

Anthony L. Jordan Health Center

82 Holland Street, Rochester, New York 14605 (585) 423-5800 / Fax (585) 423 2806 Web: www.jordanhealth.org
Woodward Center, 480 Genesee Street, Rochester, NY 14611 (585) 436-3040 / Fax (585) 328-3812
Brown Square Center, 322 Lake Avenue, Rochester, NY 14608 (585) 254-6480 / Fax (585) 254-1092
Jordan Health Link/WIC, 273 Upper Falls Boulevard, Rochester, N.Y. 14605 (585)454-2630/Fax (585)454-2885
Jordan at Andrews Terrace, 125 St. Paul Street, Rochester, NY 14604 (585)423-5834
Jordan at Glenwood Gardens, 41 Kestrel Street, Rochester, NY 14613 (585-423-5837
Jordan at Kennedy Towers, 666 S. Plymouth Avenue, Rochester, NY 14608 (585) 423-5836
Jordan at Threshold, 151 Parsells Avenue, Rochester, NY 14609 (585) 454-7530
Jordan at CCIA, 120 Main Street, Suite 11, Canandaigua, NY 14424 (585)-396-0222

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

State and Federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this notice. We must follow the privacy practices as described below. We can change our privacy practices. If we change our privacy practices the change will apply to all of your health information that we have. If we change our privacy practices we will post the changes in each of our centers and provide you with a copy when you come in for an appointment. You may request a copy of our Privacy Notice at any time by contacting our Medical Record Department at (585) 423-5885.

TYPICAL USES AND DISCLOSURES OF HEALTH INFORMATION

We will keep your health information confidential, using it only for the following purposes:

Treatment: We may use your health information to provide you with our professional services. We have established “minimum necessary or need to know” standards that limit various staff member’s access to your health information according to their primary job functions. Everyone on our staff is required to sign a confidentiality statement.

Disclosure: We may disclose and/or share your healthcare information with other health care professionals who provide treatment and/or services to you. These professionals will have a privacy and confidentiality policy like this one. Health information about you may also be disclosed to your family, friends, and/or other persons you choose to involve in your care, only if you agree that we may do so.

Payment: We may use and disclose your information to seek payment for services we provide to you. This disclosure involves our business office staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

Emergencies: We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. If at all possible, we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated, we will use our professional judgment to disclose only that information directly relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up filled prescriptions, x-ray or other similar forms of health information and/or supplies unless you have advised us otherwise.

Health Care Operations: We may use or disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but not limited to, our medical staff, outside health or management reviewers and individuals performing similar activities.

Required by Law: We may use or disclose your health information when we are required by law to do so (Court or administrative orders, subpoena, discovery request or other lawful process). We will use and disclose your information when requested by national security, intelligence and other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Public Health Responsibilities: We will disclose your health information to report problems with products, reactions to medications, product recalls, disease/infection exposure and to prevent and control disease, injury and/or disability.

Marketing Health Related Services: We will not use your health information for marketing purposes unless we have your written authorization to do so. If you give us permission to use your health information for marketing purposes, you may withdraw your permission at any time and we will stop using your health information for marketing when you withdraw your permission.

National Security: The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is requested by lawful intelligence, counterintelligence or other national security activities, we may disclose it to authorized federal officials.

Appointment Reminders: We may disclose your health information to provide you with appointment reminders, information about other types of treatment and about other health services we think you might be interested in. We may contact you by telephone, by leaving voicemail messages for you, by e-mail, by text message, by sending you postcards or letters, or by other methods.

Fundraising: We may use and/or disclose some of your health information in order to contact you for fundraising activities supportive of the Center. If we send you fundraising materials, the materials will describe how you can ask us to stop sending you fundraising materials.

Other Uses and Disclosures: We will not use or disclose your health information for any other reason without your written permission. If you give us permission to use or disclose your health information for reasons other than those we have listed here, you may withdraw your permission at any time and we will stop using your health information for those other reasons when you withdraw your permission.

YOUR PRIVACY RIGHTS AS OUR PATIENT

Confidential Communications: You have the right to receive confidential communication of your health information in a way and to a location as you reasonably request. You may make your request in writing to our Privacy Officer.

Access: Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian). There will be some limited exceptions. If you wish to examine your health information, you will need to complete and submit an appropriate request form. Contact our Medical Records department for a copy of the Request Form. You may also request access by sending a letter to the address at the end of this Notice. Once approved, an appointment can be made to review your records. Copies, if requested will cost \$.75 for each page. If you want the copies mailed to you, postage will also be charged. If you prefer a summary or an explanation of your health information, we will provide it. Please contact our Privacy Officer for an explanation of our structure.

Amendment: You have the right to amend your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

Non-routine Disclosure: You have the right to receive a list of non-routine disclosures we have made of your health care information (when we make a routine disclosure of your information to a professional for treatment and/or payment purpose, we do not keep a record of routine disclosures, therefore these are not available). You have the right to a list of instances in which we, or our business associates, disclosed information for reasons *other than for* treatment, payment, health care operations, when you have given us permission to share your health information, or other instances when we are permitted by law to disclose your health care information.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We do not have to agree to those additional restrictions, but if we do, we will abide by our agreement except in emergencies. Please contact our Privacy Officer if you want to further restrict access to your health care information. This request must be in writing.

Copy of Notice: You have the right to receive a paper copy of this notice from us when you request it.

QUESTIONS AND COMPLAINTS

You have the right to file a complaint with us if you feel that we have not complied with our Privacy policies or we have violated your privacy rights, or if you disagree with a decision we make regarding access to your health information. You may file a complaint with in writing with our Privacy Officer. You can get a Complaint Form from our Privacy Officer. You may also file a complaint with the U.S. Department of Health and Human Services if you feel that we have violated your privacy rights. We support your right to privacy of your information and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

HOW TO CONTACT US

Practice Name: Anthony L. Jordan Health Center
Address: 82 Holland St.

Privacy Officer: Linda Cunliffe

Telephone: (585) 423-5885

Fax: (585) 423-2890

E-Mail: LCunliffe@jordanhealth.org

Effective Date: This Notice of Privacy Practices replaces all prior versions, and is effective on December 31, 2013