FLUSHING HOSPITAL MEDICAL CENTER
HIPAA JOINT PRIVACY NOTICE

THIS JOINT 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.

INTRODUCTION

This Joint Notice of Privacy Practices ("*Joint Notice*") is being provided to you by Flushing Hospital Medical Center (the "Hospital") and the practitioners who provide services at the Hospital's facilities. We understand that your medical information is confidential, and we will maintain the privacy of your "protected health information" or "PHI," which includes any information about you that relates to your health, the provision of health care to you, or payment for your health care.

This Joint Notice describes your rights and our legal duties and privacy practices with respect to your PHI under the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (collectively, "HIPAA"). To the extent the Hospital operates a federally assisted program that provides substance use disorder diagnosis, treatment, or referral for treatment, that program is also subject to the federal confidentiality rules at **42 CFR Part 2**, which provide additional protections for records of substance use disorder ("SUD") treatment. Where both HIPAA and 42 CFR Part 2 apply, we will apply the rule that provides the greater privacy protection to you.

We are required by law to abide by the terms of this Joint Notice currently in effect. We reserve the right to change the terms of this Joint Notice at any time and to make the new terms effective for all PHI that we maintain. You can obtain a written copy of our most current Joint Notice from the Privacy Officer at the Hospital, or on our website at **www.flushinghospital.org**.

Note: HIV-related information, genetic information, substance use disorder treatment records, mental health records, and certain information about minors may receive additional confidentiality protections under applicable state and federal law. Any use or disclosure of these types of records will comply with those additional protections, even when a use or disclosure would otherwise be permitted under this Joint Notice. For example, federal law imposes strict limits on how SUD treatment information may be used and disclosed.

Substance use disorder patient records are protected under Federal law (42 CFR Part 2). These records may not be used or disclosed without your written consent unless otherwise permitted by 42 CFR Part 2.

PERMITTED USES AND DISCLOSURES

We may use or disclose your PHI for purposes of *treatment, payment, and health care operations* ("TPO"). A description of each category, with an example, appears below. Not every use or disclosure within each category will be listed.

- ***Treatment*** involves providing, coordinating, or managing your health care, including consultations with and referrals to other health care providers. For example, a physician treating you for a broken leg may need to know whether you have diabetes, which can slow the healing process, and may need to contact a physical therapist to create an appropriate exercise regimen.

- ***Payment*** means activities undertaken to obtain payment for health care, such as billing, collections, eligibility checks, and utilization review. For example, we may provide PHI to your health plan to determine whether a service will be covered. Federal or state law may require us to obtain a written authorization from you before disclosing certain specially protected PHI (including SUD records under 42 CFR Part 2) for payment purposes, and we will ask you to sign an authorization where required.
- ***Health care operations*** are the activities we undertake to operate the Hospital, such as quality assurance, case management, responding to patient complaints, peer review, compliance programs, business management, and general administrative activities. For example, we may use PHI to review the performance of our staff or combine PHI from multiple patients to decide what additional services we should offer. We may also de-identify your information and use it for any lawful purpose.

Note on 42 CFR Part 2 records. Substance use disorder records protected under 42 CFR Part 2 may only be used or disclosed for treatment, payment, or health care operations with your written consent, unless otherwise permitted by 42 CFR Part 2. Under the 2024 Final Rule, you may sign a **single written consent** authorizing all future uses and disclosures of your Part 2 records for TPO purposes, which remains in effect until you revoke it in writing. See "Substance Use Disorder Records — 42 CFR Part 2" below for details.

OTHER USES AND DISCLOSURES OF PHI

We may also use or disclose your PHI in the following ways:

- To provide appointment reminders.
- To tell you about possible treatments, alternatives, or health-related benefits and services that may be of interest to you.
- To your family, friends, or any other person you identify, to the extent necessary to support that person's involvement in your care or in payment for your care. We may also disclose PHI to help notify a family member, personal representative, or another person responsible for your care of your location, general condition, or death. If you are available and have capacity, we will give you an opportunity to agree or object before making these disclosures, and we will honor your objection. If you are not available, we will use our professional judgment based on the circumstances to determine whether disclosure is in your best interest.
- To include your name, location in the Hospital, general condition (*e.g.*, fair, stable), and religious affiliation in our Hospital directory. Directory information (other than religious affiliation) may be released to people who ask for you by name. Your religious affiliation may be provided to a member of the clergy (such as a priest or rabbi), even if they do not ask for you by name. You have the right to request not to be listed in the directory.
- When permitted by law, to coordinate our uses and disclosures of PHI with public or private entities authorized by law or by charter to assist in disaster relief efforts.
- To allow your family members or friends to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, or similar items when we determine that such disclosure is in your best interest.
- To contact you as part of our fundraising or marketing efforts, to the extent permitted by applicable law. You have the right to opt out of such communications.
- For research purposes, subject to the requirements of applicable law. Most research uses and disclosures of identifiable PHI must be approved through an Institutional Review Board (IRB) or privacy board process or will require your written authorization. **Research**

involving substance use disorder records protected under 42 CFR Part 2 must comply with Part 2 requirements — including de-identification or your written consent — unless a Part 2 waiver applies.

- As required by law.
- In accordance with applicable law, to your employer if we are asked to conduct medical surveillance of your workplace or to evaluate whether you have a work-related illness or injury. You will be notified of any such disclosure.

Note: Incidental uses and disclosures of PHI sometimes occur and are not considered a violation of your rights. Incidental uses and disclosures are limited by-products of otherwise permitted uses or disclosures that cannot reasonably be prevented with appropriate safeguards.

SPECIAL SITUATIONS

To the extent permitted by applicable law, we may make the following uses and disclosures of your PHI:

- **Organ and Tissue Donation.** If you are an organ donor, we may release PHI to organizations that handle organ procurement and transplantation as necessary for donation purposes.
- **Military and Veterans.** If you are a member of the Armed Forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release PHI about you for programs that provide benefits for work-related injuries or illnesses.
- **Public Health Activities.** We may disclose PHI for public health activities, including:
  - To prevent or control disease, injury, or disability;
  - To report births and deaths;
  - To report child abuse or neglect;
  - To report adverse events or product defects to persons subject to the jurisdiction of the Food and Drug Administration (FDA); and
  - To notify an appropriate government agency if we reasonably believe that an adult patient has been the victim of abuse, neglect, or domestic violence, where the patient agrees, or the disclosure is required or authorized by law.
- **Health Oversight Activities.** We may disclose PHI to federal or state agencies that oversee our activities, including audits, investigations, inspections, and licensure actions.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a valid court or administrative order, subpoena, discovery request, or other lawful process, subject to the heightened protections that apply to specially protected categories of information (such as SUD records under 42 CFR Part 2 and HIV, genetic, and mental health records).
- **Law Enforcement.** We may release PHI in response to a law enforcement request, where permitted by state and other federal laws:
  - In response to a court order, warrant, subpoena, summons, or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct on our premises; or

- In emergency circumstances, to report a crime, the location or victims of the crime, or the identity, description, or location of the person who committed the crime.

Law enforcement — 42 CFR Part 2 limit. Substance use disorder records protected under 42 CFR Part 2 will **NOT** be disclosed to law enforcement without your written consent or a court order that meets the requirements of 42 CFR Part 2, Subpart E (and, where required, a subpoena or other compulsory process). This protection applies even if the request would otherwise be permitted by HIPAA.

- **Coroners, Medical Examiners, and Funeral Directors.** We may release PHI to a coroner, medical examiner, or funeral director as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release PHI to authorized federal officials for intelligence, counterintelligence, other national security activities, or for the protection of the President, other authorized persons, or foreign heads of state.
- **Inmates.** If you are an inmate or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official as necessary (1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Serious Threats.** As permitted by law, we may use or disclose PHI when we, in good faith, believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Reproductive Health Care.** Consistent with state and federal laws which protect reproductive health care that is lawfully obtained, we will **NOT** use or disclose your PHI for any of the following prohibited purposes:
  - To conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care that was lawful under the circumstances in which it was provided;
  - To impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care; or
  - To identify any person for either of the purposes above.

  We will notify you at least 30 days prior to the disclosure of PHI related to reproductive health care in response to certain requests (including those from law enforcement, court orders or subpoenas, health oversight agencies, or coroners and medical examiners~~),~~). Before doing so, the Hospital will also obtain a signed and dated attestation from the requester confirming that the requested use or disclosure is not for a prohibited purpose.

SUBSTANCE USE DISORDER RECORDS — 42 CFR PART 2

To the extent the Hospital operates a federally assisted program that provides substance use disorder diagnosis, treatment, or referral for treatment (a "Part 2 program"), records created by that program are protected by the federal confidentiality rules at **42 CFR Part 2**, in addition to HIPAA. This section summarizes how we handle Part 2 records and your rights with respect to those records.

General rule of confidentiality. The confidentiality of Part 2 records is protected by federal law. Generally, we may not tell a person outside the Part 2 program that you attend the program, or disclose any information identifying you as having or having had a substance use disorder, unless:

(1) You consent in writing on a form that meets the requirements of 42 CFR § 2.31;

(2) The disclosure is permitted by a court order that meets the requirements of 42 CFR Part 2, Subpart E;
(3) The disclosure is made to medical personnel in a bona fide medical emergency, to qualified personnel for research, audit, or program evaluation, or as otherwise specifically permitted by the regulations; or
(4) The disclosure is otherwise authorized by 42 CFR Part 2.

Single consent for treatment, payment, and health care operations. You may sign a **single written consent** authorizing the Hospital to use and disclose your Part 2 records for **all future purposes of treatment, payment, and health care operations** (as those terms are defined by HIPAA). That consent remains in effect until you revoke it in writing. A recipient of Part 2 records disclosed under a TPO consent may redisclose those records for its own TPO purposes, subject to the restrictions described below.

Required elements of a Part 2 consent (42 CFR § 2.31). Any written consent you give for use or disclosure of Part 2 records must, at a minimum:

- Identify you (the patient) and the Part 2 program or other entity permitted to make the disclosure;
- Name the recipient(s) to whom the disclosure is to be made, or identify them by class (e.g., "all of my treating providers") for a single TPO consent;
- Describe the amount and kind of information to be disclosed;
- State the purpose of the disclosure (a single TPO consent may identify TPO as the purpose);
- Include your right to revoke the consent in writing, and any exception to that right;
- State an expiration date, event, or condition; and
- Bear your signature (or the signature of a person legally authorized to consent on your behalf) and the date signed.

You may revoke your consent at any time in writing, except to the extent that the Hospital or a recipient has already acted in reliance on it.

Prohibition on use in legal proceedings. Part 2 records (and any testimony relaying information contained in them) may ***not*** be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you — including to investigate or prosecute you — without either (1) your written consent that expressly permits such use or disclosure, or (2) a court order issued under 42 CFR Part 2, Subpart E, and, when required, a subpoena or other compulsory process. This protection applies even if the information has been lawfully received by another party.

SUD counseling notes. Notes recorded by an SUD clinician documenting or analyzing the contents of a counseling session and maintained separately from the rest of your record (analogous to HIPAA psychotherapy notes) receive heightened protection. Except in narrow circumstances permitted by law, we will not use or disclose SUD counseling notes without your separate written authorization.

Redisclosure notice. Any disclosure of Part 2 records we make will be accompanied by a written notice stating that the records may not be redisclosed except as permitted by 42 CFR Part 2.

Breach notification. The HIPAA Breach Notification Rule (45 CFR Part 164, Subpart D) now applies to breaches of Part 2 records. If there is a breach of unsecured Part 2 records that identifies you, we will notify you in accordance with those rules.

Complaints. You have the right to file a complaint regarding any alleged violation of 42 CFR Part 2, without retaliation. Complaints may be filed with the Hospital's Privacy Officer (see "Complaints and Contact Person" below), with the Secretary of the U.S. Department of Health and Human Services, and with the Substance Abuse and Mental Health Services Administration (SAMHSA).

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Certain uses and disclosures of PHI will be made only with your written authorization, including:

- Most uses and disclosures of psychotherapy notes (as defined by HIPAA) and SUD counseling notes (as protected by 42 CFR Part 2);
- Uses and disclosures of PHI for marketing purposes, as defined by HIPAA;
- Disclosures that constitute a sale of PHI under the HIPAA Privacy Rule;
- Disclosures of SUD records subject to 42 CFR Part 2 that are not otherwise permitted by that rule; and
- Any other use or disclosure not described in this Joint Notice or otherwise permitted or required by law.

You may revoke your authorization at any time, in writing, except to the extent we have already acted in reliance on it. For Part 2 records, a revocation is effective upon our receipt but does not affect disclosures already made.

YOUR RIGHTS

You have the following rights regarding PHI we maintain about you:

- **Right to Request Restrictions.** You may request restrictions on our uses and disclosures of PHI for treatment, payment, and health care operations, and on disclosures to family members or others involved in your care. We are not required to agree, except that we **must** agree to a restriction on disclosure to a health plan for payment or health care operations purposes where you have paid for the item or service in full out of pocket. You also have the right to request restrictions on the use and disclosure of Part 2 records.
- **Right to Confidential Communications.** You may reasonably request to receive confidential communications of your PHI by alternative means or at alternative locations (for example, by mail to a P.O. Box rather than your home). We will accommodate reasonable requests.
- **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of PHI in our designated record set, subject to certain limited exceptions (for example, psychotherapy notes and SUD counseling notes are not included). You also have the right to request a copy in an electronic form and format where the PHI is maintained electronically. We will respond within the timeframes required by law. If we deny your request in whole or in part, we will notify you in writing of the reason for the denial and of any review rights you have. Submit requests in writing to the Medical Records Custodian.
- **Right to Request Amendment.** You have the right to request an amendment of your PHI if you believe it is inaccurate or incomplete. We may deny your request for specified reasons (for example, if we determine the information is accurate and complete, or if we did not create it). We will respond in writing.
- **Right to an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your PHI for the six years prior to your request, other than disclosures:
    - To carry out treatment, payment, and health care operations (subject to the Part 2 accounting right described below);
    - Made directly to you or pursuant to your written authorization;
    - Incidental disclosures;
    - For the Hospital's directory, or to persons involved in your care, or for other notification purposes as permitted by law;
    - For national security or intelligence purposes;

  - To correctional institutions or law enforcement officials as permitted by law; or
  - That are part of a limited data set.

  For Part 2 records: Under the 2024 Final Rule, you have the right to receive an accounting of disclosures of your Part 2 records, *including* disclosures made for treatment, payment, and health care operations (only where such disclosures are made through an electronic health record) pursuant to your written consent, for the **three years** prior to your request.

- **Right to Paper Copy of This Notice.** You have the right to receive a paper copy of this Joint Notice upon request, even if you have agreed to receive it electronically.
- **Right to Breach Notification.** You have the right to be notified in the event of a breach of unsecured PHI (including Part 2 records) involving your information, as required by applicable law.
- **Right to File a Complaint.** You have the right to complain about our privacy practices, without retaliation (see below).

To exercise any of these rights, submit your request in writing to:

Privacy Officer
Flushing Hospital Medical Center
Telephone: (718) 206-7892

COMPLAINTS AND CONTACT PERSON

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer at the address and telephone number above. You may also file a complaint with:

- **U.S. Department of Health and Human Services, Office for Civil Rights**, 200 Independence Avenue, S.W., Washington, D.C. 20201; 1-877-696-6775; www.hhs.gov/ocr/privacy/hipaa/complaints.
- **For alleged violations of 42 CFR Part 2, additionally: Substance Abuse and Mental Health Services Administration (SAMHSA)**, 5600 Fishers Lane, Rockville, MD 20857.

We will not retaliate against you in any way for filing a complaint.

If you wish to take advantage of any of the rights described in this notice, have any questions, or would like further information about this notice, please contact our Privacy Officer at (718) 206-7892.

EFFECTIVE DATE

This Joint Notice is effective as of February 16, 2026.

ACKNOWLEDGMENT

I, _____, acknowledge that I have been provided with a copy of Flushing Hospital Medical Center's Joint Notice of Privacy Practices.

Date: _____

Medical Record Number: _____

If not the patient, name of person signing the form:

_____

Relationship to patient: _____

Signature: _____