



**Mount  
Sinai**

## **MOUNT SINAI HEALTH SYSTEM**

### **NOTICE OF PRIVACY PRACTICES FOR HEALTH SCREENINGS**

**THIS NOTICE, EFFECTIVE AS OF JULY 2013, DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE PRIVACY OFFICE AT 212-241-4669.**

#### **WHO WILL FOLLOW THIS NOTICE?**

Mount Sinai Health System provides health care to patients jointly with physicians and other health care professionals. The privacy practices described in this notice will be followed by:

- Any health care professional who treats you at any of our health screenings;
- All employees, medical staff, trainees, students or volunteers involved with health screening records;
- Any business associates of Mount Sinai

Mount Sinai is committed to protecting protected health information (PHI) about you. This notice applies to all of the records of your care generated by any Mount Sinai health screenings only. If you are admitted to Mount Sinai as an inpatient or treated as an outpatient, you will be provided with Mount Sinai's general Notice of Privacy Practices (NOPP), which contains additional information regarding the privacy of patient records. By law Mount Sinai is required to:

- Keep PHI about you private;
- Give you this notice of our legal duties and privacy practices with respect to your PHI; and
- Follow the terms of the NOPP that is currently in effect.

#### **HOW MOUNT SINAI MAY USE AND DISCLOSE YOUR PHI**

Mount Sinai may disclose your PHI without your prior authorization for treatment purposes, to obtain payment for treatment, and to support healthcare operations.

For purposes of healthcare operations, PHI may be disclosed so that Mount Sinai can engage in quality improvement or other activities related to the operation of Mount Sinai.

Mount Sinai does not bill for health screenings and will not disclose PHI for payment purposes unless your employer asked you to have this screening and you have signed an authorization to have such PHI released to your employer.

**Other examples of such disclosures** include telling you about, or recommending possible treatment options, alternatives, or health related benefits or services that may be of interest to you. If we are paid to send you treatment information, we will tell you that and give you the right not to receive these communications.

Mount Sinai may use or disclose your PHI without prior authorization, subject to certain requirements, for the following: to family and friends involved in your care unless you object; for public health purposes, domestic violence and/or abuse or neglect reporting, health inspections or audits, emergencies, averting a serious threat to the health or safety of a person or the public, issues relating to national security, and specialized government functions (e.g. disclosure of PHI of individuals who are members of the Armed Forces as required by Military Command authorities). Mount Sinai may also disclose PHI when required by law, for law enforcement purposes, to correctional institutions, for law enforcement custodial matters, or in response to valid judicial or administrative orders or other lawful process.

**IN ANY OTHER SITUATION NOT COVERED BY THIS NOTICE, MOUNT SINAI WILL ASK FOR YOUR WRITTEN AUTHORIZATION BEFORE USING OR DISCLOSING YOUR PHI. IF YOU CHOOSE TO AUTHORIZE DISCLOSURE, YOU ARE PERMITTED TO REVOKE THAT AUTHORIZATION, EXCEPT TO THE EXTENT THAT WE HAVE ALREADY RELIED ON IT, BY NOTIFYING US IN WRITING OF YOUR DECISION. ADDRESSED TO SUCH REQUESTS SHOULD BE SUBMITTED IN WRITING TO THE PRIVACY OFFICE, THE MOUNT SINAI HOSPITAL, ONE GUSTAVE L. LEVY PLACE, BOX 1016, NEW YORK, NY 10029.**

**RIGHT TO ACCESS AND/OR AMEND YOUR RECORDS:**

You have a right to inspect and obtain a copy in either electronic or paper form of any 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. If your request is denied, you may submit a written request for a review of that decision.

If you feel information in your record is incorrect or that the information is incomplete, you have the right to request that we amend the record; this request must be in writing and provide your reason for requesting the amendment. Mount Sinai may deny your request to amend if we do not maintain the information or if we determine that the record is accurate. You may submit a written statement detailing your disagreement with this decision. We will inform you if the amendment is accepted.

**RIGHT TO AN ACCOUNTING:**

You have the right to request a listing of any disclosures of your PHI Mount Sinai has made, except for uses and disclosures related to treatment, payment, or healthcare operations, circumstances in which you have specifically authorized such disclosure, disclosures made specifically to you and certain other exceptions. This listing must be after April 14, 2003, and in no event include more than the last six years. Such requests should be submitted in writing to the Privacy Office, The Mount Sinai Hospital, and One Gustave L. Levy Place, Box 1016, New York, NY 10029.

**RIGHT TO REQUEST RESTRICTIONS:**

You have the right to request, in writing, that Mount Sinai not disclose your PHI for treatment, payment, or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. Mount Sinai will review your request and attempt to accommodate it when possible, but Mount Sinai is not legally required to accept it. All written requests or appeals should be submitted to the Privacy Office at the address listed above.

**REQUESTS FOR CONFIDENTIAL COMMUNICATIONS:**

You have a right to request that your PHI be communicated to you in a confidential manner. Such requests must be made in writing to the Privacy Office at the address listed above.

**CHANGES TO THIS NOTICE:**

We may change our policies at any time. When significant changes occur we will change our NOPP and post the new NOPP. You may receive a copy of the current NOPP at anytime. Copies of the NOPP will be available each time you come to a Mount Sinai facility for treatment or on the Internet at [www.mssm.EDU/HIPAA](http://www.mssm.EDU/HIPAA).

**COMPLAINTS:**

If you believe that your privacy rights have been violated, or you disagree with a decision Mount Sinai made about access to your records, you may contact the Privacy Office at 212-241-4669.

If you are not satisfied with our response, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights at [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa). Under no circumstances will you be penalized or subject to retaliation for filing a complaint.