

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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.

Long Beach Medical Center provides health care to patients and residents jointly with physicians and other health care professionals and organizations. The privacy practices described in this notice will be followed by 1) any health care professional who treats you at any of our locations; 2) all employees, health care professionals, medical staff, trainees, students or volunteers at any of our locations including outpatient, radiology, emergency, and anesthesia departments; and, 4) any business associates of our organization. Special privacy protections apply to HIV-related information, alcohol and substance abuse treatment 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 will be provided with separate information explaining how the information will be protected. Refer to the last page of this notice for information on how to obtain copies of these other notices.

I. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

With your general written consent, we may use your health information or share it with others in order to treat your condition, obtain payment for that treatment, and run our business operations. In some cases, we may also disclose your health information for payment activities and certain business operations of another health care provider or payor. Below are further examples of how your information may be used and disclosed for these purposes.

Treatment: We may share your health information with doctors, nurses and other clinical staff at any of our locations in order for them to diagnose or treat you. For example, a doctor at our hospital or nursing home may share your health information with another doctor inside our facility, or with a doctor at another healthcare facility, to determine how to diagnose or treat you. Your doctor may also share your health information with another doctor to whom you have been referred for further health care. Also, our Home Care nurse, therapist, or social worker may contact an outside service vendor to order your meals or supplies to assure your treatment needs when you go home.

Payment: We may use your health information or share it with others so that we may obtain payment for your health care services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you, or to determine whether it will cover your treatment. We might also need to inform your health insurance company about your health condition in order to obtain pre-approval for your treatment, such as admitting you to the hospital for a particular type of surgery. Finally, we may share your information with other health care providers and payors for their payment activities.

Business Operations: We may use your health information or share it with others in order to conduct our business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you. Finally, we may share your health information with other health care providers and payors for certain of their business operations if the information is related to a relationship the provider or payor currently has or previously had with you, and if the provider or payor is required by federal law to protect the privacy of your health information.

Appointment Reminders, Treatment Alternatives, Benefits and Services: In the course of providing treatment to you, we may use your health information to contact you with a reminder that you have an appointment for treatment or services at our facility. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

Fundraising: To support our business operations, we may use demographic information about you, including information about your age and gender, where you live or work, and the dates that you received treatment, in order to contact you to raise money to help us operate. We may also share this information with a charitable foundation that will contact you to raise money on our behalf.

Business Associates: We may disclose your health information to contractors, agents and other business associates who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, we may share your health information with a billing company that helps us to obtain payment from your insurance company. Another example is that we may share your health information with an accounting firm or law firm that provides professional advice to us about how to improve our health care services and comply with the law. If we do disclose your health information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information.

We can do all of these things if you have signed a general written consent form. Once you sign this general written consent form, it will be in effect indefinitely until you revoke your general written consent. You may revoke your general written consent at any time, except to the extent that we have already relied upon it. For example, if we provide you with treatment before you revoke your general written consent, we may still share your health information with your insurance company in order to obtain payment for that treatment. To revoke your general written consent, please write to the Long Beach Medical Center Privacy Officer in the Medical Record Department. We will obtain your authorization, as applicable by law, for certain other uses and disclosures of protected health information not covered in the above areas.

II. OTHER USES AND DISCLOSURES WITHOUT WRITTEN CONSENT OR AUTHORIZATION

Facility Directory: We may use your health information in, and disclose it from, our Facility Directory, or share it with family and friends involved in your care, without your written authorization. We will always give you an opportunity to object unless you are incapacitated when you first arrive at the nursing home, or, there is insufficient time because of a medical emergency (in which case you will have the opportunity to indicate your preferences as soon as you regain capacity or the emergency is over). We will follow your wishes unless we are required by law to do otherwise.

If you do not object, we will include your name, your location in our facility, your general condition (e.g., fair, stable, critical, etc.) and your religious affiliation in our Facility Directory while you are a patient in the hospital or resident of the nursing home. This directory information, except for your religious affiliation, 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, even if he or she doesn't ask for you by name.

Family and Friends Involved In Your Care: If you do not object, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care.

Emergencies, Public Need or Other Legal Purposes: We may use your health information, and share it with others, in order to treat you in an emergency, to meet important public need and for other legal purposes. We are not required to obtain your general written consent before using or disclosing your information for these reasons.

• Emergencies	• Communication Barriers	• Victims of Abuse or Domestic Violence
• As Required By Law	• Public Health Activities	• Product Monitoring, Repair and Recall
• Health Oversight Activities	• Lawsuits and Disputes	• To Avert a Serious And Imminent Threat To Health Or safety
• Law Enforcement	• Military and Veterans	• Inmates and Correctional Institutions
• Workers' Compensation	• Organ and Tissue Donation	• Coroners, Medical Examiners and Funeral Director
		• National Security and Intelligence Activities or Protective Services

We will, however, obtain your written authorization for, or provide you with an opportunity to object to, the use and disclosure of your health information in the above cases when state law specifically requires that we do so.

Completely De-identified or Partially De-identified Information: We may use and disclose your health information if we have removed any information that has the potential to identify you so that the health information is "completely de-identified." We may also use and disclose "partially de-identified" health information about you if the person who will receive the information signs a data use agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will not contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number).

Incidental Disclosures: While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other patients or residents in the treatment area may see, or overhear discussion of, your health information.

III. YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

We want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.

Right to Inspect and Copy Records: You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to the Medical Record Department or to Patient Accounts for billing records. Your written request should include the patient name; address; daytime telephone number; type of information that is being requested with dates of service; if request is for inspection; copy; summary or explanation; if you want the information mailed or picked up; if for emergent reason state nature of the emergency; patient's signature or personal representative's signature and date. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. The standard fee is \$0.75 per page for medical record information. You will be notified of any fees before we process your request. Payment of the fee is due before or at the time we give the copies to you. Please note that other fees apply for film and billing records.

We will respond to your request for inspection of records within 10 days. We ordinarily will respond to requests for copies within 30 days if the information is located in our facility and within 60 days if it is located off-site at our storage facility. If we need additional time to respond to a request for copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request. For Nursing home records, inspection must be granted to nursing home residents within twenty-four hours, and copies must be provided within two working days.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we do, we will provide you with a summary of the information instead. We will also provide a written notice that explains our reasons for providing only a summary, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. The notice will also include information on how to file a complaint about these issues with us or with the Secretary of the Department of Health and Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

Right to Amend Records: If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please write to the Long Beach Medical Center Privacy Officer in the Medical Record Department. Your request should include the reasons why you think we should make the amendment. Ordinarily 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.

If we deny part, or all, of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

Right to an Accounting of Disclosures: After April 14, 2003, you have a right to request an "accounting of disclosures" which identifies certain other persons or organizations to whom we have disclosed your health information in accordance with applicable law and the protections afforded in this Notice of Privacy Practices. This accounting does not describe the ways that your health information has been shared within the organization as long as all other protections described in this Notice have been followed (such as obtaining the required approvals before sharing your health information with our doctors for research purposes). An accounting also does not include information about the following disclosures: 1) Disclosures made to you or your personal representative; 2) Disclosures made pursuant to your written authorization; 3) Disclosures made for treatment, payment or business operations; 4) Disclosures made from the facility directory; 5) Disclosures made to your friends and family involved in your care or payment for your care; 6) Disclosures that were incidental to permissible uses and disclosures of your health information (for example, when information is overheard by another patient passing by); 7) Disclosures for purposes of research, public health or our business operations of limited portions of your health information that do not directly identify you; 8) Disclosures made to federal officials for national security and intelligence activities; 9) Disclosures about inmates to correctional institutions or law enforcement officers; 10) Disclosures made before April 14, 2003.

To request an accounting of disclosures, please write to the Medical Record Department. Your request must state a time period within the past six years (but after April 14, 2003) for the disclosures you want us to include. For example, you may request a list of the disclosures that we made between January 1, 2004 and January 1, 2005. You have a right to receive one accounting within every 12 month period for free. However, we may charge you for the cost of providing any additional accounting in that same 12 month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily we will respond to your request for an accounting within 60 days. If we need additional time to prepare the accounting you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting. In rare cases, we may have to delay providing you with the accounting without notifying you because a law enforcement official or government agency has asked us to do so.

Right to Request Additional Privacy Protections: You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. For example, you could request that we not disclose information about a surgery you had. To request restrictions, please write to the LBMC Privacy Officer in the Medical Record Department. Your request should 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 a restriction, and in some cases the restriction you request may not be permitted under law. *However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law.* Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

Right to Request Confidential Communications: You have the right to request that we communicate with you about your medical matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. For example, you may ask that we contact you at home instead of at work. To request more confidential communications, please write to the LBMC Privacy Officer at the Medical Record Department. *We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.* Please specify in your request how 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 method or location.

Right to Receive a Copy of the LBMC Privacy Notice: You have the right to a paper copy of this general notice and notices for HIV-related information, Mental Health information, and Alcohol and Substance Abuse Treatment Information. You may request a paper copy at any time, even if you have previously agreed to receive this notice electronically. To do so, please call the LBMC Privacy Officer at 897-1416. You may also obtain a copy of this notice from our website at www.lbmc.org, or by requesting a copy at your next visit.

IV. LONG BEACH MEDICAL CENTER DUTIES

Duty to Maintain Privacy: We are required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

Duty to Abide by Current Terms of Notice: We are required to abide by the terms of the notice currently in effect.

Duty to Comply With Changes in the Law: We are required to make revisions to our policies and procedures to comply with changes in the law and to revise this notice when changes affect the information in this notice. We may change our privacy practices from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices. The revised notice will apply to all of your health information. Any revised notice will be posted in our organization's reception areas. You will also be able to obtain your own copy of the revised notice by accessing our website at www.lbmc.org, calling our office at 897-1416 or asking for one at the time of your next visit or from the Admitting Office. The effective date of the notice will always be noted on the first page. We are required to abide by the terms of the notice that is currently in effect.

V. COMPLAINTS

How to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact:

Compliance Officer (Administration)
Long Beach Medical Center, 455 East Bay Drive, Long Beach, NY 11561
No one will retaliate or take action against you for filing a complaint.

VI. CONTACT

If you have any questions about this notice or would like further information, please contact the Long Beach Medical Center Privacy Officer at 897-1416.