Notice of Privacy Practices

As required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 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.

WHO WILL FOLLOW THIS NOTICE

Gannett Health Services (hereafter to be referred to as Gannett) may use your health information for treatment, payment, health care operations or research purposes as described in this notice. All of the employees, staff, including medical staff, and other personnel of Gannett follow these privacy practices.

ABOUT THIS NOTICE

This notice will tell you about the ways we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to:

• make sure that health information that identifies you is kept private;
• give you this notice of our legal duties and privacy practices with respect to your health information; and
• follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and give examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one or more of these categories.

For Treatment. We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, counselors, technicians, medical students, or other Health Services personnel who are involved in taking care of you. For example:

• If you are being seen in Counseling and Psychological Services here at Gannett and are receiving care by a medical provider here at Gannett, your health information may need to be shared to make sure you are receiving appropriate integrated care.
• Departments within Gannett may share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work and x-rays.
• We may disclose health information about you to people outside Gannett who may be involved in your health care (e.g., a specialist or surgeon).

For Payment. We may use and disclose health information about you so that we may bill for treatment and services you receive at Gannett and can collect payment from you, an insurance company or another party. For example:

• We may need to give information about services you received at Gannett to your health insurance plan so that the plan will pay us or reimburse you for the services.
• We may tell your health insurance plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.
• We may disclose information about you to other healthcare facilities for purposes of payment as permitted by law.
• We will bill your insurance carrier for all visits charges if you are a registered student. If you fail to wish to charge your treatment to your insurance, you will be held financially responsible for the treatment.

For Health Care Operations. We may use and disclose health information about you for operations of Gannett. These uses and disclosures are necessary to run Gannett and make sure that all of our patients receive quality care. For example:

• We may use information about the performance of our staff in caring for you.
• We may combine health information about many patients to decide which additional services Gannett should offer, what services are not needed, and whether certain new treatments are effective.
• We may disclose information to doctors, nurses, technicians, medical students, and other Gannett personnel for educational purposes.

Appointment Reminders. We may use and disclose health information to contact you to remind you that you have an appointment for treatment or services.

Service Alternatives. We may use and disclose health information to tell you of, or recommend, possible service or program alternatives that may be of interest to you.

Individuals Involved in Your Support or Payment for Your Care. We may release health information about you to a person who is involved in your support or payment for your care. If you do not wish us to disclose this information, you must let us know in writing. For example:

• A family member, spouse, or legal guardian.
• Someone who is involved in your care, such as a friend, roommate, or neighbor.
• A person authorized by you.

In order to inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer at Gannett Health Services. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to health information, you may request in writing that the denial be reviewed. A licensed healthcare professional will review your request and the denial. The reviewer will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you think that your health information is incorrectly recorded or incomplete, you may ask us to amend the information. The right to amend does not mean the right to obliterate or totally remove documentation from the record. Rather, it is an opportunity to “append” a statement of correction or clarification to the record, and to know that when the original statement is used or disclosed, the new “corrective” or “clarified” statement will accompany any released copies. You have the right to request an amendment for as long as the information is maintained by Gannett.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer at Gannett. In addition, you must give a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend that:

• was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
• is not part of the health information kept by us or for Gannett;
• is not part of the information that would be permitted to inspect and copy; or
• is accurate and complete.

We will provide you with written notice of action we take in response to your request for an amendment.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of your health information. The accounting will include:

• the date of the disclosure;
• the name of the entity or person who received the health information, and if known, the address of such entity or person;
• a brief description of the health information disclosed;
• a brief statement of the purpose of the disclosure or a copy of the their authorization.

We are not required to account for any disclosures made to you or for disclosures related to treatment, payment, healthcare operations, or made pursuant to an authorization signed by you.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Office. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003 (the effective date of this Privacy Notice).

Your request should indicate in what form you want the list (for example, on paper, or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information about you we already have as well as any information we receive in the future. The current Notice in effect at any time will be posted on our web site at www.gannett.com and will also be available at Gannett as well as at any of our practice locations.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Gannett’s Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with Gannett, please call or write to the Privacy Officer at the address listed at the end of this Notice. You will not be penalized for filing a complaint.

QUESTIONS

If you have a question about this Privacy Notice, please contact the Gannett Privacy Officer, 110 Ho Plaza, Ithaca, NY 14853-3101 (607) 255-5155.

EFFECTIVE DATE

April 14, 2003