.

V. Your Right to Request Confidential Communication

You have the right to request that we communicate with you about your health care or medical matters through a reasonable alternative way or at an alternative location. Your request must specify how and/or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative way or location. You do not need to tell us the reason for the request. We will not deny your request unless the alternative means or location poses a potential significant risk to the privacy of your health information or is otherwise not feasible.

EXERCISING YOUR RIGHTS

If you want to exercise the right to amend your record, receive an accounting of disclosures, request additional privacy protections, or confidential communications, please put your request in writing and direct it to the affiliated private practice where you are seen.

RECEIVING A PAPER COPY OF OUR NOTICE OF PRIVACY PRACTICES

You have the right to a paper copy of our current Notice of Privacy Practices at any time. A copy of our most current notice will always be posted in our registration areas and a copy for you to take will be readily available. You will be given a copy of our current notice the first time you come to an affiliated private practice of Upstate Medical University for care, and you will be asked to sign that you have received a copy. Any revised notices will be made available to you at the first visit after the changes become effective. You will also be able to obtain your own copy by accessing our website, asking a member of our staff, or by calling our practice.

If we change our privacy practices, we will revise our Notice of Privacy Practices. The revised notice will apply to all of your health information we currently have as well as all future information.

NOTIFYING YOU OF A BREACH OF YOUR PROTECTED HEALTH INFORMATION

If we become aware of an incident in which we determine that the privacy and/or security of your health information may have been compromised, we will notify you within 60 days of when we discovered the breach. In some cases we may also be required under law to notify the media and government agencies.

HOW TO FILE A COMPLAINT RELATED TO OUR PRIVACY PRACTICES OR NOTICE OF PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a written complaint with us. Your complaint should describe the act that you believe was a violation of our Notice of Privacy Practices or the privacy of your health information. To file a complaint with us please contact the respective practice manager.

The law also grants you the right to file a privacy complaint directly with the Secretary of the Department of Health and Human Services. Upstate will take no action against you for filing a complaint. Information for filing a complaint can be found at *www.gov/ocr/hipaa.*

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