



NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed. It also describes how you can get access to this information. Please review it carefully.

In order to provide your care, Sun River Health must collect, create and maintain health information about you, which includes any individually identifiable information that we obtain from you or others that relates to your past, present or future physical or mental health, the health care you have received, or payment for your health care. Sun River Health is an organized health care arrangement, consisting of the following entities participating in a joint arrangement and joint activities: Sun River Health (parent company), Brightpoint Care, and Community Health Action of Staten Island, and it is required by law to maintain the privacy of your information. This Notice of Privacy Practices describes how Sun River Health uses and discloses your health information and explains certain rights you have regarding this information. Sun River is required by law to provide you with this Notice and we will comply with the terms as stated.

How Sun River Health Uses and Discloses Your Health Information

Sun River Health protects your health information from inappropriate use and disclosure. Sun River Health will use and disclose your health information for only the purposes listed below:

1. Uses and Disclosures for Treatment, Payment and Health Care Operations. Sun River Health may use and disclose your protected health information in order to provide your care or treatment, obtain payment for services provided to you and in order to conduct our health care operations as detailed below.
 - (a) Treatment and Care Management. We may use and disclose health information about you to facilitate treatment provided to you by Sun River Health and coordinate and manage your care with other health care providers.
 - (b) Payment. We may use and disclose health information about you for our own payment purposes and to assist in the payment activities of other health care providers. Our payment activities include, without limitation, determining your eligibility for benefits and obtaining payment from insurers that may be responsible for providing coverage to you, including Federal and State entities.
 - (c) Health Care Operations. We may use and disclose health information about you to support functions of Brightpoint Health, related to treatment and payment, which include, without limitation, care management, quality improvement activities, evaluating our own performance and resolving any complaints or grievances you may have. We may also use and disclose your health information to assist other health care providers in performing health care operations.
2. Uses and Disclosures Without Your Consent or Authorization. Sun River Health may use and disclose your health information without your specific written authorization for the following purposes:
 - (a) As required by law. We may use and disclose your health information as required by state, federal and local law.
 - (b) Public health activities. We may disclose your health information to public authorities or other agencies and organizations conducting public health activities, such as preventing or controlling disease, injury or disability, reporting births, deaths, child abuse or neglect, domestic violence, potential problems with products regulated by the Food and Drug Administration or communicable diseases.
 - (c) Victims of abuse, neglect or domestic violence. We may disclose your health information to an appropriate government agency if we believe you are a victim of abuse, neglect, domestic violence and you agree to the disclosure or the disclosure is required or permitted by law. We will let you know if we disclose your health information for this purpose unless we believe that advising you or your caregiver would place you or another person at risk of serious harm.
 - (d) Health oversight activities. We may disclose your health information to federal or state health oversight agencies for activities authorized by law such as audits, investigations, inspections and licensing surveys.
 - (e) Judicial and administrative proceedings. We may disclose your health information in the course of any judicial or administrative proceeding in response to an appropriate order of a court or administrative body.
 - (f) Law enforcement purposes. We may disclose your health information to a law enforcement agency to respond to a court order, warrant, summons or similar process, to help identify or locate a suspect or missing person, to provide information about a victim of a crime, a death that may be the result of criminal activity, or criminal conduct on our premises, or, in emergency situations, to report a crime, the location of the crime or the victims, or the identity, location or description of the person who committed the crime.
 - (g) Deceased individuals. We may disclose your health information to a coroner, medical examiner or a funeral director as necessary and as authorized by law.

- (h) Organ or tissue donations. We may disclose your health information to organ procurement organizations and similar entities.
 - (i) For research. We may use or disclose your health information for research purposes. We will use or disclose your health information for research purposes only with the approval of our Institutional Review Board, which must follow a special approval process. When required, we will obtain a written authorization from you prior to using your health information for research.
 - (j) Health or safety. We may use or disclose your health information to prevent or lessen a threat to the health or safety of you or the general public. We may also disclose your health information to public or private disaster relief organizations such as the Red Cross or other organizations participating in bio-terrorism countermeasures.
 - (k) Specialized government functions. We may use or disclose your health information to provide assistance for certain types of government activities. If you are a member of the armed forces of the United States or a foreign country, we may disclose your health information to appropriate military authority as is deemed necessary. We may also disclose your health information to federal officials for lawful intelligence or national security activities.
 - (l) Workers' compensation. We may use or disclose your health information as permitted by the laws governing the workers' compensation program or similar programs that provide benefits for work-related injuries or illnesses.
 - (m) Individuals involved in your care. We may disclose your health information to a family member, other relative or close personal friend assisting you in receiving health care services. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon our professional judgment.
 - (n) Appointments, Information and Services. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related services that may be of interest to you.
 - (o) Fundraising. As a not-for-profit health care organization, we may identify you as a patient for purposes of fund-raising and marketing. You have the right to opt out of receiving such fundraising communications. If you do not want to receive these communications, notify the Privacy Officer listed at the bottom of this Notice of Privacy Practices and we will stop any further fundraising communications.
 - (p) Incidental Uses and Disclosures. Incidental uses and disclosures of your health information sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of other- wise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.
 - (q) Proof of Immunization. We will disclose proof of immunization to a school that is required to have it before admitting a student where you have agreed to the disclosure on behalf of yourself or your dependent.
3. Special Treatment of Certain Records. HIV related information, genetic information, alcohol and/or substance abuse records, mental health records and other specially protected health information may enjoy certain special confidentiality protections (that are more restrictive than those outlined above) under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.
4. Obtaining Your Authorization for Other Uses and Disclosures. Certain uses and disclosures of your health information will be made only with your written authorization, including uses and/or disclosures: (a) of psychotherapy notes (where appropriate); (b) for marketing purposes; and (c) that constitute a sale of health information under the Privacy Rule. Sun River Health will not use or disclose your health information for any purpose not specified in this Notice of Privacy Practices unless we obtain your express written authorization or the authorization of your legally appointed representative. If you give us your authorization, you may revoke it at any time, in which case we will no longer use or disclose your health information for the purpose you authorized, except to the extent we have relied on your authorization to provide your care

Your Rights Regarding your Health Information

You have the following rights regarding your health information:

1. Right to Inspect or Get a Copy of Your Medical Record. You have the right to inspect or request a copy of health information about you that we maintain. Your request should describe the information you want to review and the format in which you wish to review it. We may refuse to allow you to inspect or obtain copies of this information in certain limited cases. We may charge you a fee of up to \$.75 per page for copies or the rate established by the Department of Health. We may also deny a request for access to health information under certain circumstances if there is a potential for harm to yourself or others. If we deny a request for access for this purpose, you have the right to have our denial reviewed in accordance with the requirements of applicable law.
2. Right to Request Changes to Your Medical Record. You have the right to request changes to any health information we maintain about you if you state a reason why this information is incorrect or incomplete. Sun River Health may not agree to make the changes you request. If we do not agree with the requested changes we will notify you in writing and inform you how to have your objection included in our records.

3. Right to an Accounting of Disclosures. You have the right to receive a list of the disclosures of your health information by Sun River Health. The list will not include disclosures made for certain purposes including, without limitation, disclosures for treatment, payment or health care operations or disclosures you authorized in writing. Your request should specify the time period covered by your request, which cannot exceed six years. The first time you request a list of disclosures in any 12-month period, it will be provided at no cost. If you request additional lists within the 12-month period, we may charge you a nominal fee.
4. Right to Request Restrictions. You have the right to request restrictions on the ways which we use and disclose your health information for treatment, payment and health care operations, or disclose this information to disaster relief organizations or individuals who are involved in your care. Sun River Health may not agree to the restrictions you request. We are, however, required to comply with your request if it relates to a disclosure to your health plan regarding health care items or services for which you have paid the bill out of pocket and in full.
5. Right to Request Confidential Communications. You have the right to ask us to send health information to you in a different way or at a different location. Your request for an alternate form of communication should also specify where and/or how we should contact you.
6. Right to Receive Notification of Breach. You have the right to receive a notification, in the event that there is a breach of your unsecured health information, which requires notification under the Privacy Rule.
7. Right to Paper Copy of Notice. You have the right to receive a paper copy of this Notice of Privacy Practices at any time. You may obtain a paper copy of this Notice, by writing to the Sun River Health Privacy Official. You may also print out a copy of this Notice by going to our website at www.brightpointhealth.org

To make a request as described in any of the above, please submit a request to: Sun River Health Privacy Officer, Todd Hapiuk, Phone: 914.293.1674 x78566 or Stephen Williams, Phone: 718.681.8700 x 4420

Right to File a Complaints. If you believe your privacy rights have been violated you may file a complaint with Sun River Health by writing to the Sun River Health Privacy Officer, Todd Hapiuk. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized or retaliated against by Sun River Health for filing a complaint.

Changes to this Notice. Sun River Health may change the terms of this Notice of Privacy Practices at any time. If the terms of the Notice are changed, the new terms will apply to all of your health information, whether created or received by Sun River Health before or after the date on which the Notice is changed. Any updates to the Notice will be made available on sunriver.org.

Acknowledgement of Notice of Privacy Practices

“I hereby acknowledge that I have received a copy of HRHCare’s NOTICE OF PRIVACY PRACTICES. I understand that if I have questions or complaints regarding my privacy rights that I may contact the person(s) listed within. I further understand that the practice will offer me updates to this NOTICE OF PRIVACY PRACTICES should it be amended, modified, or changed in any way.”

Signature of Patient or Legal Representative _____
Date

If signed by legal representative, relationship to patient _____

For Office Use Only

We have made a good faith effort in attempting to obtain written acknowledgement of receipt of the Notice of Privacy Practices. Acknowledgement could not be obtained for the following reason(s):

Patient refused to sign (date of refusal) _____

Patient was unable to sign (reason) _____

Attempt was made by: _____ Date: _____