



NOTICE OF PRIVACY PRACTICES

Effective Date: September 2013

Right to Inspect and/or Obtain Record Copies

You have the right to inspect and obtain a copy in either electronic or paper form of any of your PHI that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. We will produce the records in the specific electronic format that you request if it is feasible to do so. This includes medical and billing records. To inspect or obtain a copy of your PHI, please submit your request in writing to:

MSBI Health Information Management (HIM): First Avenue at 16th Street, NY, NY 10003

MSB HIM: 3201 Kings Highway, Brooklyn, NY 11234

Mount Sinai Union Square HIM: First Avenue at 16th Street, NY, NY 10003 ATTN: Outpatient Team

MSH HIM: One Gustave L. Levy Place, Box 1111, NY, NY 10029

MSQ HIM: 25-10 30th Avenue, Long Island City, NY 11202

MSW HIM: 1000 Tenth Avenue, NY, NY 10019

MSM HIM: 1111 Amsterdam Avenue, NY, NY 10025

NYEE HIM: 310 East 14th Street, NY, NY 10003

MSSN HIM: One Health Way, Oceanside, NY 11572

MSD HIM: One Gustave L. Levy Place, Box 1111, NY, NY 10029 or make request directly with the physician practice

If you request a copy of the information, we may charge a fee, as permitted by law, for the costs of copying, mailing or other supplies we use to fulfill your request. The fee must generally be paid before or at the time we give the copies to you.

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 on-site and within 60 days if it is located in off-site storage. 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.

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 statement that explains the reasons for providing only a summary and a complete description of your right to have that decision reviewed. The notice will also include information on how to file a complaint about these issues with Mount Sinai or with the Secretary of the United States Department of Health and Human Services' Office for Civil Rights (OCR). If we have reason to deny only part of your request, we will provide complete access to the remaining parts.

Right to Amend Records

If you believe that the PHI 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. If you wish to amend your PHI please request an amendment request form from the relevant contact:

MSBI Health Information Management (HIM): First Avenue at 16th Street, NY, NY 10003

MSB HIM: 3201 Kings Highway, Brooklyn, NY 11234

Mount Sinai Union Square HIM: First Avenue at 16th Street, NY, NY 10003 ATTN: Outpatient Team

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MSW HIM: 1000 Tenth Avenue, NY, NY 10019

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NYEE HIM: 310 East 14th Street, NY, NY 10003

MSSN HIM: One Health Way, Oceanside, NY 11572

MSD HIM: One Gustave L. Levy Place, Box 1111, NY, NY 10029 or make request directly with the physician practice

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 tell you 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 OCR.

Right to an Accounting of Disclosures

You have a right to request an "accounting of disclosures," which is a list with information about how your PHI has been disclosed to others outside Mount Sinai (other than through Mount Sinai's Health Information Exchange (HIE) (see p. 3 below).

An accounting list will not include:

- Disclosures we made to you or your personal representative;
- Disclosures we made pursuant to your written authorization;
- Disclosures we made for treatment, payment, or business operations;
- Disclosures made from the patient directory;
- Disclosures made to your friends and family involved in your care or payment for your care;
- Disclosures that were incidental to permissible uses and disclosures of your PHI (for example, when information is overheard by another person passing by);
- Disclosures for purposes of research, public health, or our business operations of limited portions of your health information that do not directly identify you;
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures about inmates to correctional institutions or law enforcement officers;
- Disclosures made before September 1, 2007.

To request this list, please write to:

Mount Sinai Privacy Office
One Gustave L. Levy Place, Box 1016
NY, NY 10029

Your request must state a time period within the past six years for the disclosures you want us to include. For example, you may request a list of the disclosures that we made between January 1, 2008 and January 1, 2009. You have a right to receive one list within every 12 month period for free. However, we may charge you for the cost of providing any additional lists 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 10

and disclose your PHI 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 your treatment.

To request restrictions, please write to:

Mount Sinai Privacy Office
One Gustave L. Levy Place, Box 1016
NY, NY 10029

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 always required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law but if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or to comply with the law. We are required, however, to honor your request if you direct us not to share specific PHI with your insurance company relating to a service you plan to pay for and do pay for personally. It is your responsibility, however, to inform other providers who may receive copies of your Mount Sinai record that they may not share this information with your insurer.

Right to Request Confidential Communications

You have the right to request that we communicate with you about your medical matters by alternate means or at a specific location. For example, you may ask that we contact you at home instead of at work. To request more confidential communications, please write to:

Mount Sinai Privacy Office
One Gustave L. Levy Place, Box 1016
NY, NY 10029

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.

Notification of Other Disclosures:

You will be notified within 60 days if your PHI has been disclosed to or accessed by a person who was not authorized to receive the information unless we determine that there is a low probability that the PHI has been compromised.

How to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with The Mount Sinai Privacy Office or with the OCR. To file a complaint please contact:

Mount Sinai Privacy Office
One Gustave L. Levy Place, Box 1016
NY, NY 10029

Department of Health and Human Services/OCR:

Under no circumstances will you be penalized or subject to retaliation for filing a complaint.

Treatment. We may share your PHI with healthcare providers at Mount Sinai who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. We may also make your PHI available to providers you see outside Mount Sinai by making it accessible through a Health Information Exchange (HIE), an electronic network that makes it possible to share information electronically, but we will not let anyone access it through the HIE without your consent except in an emergency (unless you direct us otherwise). This means that if your private, non-Mount Sinai physician uses an HIE that Mount Sinai operates or is part of, he/she will be able to access your PHI generated in the course of any Mount Sinai inpatient or outpatient care. In addition, certain information about your care at Mount Sinai may be sent automatically to the person you name as your Primary Care Provider and to the physician who referred you to Mount Sinai. If your private physician is on staff at Mount Sinai and uses the Mount Sinai electronic health record (EHR) in his/her office, anyone taking care of you at Mount Sinai will be able to access your private physician's medical record directly as well.

PHI shared through the HIE may include, in addition to your demographics and clinical information, the specially protected health information described in Attachment A (HIV-Related Information), Attachment B (Alcohol and Substance Abuse Treatment Information), Attachment C (Mental Health Information)

Business Associates (BAs). We may disclose the minimum amount of your PHI necessary to contractors, agents and other business associates who need the information in order to assist us with

research. However, under some circumstances, we may use and disclose your PHI without your written authorization if the ISM's Institutional Review Board, applying specific criteria, determines that the particular research protocol poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly without your authorization. We may also release your PHI without your written authorization to people who are preparing a future research project as long as any information identifying you does not leave our facility. We may share PHI with people who are conducting research using the information of persons deceased less than 50 years, as long as they agree not to remove from our facility any information that identifies the deceased person.

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 for research, public health, and specific healthcare operations if the person who will receive the information signs an agreement to protect the privacy of the information. Partially de-identified health information will exclude all direct identifiers but may include zip code, dates of birth, admission, and discharge.

Incidental Disclosures

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

Attachment A

Effective Date: September 2013

CONFIDENTIALITY OF HIV-RELATED INFORMATION

The privacy and confidentiality of HIV-related information maintained by Mount Sinai is protected by Federal and State law and regulations. These protections go above and beyond the protections described in Mount Sinai's general Notice of Privacy Practices (Notice). If you have questions about this Notice or would like further information, please contact:

Mount Sinai Privacy Office: 212-241-3211

We recommend that you also take time to review the Mount Sinai Notice for information about how your protected health information (PHI) may generally be used and disclosed by Mount Sinai. If there is any conflict between the Notice and this Attachment, the protections described in this Attachment will apply.

Confidential HIV-related information is any information indicating that you had an HIV-related test (even if the test is negative), have HIV-related illness or AIDS, or have an HIV-related infection, as well as any information which could reasonably identify you as a person who has had a test for or has HIV infection.

Under New York State law, confidential HIV-related information may only be given to persons allowed to have it by law, or persons you have allowed to have it by signing a written authorization form. The disclosure will be accompanied by a statement that the HIV-related information may not be redisclosed.

Confidential HIV-related information about you may be used by personnel within Mount Sinai who need the information to provide you with direct care or treatment, to process billing or reimbursement records, or to monitor or evaluate the quality of care provided at the hospital. (See Notice p. 3). Generally, Mount Sinai may not reveal to outside person confidential HIV-related information that the institution obtains in the course of treating you, unless:

- Mount Sinai obtains your written authorization; note that if you provide written authorization to participate in a Health Information Exchange (HIE) all of your records will be made available including HIV-related information. If you do not agree to such disclosure, you should not agree to participate in an HIE;
- The disclosure is to a person who is authorized to make healthcare decisions on your behalf and the information disclosed is needed by that person to make his/her decisions;
- The disclosure is to another healthcare provider or payer for treatment or payment purposes;
- The disclosure is to a health care provider of a staff member, employee or volunteer who was exposed to you while performing his/her job or professional duties under circumstances that present a risk of transmission of HIV;

- The disclosure is to a third party of the institution who needs the information to provide you with direct care or treatment, to a Business Associate who needs it to assist us with obtaining payment or carrying out our business operations or to monitor or evaluate the quality of care provided at Mount Sinai. In such cases, Mount Sinai will have an agreement with the third party to ensure that your confidential HIV-related information is protected as required under Federal and State confidentiality laws and regulations, and no statement prohibiting redisclosure is required;
- The disclosure is required by law or court order;
- The disclosure is to an organization that procures body parts for transplantation;
- You receive services under a program monitored or supervised by a Federal, State or local government agency and the disclosure is made to such government agency or other employee or agent of the agency when reasonably necessary for the supervision, monitoring, administration, or provision of the program's services;
- Mount Sinai is required under Federal or State law to make the disclosure to a health officer;
- The disclosure is required for public health purposes;
- You are an inmate at a correctional facility and disclosure of confidential HIV-related information to the medical director of such facility is necessary for the director to carry out his or her functions;
- The patient is deceased and the disclosure is made to a funeral director who has taken charge of the deceased person's remains and who has access in the ordinary course of business to confidential HIV-related information on the deceased person's death certificate;
- The disclosure is made to report child abuse or neglect to appropriate State or local authorities.

Violation of these privacy regulations may subject the institution to civil or criminal penalties. Suspected violations may be reported to appropriate authorities in accordance with Federal and State law. To file a complaint, mail completed form DOH-2865 (Complaint Report for Alleged Violation of Article 27-F), available on the DOH website (health.ny.gov), to:

NYS Department of Health/AIDS Institute/Special Investigation Unit
5 Penn Plaza
NY, NY 10001

Please refer to Mount Sinai's full Notice for additional information.

CONFIDENTIALITY OF ALCOHOL AND SUBSTANCE ABUSE TREATMENT INFORMATION

The confidentiality of alcohol and substance abuse treatment records maintained by Mount Sinai is protected by Federal and State law and regulations. These protections go above and beyond the protections described in the Mount Sinai Notice of Privacy Practices (Notice). If you have questions about this Notice or would like further information, please contact:

Mount Sinai Privacy Office: 212-241-3211

We recommend that you also take time to review the Mount Sinai Notice for information about how your protected health information (PHI) may generally be used and disclosed by Mount Sinai. The Mount Sinai Notice provides information about how you may obtain access to your PHI, including alcohol and substance abuse treatment records. If there is any conflict between the Notice and this Attachment, the protections described in this Attachment will apply instead of the protections described in the Notice.

Confidential alcohol and substance abuse treatment records include any information that identifies you as having been diagnosed with, treated for, or referred for treatment of alcohol abuse, substance abuse, or chemical dependency.

Information about you may be used by personnel within Mount Sinai in connection with their duties to provide you with diagnosis of, treatment for or referral for treatment of alcohol or substance abuse. (See Notice p. 3) Such use will be limited to the minimum amount of information necessary to carry out their duties. Generally, Mount Sinai may not reveal to a person outside of Mount Sinai any information that would identify you as under treatment for alcohol or substance abuse, unless:

- Mount Sinai obtains your written authorization; note that if you provide written authorization to participate in a Health Information Exchange (HIE) all of your records will be made available including alcohol and substance abuse-related information. If you do not agree to such disclosure, you should not agree to participate in an HIE.

The privacy and confidentiality of mental health information and psychotherapy notes maintained by Mount Sinai is protected by Federal and State law and regulations. These protections go above and beyond the protections described in the Mount Sinai Notice of Privacy Practices (Notice). If you have questions about this Notice or would like further information, please contact:

Mount Sinai Privacy Office: 212-241-3211

We recommend that you also take time to review the Mount Sinai Notice for information about how your protected health information (PHI) may generally be used and disclosed by Mount Sinai. The Notice also provides information about how you may obtain access to your PHI, including mental health information. If there is any conflict between the Notice and this Attachment, the protections described in this Attachment will apply instead of the protections described in the Notice.

CONFIDENTIALITY OF MENTAL HEALTH INFORMATION

Mental health information about you may be used by personnel within Mount Sinai in connection with their duties to provide you with treatment, obtain payment for that treatment, or conduct Mount Sinai's business operations. (See Notice p. 3). Generally, Mount Sinai

- The disclosure is allowed by a court order and permitted under Federal and State confidentiality laws and regulations;
- The disclosure is made to medical personnel in a medical emergency;
- The disclosure is made to qualified researchers without your written authorization when such research poses minimal risk to your privacy. When required by law, we will obtain an agreement from the researcher to protect the privacy and confidentiality of your information;
- The disclosure is made to a qualified service organization that performs certain treatment services (such as lab analyses) or to a Business Associate (BA) who needs it to assist us with obtaining payment or carrying out our business operations. Mount Sinai will obtain the qualified service organization or BA's agreement in writing to protect the privacy and confidentiality of your information in accordance with Federal and State law;
- The disclosure is made to a government agency or other qualified non-government personnel to perform an audit or evaluation of Mount Sinai. Mount Sinai will obtain an agreement in writing from any non-government personnel to protect the privacy and confidentiality of your information in accordance with Federal and State law;
- The disclosure is made to report a crime committed by a patient either at Mount Sinai or against any person who works for Mount Sinai or about any threat to commit such a crime;
- The disclosure is made to coroners and medical examiners to determine cause of death;
- The disclosure is made to report child abuse or neglect to appropriate State or local authorities, as required by law.

Violation of these privacy regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal and State law.

Please refer to Mount Sinai's full Notice for additional information.

may not reveal mental health information about you to other persons outside of Mount Sinai, except in the following situations:

- Mount Sinai obtains your written authorization; note that if you provide written authorization to participate in a Health Information Exchange (HIE) all of your records will be made available including mental health-related information. If you do not agree to such disclosure, you should not agree to participate in an HIE;
- To a personal representative who is authorized to make healthcare decisions on your behalf;
- To government agencies or private insurance companies in order to obtain payment for services we provided to you;
- To a qualified service organization that performs certain treatment services (such as lab analyses) or to a Business Associate (BA) who needs it to assist us with obtaining payment or carrying out our business operations. Mount Sinai will obtain the qualified service organization or BA's agreement in writing to protect the privacy and confidentiality of your information in accordance with Federal and State law;
- To comply with a court order;
- To appropriate persons who are able to avert a serious and imminent threat to the health or safety of you or another person;

- To appropriate government authorities to locate a missing person or conduct a criminal investigation as permitted under Federal and State confidentiality laws;
- To other licensed hospital emergency services as permitted under Federal and State confidentiality laws;
- To the mental hygiene legal service provided by New York State;
- To attorneys representing patients in an involuntary hospitalization proceeding;
- To authorized government officials for the purpose of monitoring or evaluating the quality of care provided by the hospital or its staff;
- To qualified researchers without your specific authorization when such research poses minimal risk to your privacy;
- To coroners and medical examiners to determine cause of death; and
- If you are an inmate, to a correctional facility which certifies that the information is necessary in order to provide you with health care, or in order to protect the health or safety of you or any other persons at the correctional facility.

CONFIDENTIALITY OF PSYCHOTHERAPY NOTES

Psychotherapy notes are notes by a mental health professional that document or analyze the contents of a conversation during a private counseling session or during a group, joint, or family counseling session. If these notes are maintained separately from the rest of your medical records, they can only be used and

disclosed as follows:

In general, Psychotherapy notes may not be used or disclosed without your written authorization, except by the mental health professional who created them in the following circumstances:

- To provide you with further treatment;
- To students, trainees, or practitioners in mental health who are learning under supervision to practice or improve their skills in group, joint, family, or individual counseling;
- As necessary to defend him or herself, or Mount Sinai, in a legal proceeding initiated by you or your personal representative;
- As required by law;
- To appropriate government authorities when necessary to avert a serious and imminent threat to the health or safety of you or another person;
- To the United States Department of Health and Human Services when that agency requests them in order to investigate the mental health professional's compliance, or Mount Sinai's compliance, with Federal privacy and confidentiality laws and regulations;
- To medical examiners and coroners, if necessary, to determine the cause of death;
- To a health oversight agency for a lawful purpose related to oversight of the mental health professional.

All other uses and disclosures of psychotherapy notes require your special written authorization.

Please refer to Mount Sinai's full Notice for additional information.

The privacy and confidentiality of genetic information maintained by Mount Sinai is protected by State law and Federal regulations. Genetic information means, with respect to an individual: (i) the individual's genetic tests; (ii) the genetic tests of family members of the individual; (iii) the manifestation of a disease or disorder in family members of such individual; or (iv) any request for, or receipt of, genetic services, or participation in clinical research which includes genetic services, by the individual or any family member of the individual. These protections go above and beyond the protections described in Mount Sinai's general Notice of Privacy Practices (Notice). If you have questions about this Notice or would like further information, please contact:

Mount Sinai Privacy Office: 212-241-3211

We recommend that you also take time to review Mount Sinai's Notice for information about how your protected health information (PHI) may generally be used and disclosed by Mount Sinai. Mount Sinai's Notice also provides information about how you may obtain access to your PHI, including confidential genetic information.

Under New York State (NYS) law, special restrictions apply to (1) genetic testing of human biological samples and (2) the disclosure of information derived from genetic tests to any person or organization. Genetic test means any laboratory test of DNA, chromosomes, genes or gene products to detect a genetic variation linked to a predisposition to a genetic disease. It does not include information relating to a manifested disease (a disease that can be diagnosed primarily based on symptoms) or information obtained when confirming a disease with genetic testing.

Mount Sinai will not perform a genetic test on a biological sample taken from you unless Mount Sinai obtains your written informed consent under NYS law. With your informed consent, Mount Sinai may use the results of your genetic test for treatment, payment,