
II. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your prior consent or specific authorization. Below we describe the different categories of our uses and disclosures and give you some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment or Health Care Operations. We may use and disclose your PHI without your consent for the following reasons:

- 1.

1. Disclosures to family, friends or others. We may provide your PHI to a family member, friend or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or part. The opportunity to consent may be obtained retroactively in emergency situations.
- D. All Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in section IIIA, B and C above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we have not taken any actions relying on the authorizations).

III. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

- A. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that we limit how we use and disclose your PHI. We will consider your request, but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
- B. The Right to Choose How We Send PHI to You. You have the right to ask that we send information to you, to an alternate address or by alternate means. We must agree to your request so long as we can easily provide it to the location and in the format you request.
- C. The Right to See and Get Copies of Your PHI. In most cases, you have the right to look at or get copies of your PHI that we have, but we may deny your request if we believe that the disclosure of your PHI would be harmful to you or others, or if the information is for legal or regulatory purposes. If we deny your request, we will provide you with a written explanation of our reasons. You may request a review of our decision. If you are not satisfied with our decision, you may file a complaint with the Department of Health and Human Services, Office for Civil Rights. For more information, visit www.hhs.gov/ocr/privacy.

explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it and tell others that need to know about the change to your PHI.

- F. The Right to Get This Notice by E-Mail. You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

To invoke any of these rights, please contact Hudson Valley Community College Privacy Officer at (518) 629-7468 or at privacyofficer@hvcc.edu.

IV. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section V. below. You also may send a written complaint to the Secretary of the Department of Health and Human Services at:

US Department of HHS Government Center
John F. Kennedy Federal Building