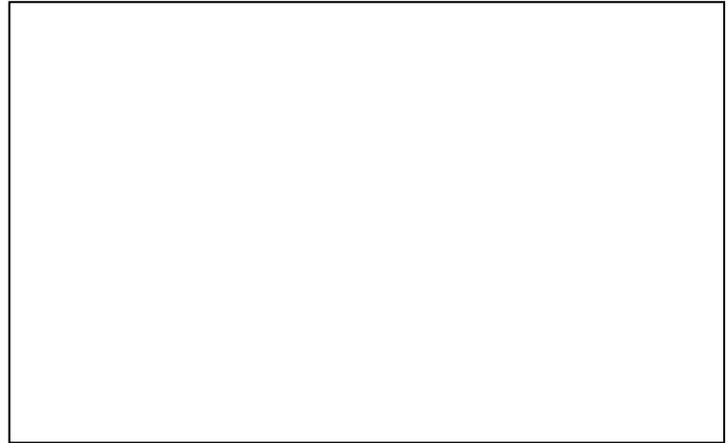


**CALVARY HOSPITAL
BRONX, NY 10461**



NOTICE OF PRIVACY PRACTICES

Revised Date: September 23, 2013

Original Effective Date: April 14, 2003

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

About this Notice

This Notice tells you about the ways we may use and disclose health information that identifies you (Health Information) it also describes your rights and the obligations we have regarding the use and disclosure of Health Information. We are required by law to maintain the privacy of your Health Information. We are also required to give you this Notice of our legal duties and privacy practices with respect to your Health Information and follow the terms of our Notice currently in effect. This Notice governs Calvary Hospital, their medical staffs, and its affiliated managed care organizations.

How we may use and disclose Health Information about you:

With your permission, or the permission of someone authorized to act on your behalf, we will provide Health Information to anyone you choose. Even without your permission, we have the right to use and disclose your Health Information in the following situations:

TREATMENT, PAYMENT, & BUSINESS OPERATIONS

For Treatment:

We may use Health Information or share it with others who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. For example, a doctor at our hospital may share Health Information with another doctor inside the hospital or with a doctor at a hospital where you will receive treatment.

Revised Date: 12/11/2013

For Payment:

We may use Health Information or share it with others so that we may bill or pay for the medical treatment and the other services we provide or cover. For example, we will share information about you with your health insurance company in order to obtain reimbursement.

For Business Operations:

We may use Health Information or share it with others in order to conduct our business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you.

Fundraising Activities:

We may use certain information about you to contact you in an effort to raise money to expand and improve the services and programs we provide to the community.

Any fundraising letter you receive from us will provide you with instructions on how to opt out of any future fundraising letters. You are free to opt out of fundraising solicitations and your decision will have no impact on your treatment or payment for services.

Business Associates:

We may disclose Health Information to our business associates that perform functions on our behalf or provide us with service. For example, we may share Health Information with a billing company that helps us to obtain payment from your insurance company. If we do disclose Health Information to a business associate, we will require them to protect the privacy

of your Health Information in the same way that we do. These business associates are also mandated under law to protect the privacy of your Health Information.

PATIENT DIRECTORY FAMILY/FRIEND

If you do not object, we will include [your name, your location in our facility, and your religious affiliation] in our Patient Directory while you are a patient in the hospital. This directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if he or she doesn't ask for you by name.

INDIVIDUALS INVOLVE IN YOUR CARE OR PAYMENT FOR YOUR CARE

Unless you object, we may release Health Information to a person who is involved in your medical care or helps pay for your care, such as family member, or friend. We may also notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

PUBLIC NEED

As Required by Law

We will disclose Health Information when required to do so by law.

Public Health Activities:

We may disclose Health Information for public health activities. These activities generally include, but are not limited to, disclosures to: report product defects or problems; prevent or control disease, injury or disability; report births or deaths; report reactions to medications or problems with products.

Victims of Abuse, Neglect, or Domestic Violence:

We may release Health Information to the appropriate government authority if we believe that you have been a victim of abuse, neglect or domestic violence.

To Avert a Serious Threat to Health or Safety:

We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, will be to someone who may be able to assist in preventing the threat.

Health Oversight Activities:

We may release Health Information to a health oversight agency for audits or other activities a government undertakes to monitor the health care system and government programs.

Lawsuits and Disputes:

If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We may also disclose Health

Information in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement

We may release Health Information to law enforcement officials for the following reasons:

In response to a court order, or similar process; to identify a suspect, fugitive, material witness, or missing person; about the victim of a crime, if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct on our premises; and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

National Security and Intelligence Activities or Protective Services

We may release Health Information to federal officials conducting national security intelligence activities or providing protective services to the President or other important officials.

Armed Forces Members

If you are a member of the Armed Forces, we may release Health Information as required by military command authorities. We may also release Health Information to an appropriate foreign military authority if you are a member of a foreign military.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement if necessary to provide you with health care, to maintain safety and security of others, or safety and security of the correctional institution.

Workers' Compensation

We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

Coroners, Medical Examiners and Funeral Directors

We may disclose Health Information to a coroner, medical examiner or funeral director so that they can carry out their duties.

Organ and Tissue Donation

If you are an organ or tissue donor, we may release Health Information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

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 if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law.

Partially de-identified health information will *not* contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number).

Research

Under certain circumstances, we may use and disclose Health Information for research purposes. If we do so, however, the research project will go through a special approval process balancing the benefits of research with the need for privacy of Health Information. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for similar purposes, so long as they do not remove or take a copy of any Health Information.

Special Protections for HIV, Alcohol and Substance Abuse

Mental Health and Genetic Information special privacy protections apply to HIV-related information, alcohol and substance abuse information, mental health information, and genetic information.

Some parts of this general Notice of Privacy Practices may not apply to these types of information. You may contact the Privacy Officer for more information about these protections.

Incidental Uses and Disclosures

When we share or disclose Health Information in the situations described above, we may share or disclose Health Information incidental to that circumstance. For example, a physician may instruct a staff member to bill Medicare for a particular procedure and may be overheard by another resident. We make efforts to minimize these incidental disclosures.

Other Uses of Health Information

Other uses and disclosures of Health Information not covered by this Notice or the laws that apply to us will be made only with your written permission. For example, we usually need your written permission to use or disclose Health Information contained in psychotherapy notes. We also need your written permission to use or disclose Health Information for marketing or to disclose Health Information in a manner that constitutes a sale of that Information. You may revoke your permission at any time by submitting a written request to our Privacy Officer,

Revised Date: 12/11/2013

except to the extent that we already acted in reliance on your permission.

Underwriting

Our health plans are prohibited from using or disclosing your genetic information about you for underwriting purposes.

YOUR RIGHTS REGARDING HEALTH INFORMATION

You have the following rights, within certain limits, regarding Health Information we maintain about you. If you have any questions about any of these rights, please contact the Privacy Officer at the end of this notice.

Right to be Notified of Breach

You have a right to receive notifications of breaches of unsecured Health Information if the breach compromises the security and privacy of your Health Information

Right to Inspect and Copy

You have the right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. We may charge you a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Request Amendments

If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. If you do so, you must tell us the reason for your request.

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures" of Health Information. This is a list of persons or organizations to whom we have disclosed your Health Information.

Right to Opt Out of Fundraising Communications

You have the right to opt out of being contacted for any fundraising purpose.

Right to Pay Out-of-Pocket Privately

You may pay privately for care without a bill being submitted to insurance, if you so request and pay for the services out of pocket in full.

Right to Request Restrictions

You have the right to request a restriction or limitation on Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are required to agree to your request not to disclose your Health Information to a health plan for payment, or health care operations, if the Health Information pertains solely to a health care item or service for which we have been paid in full. For other restrictions

requests, we are not required to agree to your request. But if we do, we will comply with your request unless we terminate our agreement or the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact your personal representative at home instead of at work. We will accommodate reasonable requests.

Right to a Paper Copy of this Notice

You have the right to a paper copy of this Notice. Contact the Privacy Officer at the end of this Notice.

How to Exercise Your Rights

To exercise any of the rights described in this Notice contact our Privacy Officer at the address listed at the end of this Notice.

Changes to this Notice

We reserve the right to change our practices regarding Health Information and this Notice. The revised notice will apply to all of your health information. The effective date of the revised Notice will be noted on the top right corner of the first page and at the end of this Notice.

How to File a Complaint

If you believe your privacy rights has been violated, you may file a complaint with us. Please contact the Privacy Officer if you wish to file a complaint with us. You may also file a complaint with the Secretary of the Department of Health and Human Services.

No one will retaliate or take action against you for filing a complaint

**Calvary Hospital Privacy Officer:
Jesus K. Carrasco, RHIA (718) 518-2171**

Calvary Hospital

1740 Eastchester Road
Bronx, NY 10461

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES (HIPAA)**

By signing below, I acknowledge that I have been provided a copy of the Notice of Privacy Practices as a separate document from this Individual Consent, and have therefore been advised of how health information about me may be used and disclosed by the hospital and the facilities listed at the beginning of the Notice, and how I may obtain access to and control of this information. I also acknowledge and understand that I may request copies of separate notices explaining special privacy protections that apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information.

Signature of Patient or Personal Representative

Date/Time

Print Name of Patient or Personal Representative

Description of Personal Representative's Authority

For Hospital Use Only:

Complete this section if the patient or personal representative has not signed the acknowledgment of Receipt of Notice of Privacy Practices.

Describe efforts to obtain such acknowledgment and the reason why the acknowledgment was not obtained.

Signature

Name

Date/Time

Title

A COPY OF THIS FORM MUST BE FILED IN THE PATIENT'S CHART