Effective date: September 1, 2016
Northwell Health Notice of Privacy Practices

This notice describes how your protected health information may be used and disclosed and how you can access this information. Please review it carefully.

What is the notice of privacy practices? The notice explains how we and any entity to which we disclose your protected health information are required to maintain the privacy of your personal health information and to provide you with this notice. The notice also explains your rights with respect to your personal health information.

How we use and disclose your protected health information

The following categories describe different ways that we and any entity to which we disclose your protected health information may use or disclose it.

Healthcare Operations

We may use your health information without your written authorization for the purposes of healthcare operations. Healthcare operations include a variety of activities we do to improve our quality and the quality of the care, products, and services we provide at the hospital. Healthcare operations include, but are not limited to, review, audit, quality assessment activities, case management, disease management, and conducting or arranging for your care.

Payment

We may use and disclose your health information without your written authorization for payment purposes. Payment includes activities necessary to collect an amount you owe us as payment for services we provide to you. For example, we may use your health information to complete insurance claims.

Right to request restrictions:

You have the right to ask us to restrict or limit the disclosure of your protected health information. Where permitted, we will agree to a requested restriction. However, we are not required to agree to a requested restriction. If we agree to a requested restriction, we are not required to agree to any further requested restrictions. In order to request restrictions, you must submit a written request to us at: Northwell Health, 1111 Marcus Avenue, Suite 107, New Hyde Park, NY 11042. Your request must state the time period for the requested disclosures. The first list requested within a calendar year will be honored.

Right to request payment from you, your insurance company or some other third-party payer

If you are not satisfied with our response to your privacy complaint or you feel that the protected health information that you provided is inaccurate or incomplete, you may ask us to correct the record. If the record is accurate, we will inform you of our refusal to amend it and tell you how you can file a complaint with the Secretary. If the record is not accurate, we will make the requested amendment within a reasonable time as indicated in the notice of privacy practices. If you feel that the protected health information that you provided is inaccurate or incomplete, you may ask us to correct the record. If the record is accurate, we will inform you of our refusal to amend it and tell you how you can file a complaint with the Secretary. If the record is not accurate, we will make the requested amendment within a reasonable time as indicated in the notice of privacy practices. If you feel that the protected health information that you provided is inaccurate or incomplete, you may ask us to correct the record.