



Mount Sinai

Mount Sinai Health System Patients' Rights, Responsibilities and References

Please keep this guide as a reference of your medical rights and hospital procedures.

Please note that "Mount Sinai" refers to all Mount Sinai hospitals and related practices in the Mount Sinai Health System.



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Patients' Bill of Rights

As a patient in a hospital in New York State, you have the right, consistent with law to:

1. Understand and use these rights. If for any reason you do not understand or you need help, the hospital **must** provide assistance, including an interpreter.
2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or age.
3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
4. Receive emergency care if you need it.
5. Be informed of the name and position of the doctor who will be in charge of your care in the hospital.
6. Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
7. A no smoking room.
8. Receive complete information about your diagnosis, treatment, and prognosis.
9. Receive all the information you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
10. Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Deciding About Health Care – A Guide for Patients and Families."
11. Refuse treatment and be told what effect this may have on your health.
12. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
13. Privacy while in the hospital and confidentiality of all information and records regarding your care.
14. Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
15. Review your medical record without charge. Obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
16. Receive an itemized bill and explanation of all charges.
17. Complain without fears of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the State Health Department telephone number.
18. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
19. Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital.

Public Health Law(PHL)2803 (1)(g)Patient's Rights, 10NYCRR, 405.7,405.7(a)(1),405.7(c)



Parent's Bill of Rights

As a parent, legal guardian, or person with decision-making authority for a pediatric patient receiving care in this hospital, you have the right, consistent with the law, to the following:

1. To inform the hospital of the name of your child's primary care provider, if known, and have this information documented in your child's medical record.
2. To be assured our hospital will only admit pediatric patients to the extent consistent with our hospital's ability to provide qualified staff, space and size appropriate equipment necessary for the unique needs of pediatric patients.
3. To allow at least one parent or guardian to remain with your child at all times, to the extent possible given your child's health and safety needs.
4. That all test results completed during your child's admission or emergency room visit be reviewed by a physician, physician assistant, or nurse practitioner who is familiar with your child's presenting condition.
5. For your child not to be discharged from our hospital or emergency room until any tests that could reasonably be expected to yield critical value results are reviewed by the physician, physician assistant, and/or nurse practitioner and communicated to you or other decision makers, and your child, if appropriate. Critical value results are results that suggest a life-threatening or otherwise significant condition that requires immediate medical attention.
6. For your child not to be discharged from our hospital or emergency room until you or your child, if appropriate, receives a written discharge plan, which will also be verbally communicated to you and your child or other medical decision makers. The written discharge plan will specifically identify any critical results of laboratory or other diagnostic tests, ordered during your child's stay and will identify any other tests that have not yet been concluded.
7. To be provided critical value, results and the discharge plan for your child in a manner that reasonably ensures that you, your child (if appropriate), or other medical decision makers understand the health information provided in order to make appropriate health decisions.
8. For your child's primary care provider, if known, to be provided all laboratory results of this hospitalization or emergency room visit.
9. To request information about the diagnosis or possible diagnoses that were considered during this episode of care and complications that could develop as well as information about any contact that was made with your child's primary care provider.
10. To be provided, upon discharge of your child from the hospital or emergency department, with a phone number that you can call for advice in the event that complications or questions arise concerning your child's condition.



Patients' Responsibilities

This statement of Patients' Responsibilities was designed to demonstrate that mutual respect and cooperation are basic to the delivery of quality health care services.

When you are a patient it is your responsibility:

1. Provide accurate and complete information about your past illnesses, hospitalizations, medications and other matters relating to your health.
2. Tell your doctor or nurse if you do not understand your treatment or what you are expected to do.
3. Tell your doctor or nurse if there is a change in your condition or if problems arise during your treatment.
4. Follow the treatment plan recommended by your doctor both as an inpatient and, after discharge, as an outpatient.
5. Provide accurate information relating to insurance or other sources of payment. Patients are responsible for assuring prompt payment of their bills.
6. Understand that it may become necessary to transfer you to another bed or another floor within the hospital. We apologize for any inconvenience this may cause.
7. Be courteous and considerate of other patients and of hospital staff. Patients are expected to assist in maintaining a quiet environment and being respectful of hospital property.
8. Honor our No Smoking Policy.
9. Be aware of our clinic hours and policies.



Notice of Privacy Practices

INTRODUCTION

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.

Effective Date: September 2013

The Mount Sinai Health System which includes Mount Sinai Beth Israel (MSBI), Mount Sinai Beth Israel Brooklyn, (MSBIB), Mount Sinai St. Luke's (MSSL), Mount Sinai Roosevelt (MSRH), New York Eye and Ear at Mount Sinai (NYEE), Mount Sinai Hospital (MSH), Mount Sinai Queens (MSQ), Icahn School of Medicine at Mount Sinai (ISM), including its Doctors Faculty Practice (DFP), its owned off-site physician practices such as North Shore Medical Group (NSMG) and Mount Sinai Doctors Brooklyn Heights (DBH) and Mount Sinai Cares (collectively, "Mount Sinai" for purposes of this Notice of Privacy Practices) are required by law to protect the privacy of your health information. Mount Sinai is also required to provide you with a copy of this Notice of Privacy Practices (Notice) which describes Mount Sinai's health information privacy practices, and to follow the terms of the Notice as it may be revised from time to time.

We reserve the right to change this Notice. A copy of Mount Sinai's current Notice will always be posted in the reception area where you receive care. You will also be able to obtain your own copy by accessing our website at <http://www.mssm.edu/HIPAA>, calling our office, or asking for one at the time of your next visit.

If you have any questions about this Notice or would like additional information, please contact our Privacy Office at 212-241-4669.

PARTICIPANTS

Mount Sinai provides healthcare to patients jointly with physicians and other healthcare professionals and organizations. The privacy practices described in this Notice will be followed by:

- ◆ Any healthcare professional who treats you at any Mount Sinai location;
- ◆ All employees, medical staff, trainees, students or volunteers at any Mount Sinai location;
- ◆ Any business associates of Mount Sinai (as described below) and their subcontractors.

These privacy practices will be followed at sites of care associated with all of the Mount Sinai entities listed above. A list of current locations is attached and will be updated on our website as new locations are added or deleted. (Attachment E).

These facilities and individuals will share protected health information (PHI) with each other as necessary to carry out the treatment, payment, and healthcare operations described in this Notice.



IMPORTANT SUMMARY INFORMATION

What Health Information is Protected. We are committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of PHI are: information indicating that you are a patient at Mount Sinai; information about your health condition (such as a disease that you may have); information about healthcare products or services you have received or may receive in the future (such as an operation); or information about your healthcare benefits under an insurance plan (such as whether a prescription is covered) *when combined with:* demographic information (such as your name, address, or insurance status); unique numbers that may identify you (such as your social security number, your telephone number or your driver's license number); genetic information (see Attachment D); and other types of information that may identify who you are. Note that PHI is no longer protected 50 years after a patient's death.

Personal Representatives. If a person has the authority under law to make decisions for you relating to your healthcare ("personal representative"), Mount Sinai will treat your personal representative the same way we would treat you with respect to your PHI. Parents and guardians will generally be personal representatives of minors unless the minors are permitted by law to act on their own behalf.

Requirement for Written Authorization. We will obtain your written authorization before using your PHI or sharing it with others outside Mount Sinai, except as described below. You may also request the transfer of your records to another person by completing a written authorization form. If you provide us with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it. To revoke a written authorization, please write to:

MSBI Health Information Management (HIM)

Petrie Campus- First Avenue at 16th Street, NY, NY 10003

Phillips Ambulatory Care Center -10 Union Square East, NY, NY 10003

Beth Israel Brooklyn – 3201 Kings Highway, Brooklyn, NY 11234

MSH HIM - One Gustave L. Levy Place, NY, NY 10029, Box 1111

MSQ HIM - 25-10 30th Avenue, Long Island City, NY 11202

MSRH HIM – 1000 Tenth Avenue, NY, NY 10019

MSSL HIM – 1111 Amsterdam Avenue, NY, NY 10025

NYEE at MS HIM – 310 East 14th Street, NY, NY 10003

ISM DFP Administration – One Gustave L. Levy Place, Box 1061, NY, NY 10029

PHYSICIAN PRACTICES – See Attachment E

A verbal authorization is sufficient to disclose proof of immunization to a school where state law requires such information prior to admitting the student.

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 treatment information, mental health information, and genetic information. Some parts of this Notice may not apply to these types of information. Notices explaining how these categories of information will be protected by Mount Sinai are found in Attachments A-D.



YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

You have the following rights regarding your medical information:

Right to Inspect and/or Obtain Record Copies

You have the right to inspect and obtain a copy in either electronic or paper form of any of your PHI that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. We will produce the records in the specific electronic format that you request if it is feasible to do so. This includes medical and billing records. To inspect or obtain a copy of your PHI, please submit your request in writing to:

MSBI Health Information Management (HIM)

Petrie Campus- First Avenue at 16th Street, NY, NY 10003

Phillips Ambulatory Care Center -10 Union Square East, NY, NY 10003

Beth Israel Brooklyn – 3201 Kings Highway, Brooklyn, NY 11234

MSH HIM - One Gustave L. Levy Place, Box 1111 NY, NY 10029

MSQ HIM - 25-10 30th Avenue, Long Island City, NY 11202

MSRH HIM – 1000 Tenth Avenue, NY, NY 10019

MSSL HIM – 1111 Amsterdam Avenue, NY, NY 10025

NYEE at MS HIM – 310 East 14th Street, NY, NY 10003

ISM DFP Administration – One Gustave L. Levy Place, Box 1061, NY, NY, 10029

PHYSICIAN PRACTICES – See Attachment E

If you request a copy of the information, we may charge a fee, as permitted by law, for the costs of copying, mailing or other supplies we use to fulfill your request. The fee must generally be paid before or at the time we give the copies to you.

We will respond to your request for inspection of records within 10 days. We ordinarily will respond to requests for copies within 30 days if the information is located on-site and within 60 days if it is located in off-site storage. If we need additional time to respond to a request for copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we do, we will provide you with a summary of the information instead. We will also provide a written statement that explains the reasons for providing only a summary and a complete description of your right to have that decision reviewed. The notice will also include information on how to file a complaint about these issues with Mount Sinai or with the Secretary of the United States Department of Health and Human Services' Office for Civil Rights (OCR). If we have reason to deny only part of your request, we will provide complete access to the remaining parts.

Right to Amend Records

If you believe that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. If you wish to amend your PHI please request an amendment request form from the relevant contact:



*MSBI, MSBIB, MSSSL, MSRH, NYEE at MS, MSH, ISMDFP and Off-site Physician Practice—
Mount Sinai Privacy Office, One Gustave L. Levy Pl, Box 1016,
NY, NY 10029
MSQ HIM - 25-10 30th Avenue, Long Island City, NY 11202*

Your request should include the reasons why you think we should make the amendment. Ordinarily we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and tell you when you can expect to have a final answer to your request.

If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your records. We will also include information on how to file a complaint with us or with the OCR. These procedures will be explained in more detail in any written denial notice we send you.

Right to an Accounting of Disclosures

You have a right to request an “accounting of disclosures”, which is a list with information about how your PHI has been disclosed to others outside Mount Sinai (other than through Mount Sinai’s Health Information Exchange (HIE) (see p. 6 below)).

An accounting list will not include:

- Disclosures we made to you or your personal representative;
- Disclosures we made pursuant to your written authorization;
- Disclosures we made for treatment, payment or business operations;
- Disclosures made from the patient directory;
- Disclosures made to your friends and family involved in your care or payment for your care;
- Disclosures that were incidental to permissible uses and disclosures of your PHI (for example, when information is overheard by another person passing by);
- Disclosures for purposes of research, public health or our business operations of limited portions of your health information that do not directly identify you;
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures about inmates to correctional institutions or law enforcement officers;
- Disclosures made before September 1, 2007.

To request this list, please write to:

***Mount Sinai Privacy Office
One Gustave L. Levy Place, Box 1016
New York, NY 10029***



Your request must state a time period within the past six years for the disclosures you want us to include. For example, you may request a list of the disclosures that we made between January 1, 2008 and January 1, 2009. You have a right to receive one list within every 12 month period for free. However, we may charge you for the cost of providing any additional lists in that same 12 month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily we will respond to your request for an accounting within 60 days. If we need additional time to prepare the accounting list you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting list. In rare cases, we may have to delay providing you with the accounting list without notifying you because a law enforcement official or government agency has directed us to do so.

Right to Request Additional Privacy Protections

You have the right to request that we further restrict the way we use and disclose your PHI to treat your condition, collect payment for that treatment, or run our business operations. You may also request that we limit how we disclose information about your treatment. To request restrictions, please write to:

Mount Sinai Privacy Office, One Gustave L. Levy Pl, Box 1016, NY, NY 10029

Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

We are not always required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law but if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or to comply with the law. We are required, however, to honor your request if you direct us not to share specific PHI with your insurance company relating to a service you plan to pay for and do pay for personally. It is your responsibility, however, to inform other providers who may receive copies of your Mount Sinai record that they may not share this information with your insurer.

Right to Request Confidential Communications

You have the right to request that we communicate with you about your medical matters by alternate means or at a specific location. For example, you may ask that we contact you at home instead of at work. To request more confidential communications, please write to:

Mount Sinai Privacy Office—One Gustave L. Levy Place, Box 1016, NY, NY 10029

We will not ask you the reason for your request, and we will try to accommodate all reasonable requests. Please specify in your request how or where you wish to be contacted.

Notification of Other Disclosures:

You will be notified within 60 days if your PHI has been disclosed to or accessed by a person who was not authorized to receive the information unless we determine that there is a low probability that the PHI has been compromised.

How to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with The Mount Sinai Privacy Office or with the OCR. To file a complaint please contact:

Mount Sinai Privacy Office - One Gustave L. Levy Place, Box 1016, NY, NY 10029

Department of Health and Human Services/OCR: www.hhs.gov/ocr/hipaa

Under no circumstances will you be penalized or subject to retaliation for filing a complaint.



HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

Treatment. We may share your PHI with healthcare providers at Mount Sinai who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. We may also make your PHI available to providers you see outside Mount Sinai by making it accessible through a Health Information Exchange (HIE), an electronic network that makes it possible to share information electronically, but we will not let anyone access it through the HIE without your consent except in an emergency (unless you direct us otherwise). This means that if your private, non-Mount Sinai physician uses an HIE that Mount Sinai operates or is part of, s/he will be able to access your PHI generated in the course of any Mount Sinai inpatient or outpatient care. In addition, certain information about your care at Mount Sinai may be sent automatically to the person you name as your Primary Care Provider and to the physician who referred you to Mount Sinai. If your private physician is on staff at Mount Sinai and uses the Mount Sinai electronic health record (EHR) in his/her office, anyone taking care of you at Mount Sinai will be able to access your private physician's medical record directly as well.

PHI shared through the HIE may include, in addition to your demographics and clinical information, the specially protected health information described in Attachment A (HIV-Related Information), Attachment B (Alcohol and Substance Abuse Treatment Information), Attachment C (Mental Health Information) and Attachment D (Genetic Information) of this Notice. The purpose of this use and disclosure to other non-Mount Sinai providers is to ensure that they have the most current and complete information about the care you received at Mount Sinai.

If you participate in Mount Sinai Cares, which is Mount Sinai's Accountable Care Organization or in one of Mount Sinai's Health Homes, staff for those entities will have access to your PHI, with your consent, to assist in coordinating your care.

Payment. We may use your PHI or share it with others to obtain payment for your healthcare services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you, or to determine whether it will cover your treatment. You may direct us not to share specific PHI with your insurance company relating to a service you plan to pay for and do pay for personally. It is your responsibility, however, to inform other providers who may receive copies of your Mount Sinai record that they may not share this information with your insurer. We might also need to inform your health insurance company about your health condition in order to obtain pre-approval for your treatment, such as admitting you to the hospital for a particular type of surgery. Finally, we may share your PHI with other healthcare providers, payers and their business associates for their payment activities except as described on page 5.

Business Operations. We may use your PHI or share it with others in order to conduct our business operations. For example, we may use your PHI to evaluate the performance of our staff in caring for you, to educate our staff on how to improve the care they provide for you or to conduct training programs for students, trainees and other healthcare practitioners. Finally, we may share your PHI with other healthcare providers and payors for certain of their business operations if the information is related to a relationship the provider or payor currently has or previously had with you, and if the provider or payor is required to protect the privacy of your PHI.

Appointment Reminders, Treatment Alternatives, Benefits and Services. In the course of providing treatment to you, we may use your PHI to contact you with a reminder that you have an



appointment for treatment or services at our facility. We may also use your PHI in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you. If we are paid to send you treatment information, we will tell you that and give you the right not to receive these communications.

Fundraising. To support our business operations, we may use demographic information about you, including information about your age, date of birth and gender, where you live or work, the type of insurance you have, and limited clinical information including the dates that you received treatment, the department and physician that provided you with services and outcome information, in order to contact you to raise money to help us improve our facilities and programs. We will not sell your PHI without your authorization. You may opt out of receiving any fundraising communications at any time by emailing us at philanthropyoptout@mountsinai.org, calling us at 212-659-8500 or writing us at Mount Sinai Office Development Office, One Gustave L. Levy Place, Box 1049, New York, N.Y. 10029-6574.

Business Associates (BAs). We may disclose the minimum amount of your PHI necessary to contractors, agents and other business associates who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, we may share your PHI with a billing company that helps us obtain payment from your insurance company or with an insurance company, accounting firm, law firm, or risk management organization in order to obtain their advice regarding our operations. If we do disclose your PHI to a BA, we will have a written contract with them that requires the BA and any of its subcontractors to protect the privacy of your PHI. They and their subcontractors are independently required by federal law to protect your information.

In-Patient Directory. If you do not object, we will include your name, your location in our facility, your general condition (*e.g.*, fair, stable, critical, etc.) and your religious affiliation in our Patient Directory while you are an inpatient or ambulatory surgery patient at any Mount Sinai facility. This directory information, except for your religious affiliation, may be released to people who ask for you by name. If you do not object, your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if he or she does not ask for you by name. If you wish to opt out or restrict access to any of this information, please let us know when you register for inpatient or ambulatory surgery services at any Mount Sinai facility.

Family and Friends Involved in Your Care. If you do not object, we may share your PHI with a family member, relative, or close personal friend who is involved in your care or payment for that care. In some cases, we may need to share your PHI with a disaster relief organization that will help us notify these persons.

As Required By Law. We may use or disclose your PHI if we are required by law to do so. We also will notify you of these uses and disclosures if notice is required by law.

Public Health Activities. We may disclose your PHI to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your PHI with government officials responsible for controlling disease, injury or disability. We may also disclose your PHI to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if the law permits us to do so. And finally, we are required to release some PHI about you to your employer if your employer hires us to provide you with a physical examination and we discover that



you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

Victims of Abuse, Neglect or Domestic Violence. We may release your PHI to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, we may report your PHI to government officials if we reasonably believe that you have been a victim of such abuse, neglect or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

Health Oversight Activities. We may release your PHI to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor government benefit programs such as Medicare and Medicaid, as well as compliance with government regulatory programs and civil rights laws. We are required to release aggregate data (summary information that does not identify any specific patient) to the federal Centers for Medicare and Medicaid Services (CMS) to demonstrate that we comply with *Meaningful Use* regulations by using EHRs to improve the quality of care, to better the overall health of the population and to improve efficiency.

Product Monitoring, Repair and Recall. We may disclose your PHI to a person or company that is regulated by the United States Food and Drug Administration for the purpose of: (1) reporting or tracking product defects or problems; (2) repairing, replacing, or recalling defective or dangerous products or (3) monitoring the performance of a product after it has been approved for use by the general public.

Lawsuits and Disputes. We may disclose your PHI if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute

Law Enforcement. We may disclose your PHI to law enforcement officials for the following reasons:

- To comply with court orders or laws that we are required to follow;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- If you have been the victim of a crime and we determine that: (1) we are unable to obtain your agreement because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interests;
- If we suspect that a death resulted from criminal conduct;
- If necessary to report a crime that occurred on our property; or
- If necessary to report a crime discovered during an off-site medical emergency (for example, by emergency medical technicians at the scene of a crime).

To Avert A Serious And Imminent Threat to Health or Safety. We may use your PHI or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. We may also disclose your PHI to law enforcement officers or others if you tell us that you participated in a violent crime that may have caused serious physical harm to another person, if we determine that you escaped from lawful custody (such as a prison) or eloped from a mental health institution.



National Security and Intelligence Activities or Protective Services. We may disclose your PHI to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Military and Veterans. If you are in the Armed Forces, we may disclose PHI about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Inmates and Correctional Institutions. If you are an inmate or you are detained by a law enforcement officer, we may disclose your PHI to prison officers or law enforcement officers if necessary to provide you with healthcare, or to maintain safety, security and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

Workers' Compensation. We may disclose your PHI for workers' compensation or similar programs that provide benefits for work-related injuries.

Coroners, Medical Examiners and Funeral Directors. We may use PHI to identify a deceased person or determine the cause of death or disclose PHI to a coroner or medical examiner for such purposes. We may also release PHI to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation. If you are a potential organ donor, we may use or disclose your PHI to other organizations that procure or store organs, eyes or other tissues for the purpose of investigating whether donation or transplantation is possible .

Research. In most cases, we will ask for your written authorization before using your PHI or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your PHI without your written authorization if the ISM's Institutional Review Board, applying specific criteria, determines that the particular research protocol poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly without your authorization. We may also release your PHI without your written authorization to people who are preparing a future research project as long as any information identifying you does not leave our facility. We may share PHI with people who are conducting research using the information of persons deceased less than 50 years, as long as they agree not to remove from our facility any information that identifies the deceased person.

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 for research, public health and specific healthcare operations if the person who will receive the information signs an agreement to protect the privacy of the information. Partially de-identified health information will exclude all direct identifiers but may include zip code, dates of birth, admission and discharge.

Incidental Disclosures

While we will take reasonable steps to safeguard the privacy of your PHI, certain disclosures of your PHI may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your PHI. For example, during the course of a treatment session, other patients in the treatment area may see or overhear discussion about your PHI.



Attachment A CONFIDENTIALITY OF HIV-RELATED INFORMATION

Effective Date: September 2013

The privacy and confidentiality of HIV-related information maintained by Mount Sinai is protected by Federal and State law and regulations. These protections go above and beyond the protections described in Mount Sinai's general Notice of Privacy Practices (Notice). If you have questions about this Notice or would like further information, please contact:

Mount Sinai Privacy Office - 212-241-4669

We recommend that you also take time to review the Mount Sinai Notice for information about how your protected health information (PHI) may generally be used and disclosed by Mount Sinai. If there is any conflict between the Notice and this Attachment, the protections described in this Attachment will apply.

Confidential HIV-related information is any information indicating that you had an HIV-related test (even if the test is negative), have HIV-related illness or AIDS, or have an HIV-related infection, as well as any information which could reasonably identify you as a person who has had a test for or has HIV infection.

Under New York State law, confidential HIV-related information may only be given to persons allowed to have it by law, or persons you have allowed to have it by signing a written authorization form. The disclosure will be accompanied by a statement that the HIV-related information may not be redisclosed.

Confidential HIV-related information about you may be used by personnel within Mount Sinai who need the information to provide you with direct care or treatment, to process billing or reimbursement records, or to monitor or evaluate the quality of care provided at the hospital. (See Notice pp. 6-7). Generally Mount Sinai may not reveal to outside person confidential HIV-related information that the institution obtains in the course of treating you, *unless*:

- Mount Sinai obtains your written authorization; note that if you provide written authorization to participate in a Health Information Exchange (HIE) all of your records will be made available including HIV-related information. If you do not agree to such disclosure, you should not agree to participate in an HIE.
- The disclosure is to a person who is authorized to make healthcare decisions on your behalf and the information disclosed is needed by that person to make his/her decisions;
- The disclosure is to another healthcare provider or payer for treatment or payment purposes;
- The disclosure is to a health care provider of a staff member, employee or volunteer who was exposed to you while performing his/her job or professional duties under circumstances that present a risk of transmission of HIV;
- The disclosure is to a third party of the institution who needs the information to provide you with direct care or treatment, to a Business Associate who needs it to assist us with obtaining payment or carrying out our business operations or to monitor or evaluate the quality of care provided at Mount Sinai. In such cases, Mount Sinai will have an agreement with the third party to ensure that your confidential HIV-related information is protected as required under Federal and State confidentiality laws and regulations, and no statement prohibiting redisclosure is required.
- The disclosure is required by law or court order;
- The disclosure is to an organization that procures body parts for transplantation;



- You receive services under a program monitored or supervised by a Federal, State or local government agency and the disclosure is made to such government agency or other employee or agent of the agency when reasonably necessary for the supervision, monitoring, administration or provision of the program's services;
- Mount Sinai is required under Federal or State law to make the disclosure to a health officer;
- The disclosure is required for public health purposes;
- You are an inmate at a correctional facility and disclosure of confidential HIV-related information to the medical director of such facility is necessary for the director to carry out his or her functions;
- The patient is deceased and the disclosure is made to a funeral director who has taken charge of the deceased person's remains and who has access in the ordinary course of business to confidential HIV-related information on the deceased person's death certificate;
- The disclosure is made to report child abuse or neglect to appropriate State or local authorities.

Violation of these privacy regulations may subject the institution to civil or criminal penalties. Suspected violations may be reported to appropriate authorities in accordance with Federal and State law. To file a complaint, mail completed form DOH-2865 (Complaint Report for Alleged Violation of Article 27-F), available on the DOH website (<http://www.health.ny.gov>), to:

NYS Department of Health/AIDS Institute/Special Investigation Unit
5 Penn Plaza
New York, New York 10001

Please refer to Mount Sinai's full Notice for additional information.

Attachment B CONFIDENTIALITY OF ALCOHOL AND SUBSTANCE ABUSE TREATMENT INFORMATION

Effective Date: September 2013

The confidentiality of alcohol and substance abuse treatment records maintained by Mount Sinai is protected by Federal and State law and regulations. These protections go above and beyond the protections described in the Mount Sinai Notice of Privacy Practices (Notice). *If you have questions about this Notice or would like further information, please contact:*

Mount Sinai Privacy Office - 212-241-4669

We recommend that you also take time to review the Mount Sinai Notice for information about how your protected health information (PHI) may generally be used and disclosed by Mount Sinai. The Mount Sinai Notice provides information about how you may obtain access to your PHI, including alcohol and substance abuse treatment records. If there is any conflict between the Notice and this Attachment, the protections described in this Attachment will apply instead of the protections described in the Notice.

Confidential alcohol and substance abuse treatment records include any information that identifies you as having been diagnosed with, treated for or referred for treatment of alcohol abuse, substance abuse or chemical dependency.

Information about you may be used by personnel within Mount Sinai in connection with their duties to provide you with diagnosis of, treatment for or referral for treatment of alcohol or substance abuse. (See Notice p. 6) Such use will be limited to the minimum amount of information necessary



to carry out their duties. Generally, Mount Sinai may not reveal to a person outside of Mount Sinai any information that would identify you as under treatment for alcohol or substance abuse, *unless*:

- Mount Sinai obtains your written authorization; note that if you provide written authorization to participate in a Health Information Exchange (HIE) all of your records will be made available including alcohol and substance abuse-related information. If you do not agree to such disclosure, you should not agree to participate in an HIE.
- The disclosure is allowed by a court order and permitted under Federal and State confidentiality laws and regulations;
- The disclosure is made to medical personnel in a medical emergency;
- The disclosure is made to qualified researchers without your written authorization when such research poses minimal risk to your privacy. When required by law, we will obtain an agreement from the researcher to protect the privacy and confidentiality of your information;
- The disclosure is made to a qualified service organization that performs certain treatment services (such as lab analyses) or to a Business Associate (BA) who needs it to assist us with obtaining payment or carrying out our business operations. Mount Sinai will obtain the qualified service organization or BA's agreement in writing to protect the privacy and confidentiality of your information in accordance with Federal and State law;
- The disclosure is made to a government agency or other qualified non-government personnel to perform an audit or evaluation of Mount Sinai. Mount Sinai will obtain an agreement in writing from any non-government personnel to protect the privacy and confidentiality of your information in accordance with Federal and State law;
- The disclosure is made to report a crime committed by a patient either at Mount Sinai or against any person who works for Mount Sinai or about any threat to commit such a crime;
- The disclosure is made to coroners and medical examiners to determine cause of death;
- The disclosure is made to report child abuse or neglect to appropriate State or local authorities, as required by law.

Violation of these privacy regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal and State law.

Please refer to Mount Sinai's full Notice for additional information.

Attachment C

CONFIDENTIALITY OF MENTAL HEALTH INFORMATION AND PSYCHOTHERAPY NOTES

Effective Date: September 2013

The privacy and confidentiality of mental health information and psychotherapy notes maintained by Mount Sinai is protected by Federal and State law and regulations. These protections go above and beyond the protections described in the Mount Sinai Notice of Privacy Practices (Notice). *If you have questions about this Notice or would like further information, please contact:*

Mount Sinai Privacy Office - 212-241-4669

We recommend that you also take time to review the Mount Sinai Notice for information about how your protected health information (PHI) may generally be used and disclosed by Mount Sinai. The Notice also provides information about how you may obtain access to your PHI, including mental



health information. If there is any conflict between the Notice and this Attachment, the protections described in this Attachment will apply instead of the protections described in the Notice.

CONFIDENTIALITY OF MENTAL HEALTH INFORMATION

Mental health information about you may be used by personnel within Mount Sinai in connection with their duties to provide you with treatment, obtain payment for that treatment, or conduct Mount Sinai's business operations. (See Notice pp. 6-7). Generally, Mount Sinai may not reveal mental health information about you to other persons outside of Mount Sinai, *except in the following situations*:

- Mount Sinai obtains your written authorization; note that if you provide written authorization to participate in a Health Information Exchange (HIE) all of your records will be made available including mental health-related information. If you do not agree to such disclosure, you should not agree to participate in an HIE.
- To a personal representative who is authorized to make healthcare decisions on your behalf;
- To government agencies or private insurance companies in order to obtain payment for services we provided to you;
- To a qualified service organization that performs certain treatment services (such as lab analyses) or to a Business Associate (BA) who needs it to assist us with obtaining payment or carrying out our business operations. Mount Sinai will obtain the qualified service organization or BA's agreement in writing to protect the privacy and confidentiality of your information in accordance with Federal and State law;
- To comply with a court order;
- To appropriate persons who are able to avert a serious and imminent threat to the health or safety of you or another person;
- To appropriate government authorities to locate a missing person or conduct a criminal investigation as permitted under Federal and State confidentiality laws;
- To other licensed hospital emergency services as permitted under Federal and State confidentiality laws;
- To the mental hygiene legal service provided by New York State;
- To attorneys representing patients in an involuntary hospitalization proceeding;
- To authorized government officials for the purpose of monitoring or evaluating the quality of care provided by the hospital or its staff;
- To qualified researchers without your specific authorization when such research poses minimal risk to your privacy;
- To coroners and medical examiners to determine cause of death; and
- If you are an inmate, to a correctional facility which certifies that the information is necessary in order to provide you with health care, or in order to protect the health or safety of you or any other persons at the correctional facility.

CONFIDENTIALITY OF PSYCHOTHERAPY NOTES

Psychotherapy notes are notes by a mental health professional that document or analyze the contents of a conversation during a private counseling session or during a group, joint, or family counseling session. If these notes are maintained separately from the rest of your medical records, they can only be used and disclosed as follows:

In general, Psychotherapy notes may not be used or disclosed without your written authorization, except by the mental health professional who created them in the following circumstances:



- To provide you with further treatment;
- To students, trainees, or practitioners in mental health who are learning under supervision to practice or improve their skills in group, joint, family, or individual counseling;
- As necessary to defend him or herself, or Mount Sinai, in a legal proceeding initiated by you or your personal representative;
- As required by law;
- To appropriate government authorities when necessary to avert a serious and imminent threat to the health or safety of you or another person;
- To the United States Department of Health and Human Services when that agency requests them in order to investigate the mental health professional's compliance, or Mount Sinai's compliance, with Federal privacy and confidentiality laws and regulations;
- To medical examiners and coroners if necessary to determine the cause of death;
- To a health oversight agency for a lawful purpose related to oversight of the mental health professional.

All other uses and disclosures of psychotherapy notes require your special written authorization. Please refer to Mount Sinai's full Notice for additional information.

Attachment D CONFIDENTIALITY OF GENETIC INFORMATION

Effective Date September 2013

The privacy and confidentiality of genetic information maintained by Mount Sinai is protected by State law and Federal regulations. Genetic information means, with respect to an individual: (i) the individual's genetic tests; (ii) the genetic tests of family members of the individual; (iii) the manifestation of a disease or disorder in family members of such individual; or (iv) any request for, or receipt of, genetic services, or participation in clinical research which includes genetic services, by the individual or any family member of the individual. These protections go above and beyond the protections described in Mount Sinai's general Notice of Privacy Practices (Notice). *If you have questions about this Notice or would like further information, please contact:*

Mount Sinai Privacy Office - 212-241-4669

We recommend that you also take time to review Mount Sinai's Notice for information about how your protected health information (PHI) may generally be used and disclosed by Mount Sinai. Mount Sinai's Notice also provides information about how you may obtain access to your PHI, including confidential genetic information.

Under New York State (NYS) law, special restrictions apply to (1) genetic testing of human biological samples and (2) the disclosure of information derived from genetic tests to any person or organization. Genetic test means any laboratory test of DNA, chromosomes, genes or gene products to detect a genetic variation linked to a predisposition to a genetic disease. It does not include information relating to a manifested disease (a disease that can be diagnosed primarily based on symptoms) or information obtained when confirming a disease with genetic testing.

Mount Sinai will not perform a genetic test on a biological sample taken from you unless Mount Sinai obtains your written informed consent under NYS law. With your informed consent, Mount Sinai may use the results of your genetic test for treatment, payment and healthcare operations (See



Notice pp. 6-7). Any other uses or disclosures of the results of your genetic test will generally require your written authorization. This authorization is separate from, and may not be combined with the informed consent.

Authorization is not required if:

- The disclosure is to a person who is authorized to make healthcare decisions on your behalf and the information disclosed is needed by that person to make his/her decisions;
- The disclosure is made to a qualified service organization that performs certain treatment services (such as lab analyses) or to a Business Associate (BA) who needs it to assist us with obtaining payment or carrying out our business operations. Mount Sinai will obtain the qualified service organization or BA's agreement in writing to protect the privacy and confidentiality of your information in accordance with Federal and State law;
- The disclosure is required or allowed by law or court order;
- Mount Sinai's Institutional Review Board has decided to allow the disclosure of information obtained about you from genetic tests on your stored tissue, or information which links you with specific test results and you have signed either a Research Authorization form or a Consent to Release Genetic Information Form under NY Civil Rights Law §§ 79-1 (3) (a) and 79-1 (9) (d)].

If you provide written authorization to participate in a Health Information Exchange (HIE), all of your records will be made available including genetic information. If you do not agree to such disclosure, you should not agree to participate in an HIE.

Violation of these privacy regulations may subject Mount Sinai to civil or criminal penalties. Suspected violations may be reported to appropriate authorities in accordance with Federal and State law.

Please refer to Mount Sinai's full Notice for additional information.



About the Health Care Proxy Form

The New York State Health Care Proxy Form is an important legal document. Before signing, you should understand that:

1. This form gives the person you choose as your agent the authority to make all health care decisions for you, including the decision to remove or provide life-sustaining treatment, unless you say otherwise in this form. “Health care” means any treatment, service, or procedure to diagnose or treat your physical or mental condition.
2. Unless your agent reasonably knows your wishes about artificial nutrition and hydration (nourishment provided by a feeding tube or intravenous line), he or she will not be allowed to refuse or consent to those measures for you.
3. **Appointing a health care agent is voluntary. No one can require you to appoint one.**
4. Your agent will start making decisions for you when your doctor determines that you are not able to make health care decisions for yourself.
5. You may write on this form any examples of the types of treatments that you would not desire and/or those treatments that you want to make sure you receive. The instructions may be used to limit the decision-making power of the agent. Your agent must follow your instructions when making decisions for you.
6. You do not need a lawyer to fill out this form for you.
7. You may choose any adult (18 years of age or older), including a family member or close friend, to be your agent. If you select a doctor as your agent, he or she may have to choose between acting as your agent or as your attending doctor because a doctor cannot do both at the same time. Also, if you are a patient or resident of a hospital, nursing home or mental hygiene facility, there are special restrictions about naming someone who works for that facility as your agent. Ask staff at the facility to explain those restrictions.
8. Before appointing someone as your health care agent, discuss your health care wishes and this form with them to make sure he or she is willing to act as your proxy. If they consent, be sure to provide them with a signed copy of the Health Care Proxy form. Your health care agent cannot be sued for health care decisions made in good faith.
9. If you name your spouse as your health care proxy and you later become divorced or legally separated, your former spouse will no longer be your agency, by law. If you would like your former spouse to remain as your agent, you may note this on your current form and date it or complete a new form.
10. You have the right to continue making health care decisions for yourself as long as you are able to do so, even after you sign this form. Treatment cannot be given to you or stopped if you object and your proxy will not have any legal power to make health care decisions for you.
11. You may revoke your proxy’s authority at any time by informing your agent or health care provider verbally or in writing.
12. You may express your wishes or instructions regarding organ and/or tissue donation on this form.



Health Care Proxy Form Instructions

Item (1)

Write the name, home address and telephone number of the person you are selecting as your agent.

Item (2)

If you want to appoint an alternate agent, write the name, home address and telephone number of the person you are selecting as your alternate agent.

Item (3)

Your Health Care Proxy will remain valid indefinitely unless you set an expiration date or condition for its expiration. This section is optional and should be filled in only if you want your Health Care Proxy to expire.

Item (4)

If you have special instructions for your agent, write them here. Also, if you wish to limit your agent's authority in any way, you may say so here or discuss them with your health care agent. If you do not state any limitations, your agent will be allowed to make all health care decisions that you could have made, including the decision to consent to or refuse life-sustaining treatment.

If you want to give your agent broad authority, you may do so right on the form. Simply write: *I have discussed my wishes with my health care agent and alternate and they know my wishes including those about artificial nutrition and hydration.*

If you wish to make more specific instructions, you could say:

If I become terminally ill, I do/don't want to receive the following types of treatments....

If I am in a coma or have little conscious understanding, with no hope of recovery, then I do/ don't want the following types of treatments:...

If I have brain damage or a brain disease that makes me unable to recognize people or speak and there is no hope that my condition will improve, I do/don't want the following types of treatments:....

I have discussed with my agent my wishes about _____ and I want my agent to make all decisions about these measures.

Examples of medical treatments about which you may wish to give your agent special instructions are listed below. This is not a complete list:

- artificial respiration
- artificial nutrition and hydration (nourishment and water provided by feeding tube)
- cardiopulmonary resuscitation (CPR)
- antipsychotic medication
- electric shock therapy
- antibiotics
- surgical procedures
- dialysis
- transplantation
- blood transfusions
- abortion
- sterilization

Item (5)

You must date and sign this Health Care Proxy form. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure to include your address.

Item (6)

You may state wishes or instructions about organ and /or tissue donation on this form. New York law does provide for certain individuals in order of priority to consent to an organ and/or tissue donation on your behalf: your health care agent, your decedent's agent, your spouse, if you are not legally separated, or your domestic partner, a son or daughter 18 years of age or older, either of your parents, a brother or sister 18 years of age or older, a guardian appointed by a court prior to the donor's death.

Item (7)

Two witnesses 18 years of age or older must sign this Health Care Proxy form. The person who is appointed as your agent or alternate agent cannot sign as a witness.

Summary of Policy on Advance Directives

It is our policy to honor decisions made by patients receiving medical care, including decisions to accept or refuse medical or surgical treatment, and to honor the advance directives of patients, including living wills, health care proxies, and oral statements, to the full extent permitted by law. **Copies of our Health Care Proxy Policy, Do Not Resuscitate Policy and Policy on Oral and Written Advance Directives are available upon request.** We encourage each patient or family member to discuss these issues with the attending physician.

Your Right to Decide about the Treatment: Adults in New York State have the right to accept or refuse medical treatment, including life-sustaining treatment. Our Constitution and state laws protect this right. This means that you have the right to request or consent to treatment, to refuse treatment before it has started, and to have treatment stopped once it has begun.

Planning in Advance: You may be unable to talk to a doctor to decide on a course of treatment because of an unexpected illness or injury. If you do not plan ahead, family members or other close individuals may not be allowed to make decisions for you and follow your wishes. Therefore, you may wish to plan ahead to ensure your health care wishes are followed, even in the event that you are unable to decide for yourself.

In New York State, appointing someone you can trust to decide about your treatment if you are unable to do so is the best way to protect your treatment wishes and concerns. You may appoint an agent by filling out a Health Care Proxy Form. A copy of the Form is attached on page 42 of this Guide and relevant information can be found on pages 8-9.

If you cannot or chose not to appoint a health care proxy, you can also give specific advance instructions about your treatment. Those instructions can be written, and are often referred to as a Living Will.

You should understand that general instructions about refusing treatment, even if written down, may not be effective. Your instructions must clearly cover the treatment decisions that must be made. For example, it may be insufficient if you just write down that you do not want “heroic measures”. You should say the kind of treatment that you do not want, such as a respirator or chemotherapy, and describe the medical condition when you would refuse the treatment, such as when you are terminally ill or permanently unconscious with no hope of recovering. You can also give instructions orally by discussing your treatment wishes with your doctor, family members or others close to you.

Although putting your wishes in writing is safer, neither method is as effective as appointing someone to decide for you. It is often hard for people to know in advance what will happen to them or what their medical needs will be in the future. If you choose someone to make decisions for you, that person can talk to your doctor and make decisions that they believe you would want or that are best for you, when needed. After appointing your agent, it is also possible to leave further instruction concerning your treatment in a Living Will, the Health Care Proxy Form, or in some other manner. These instructions can further help your agent to make the right decisions for you.

Decisions about Cardiopulmonary Resuscitation: Your right to decide about treatment also includes the opportunity to decide about cardiopulmonary resuscitation (CPR). CPR is an emergency treatment to restart your heart and lungs when breathing or circulation stops.

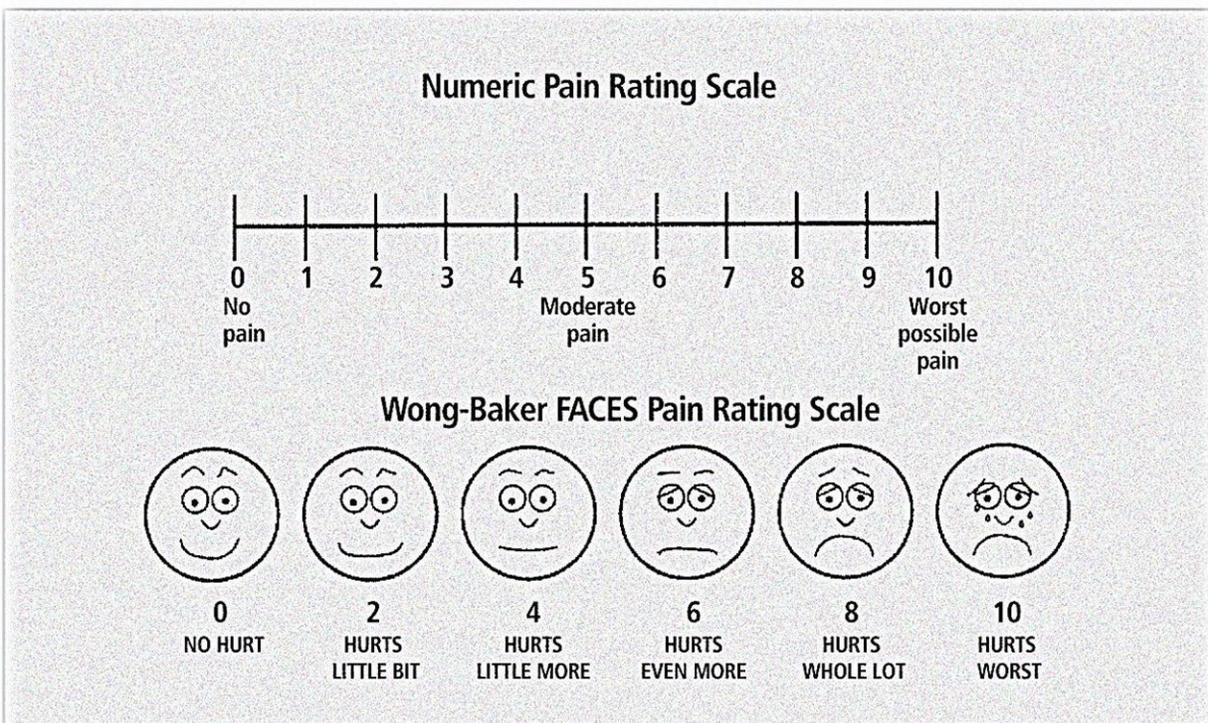
Sometimes doctors and patients decide in advance that CPR should not be provided, and the doctor gives the medical staff an order not to resuscitate (DNR order). If your physical or mental condition prevents you from deciding about CPR, someone you appoint, your family members, or others close to you can decide. A brochure on CPR and your rights under New York law is available from your health care provider.

Patient Information on Pain Management

We at Mount Sinai are committed to recognizing and treating your pain by effectively using medicines and treatments that will provide the best level of relief. However, as the patient, you know your pain best and hold valuable information regarding your pain to give to our staff.

Always tell your doctor, nurse, or other staff member when you are having pain. Don't be afraid to ask for pain medicine. Many people are worried about becoming addicted but addiction is not a concern in most cases and medicines can, and should, be taken to relieve pain. While we believe that managing pain is an important aspect of getting well, you should speak openly with your doctors and nurses if you have concerns about addiction.

Our nurses and doctors will ask questions about the intensity (how strong), location, and the type (throbbing, burning, and aching) of pain you may be experiencing. We often ask you to rate the intensity of pain using a pain scale. The pain scale is an evaluation tool to understand your pain and determine the effectiveness of your medications and/or treatments. The scale uses numbers from 0 (no pain) to 10 (the worst possible pain) or pictures of faces that show increments of pain intensity.



Pain control is important in providing you with the comfort and strength to heal and get well. We know that patients who have their pain well controlled generally tend to recover better and faster. We can provide a variety of options in the prevention and management of pain. Some of these options are:



- Pain medication by mouth (pills) or skin patch;
- Pain medication given by injection into a muscle;
- Pain medicine given into a vein;
- Pain medicine given through a PCA, a Patient Controlled Analgesia pump – a machine that contains pain medicine and has a button that you can push to give yourself a dose of pain medicine when you need it (within the limits ordered by your doctor);
- Regional Anesthesia and Spinal Medications, where local anesthetics and/or pain medicine is injected into the spine or other areas to relieve pain or numb a part of the body for a period of time;
- There are also methods that can assist in the relief of pain that don't involve medicines at all, such as: relaxation techniques, hot or cold packs, rest, deep breathing exercises, proper positioning in the bed or chair and the positive effects of using distraction techniques such as music, television and visitors.

No matter which pain management therapy you use, remember some important facts:

- Discuss pain management therapy with your health care providers. Let them know your allergies, previous experience with pain medicines, other medications that you are taking and your health history.
- Tell the staff how strong or severe your pain is. Let them know what makes it better and what makes it worse.
- Ask for pain medication when you need it or before doing an activity that may cause pain – don't wait until the pain is too strong or out of control.
- Give the pain medication time to work. Ask staff when you can expect to feel some relief from the pain.
- Use rest, deep breathing and other non-drug treatments to help your pain.
- Tell the staff how you are feeling. Let them know if or how effective the pain management therapy is. Tell them if you are experiencing any unexpected or unacceptable effects from your pain management therapy.

Your health care provider knows how to assess and treat your pain. If you have any questions or need further information, speak with a doctor or nurse.



Domestic Violence - Victim's Rights Notice

The Victim's Rights Notice was prepared to inform victims of domestic violence of their legal rights and remedies available under law. If you are a victim of domestic violence, you are encouraged to speak privately with a social worker or someone who can help you. You should be interviewed privately out of eyesight and earshot of anyone who accompanies you. **Your rights as a patient will be violated if hospital staff asks if you are a victim of domestic violence in front of any accompanying partner or family member.**

If you are the victim of domestic violence:

The police can help:

- Get you to a safe place away from the violence;
- Get information on how the court can protect you against the violence;
- Get medical care for injuries you or your children may have;
- Get necessary belongings from your home for you and your children;
- Get copies of police reports about the violence;
- File a complaint in criminal court, and tell you where your local criminal and family courts are located.

The courts can help:

- If the person who harmed or threatened you is a family member or someone you've had a child with, then you have the right to take your case to the criminal courts, the family court or both;
- If you and the abuser aren't related, were never married, or don't have a child in common, then your case can only be heard in the criminal court;
- The forms you need are available from the family court and the criminal court;
- The courts can decide to provide a temporary order of protection for you, your children and any witnesses who may request one.
- The family court may appoint a lawyer to help you in court if it is found that you cannot afford one.
- The family court may order temporary child support and temporary child support and temporary custody of your children.

New York Law States: "If you are the victim of domestic violence, you may request that the officer assist you in providing for your safety and that of your children, including providing information on how to obtain a temporary order of protection. You may also request that the officer assist you in obtaining your essential personal effects and locating and taking you, or assist in making arrangements to take you and your children to a safe place within such officer's jurisdiction, including but not limited to, a domestic violence program, a family member's or a friend's residence, or a similar place of safety. When the officer's jurisdiction is more than a single county, you may ask the officer to take you or make arrangements to take you and your children to a place of safety in the county when the incident occurred. If you or your children are



in need of medical treatment, you have the right to request that the officer assist you in obtaining such medical treatment. You may request a copy of any incident reports at no cost from the law enforcement agency.”

“You have the right to seek legal counsel of your own choosing and if you proceed in family court and if it is determined that you cannot afford an attorney, one must be appointed to represent you without cost to you. You may ask the district attorney or a law enforcement officer to file a criminal complaint. You also have the right to file a petition in family court when a family offense has been committed against you. You have the right to have your petition and request for an order of protection filed on the same day you appear in court, and such request must be heard that same day or the next day court is in session. Either court may issue an order of protection from conduct constituting a family offense which could include, among other provisions, an order for the respondent or defendant to stay away from you or your children. The family court may also order the payment of temporary child support and award temporary custody of your children. If the family court is not in session, you may seek immediate assistance from the criminal court in obtaining an order of protection. The forms you need to obtain an order of protection are available from the family court and the local criminal court. The resources available in this community for information relating to domestic violence, treatment of injuries, and places of safety and shelters can be accessed by calling the following 800 numbers. Filing a criminal complaint or a family court petition containing allegations that are knowingly false is a crime.”

Public Health Law 2803(1)(h) Notice to Victims

Excerpted from New York State Department of Health’s “Your Rights as a Hospital Patient in New York State”



Domestic Violence – Notice for Prenatal and Maternity Patients

This notice contains information that will be valuable to you if you are a victim of domestic violence. If you are a victim of domestic violence you should request to speak with someone about your situation and be given this information in a private and confidential manner. Your rights as a patient will be violated if hospital staff asks if you are a victim of domestic violence in front of any accompanying partner or family member.

Are You and Your Baby Safe?

If there is domestic violence in your life, you might not be. Here are some questions to help you know if you're being abused.

1. Does your partner hurt you with words?
2. Does your partner insult you and make you feel worthless?
3. Does your partner put you down in front of other people?
4. Does your partner hurt you physically?
5. Does your partner push, slap, hit, punch, kick, choke or beat you?
6. Does your partner make you do sexual things you don't want to do or hurt you during sex?
7. Is your partner in charge of everything?
8. Does your partner tell you who you can and cannot see or talk to?
9. Does your partner control all of the family's money?
10. Does your partner scare you?
11. Does your partner lose their temper, get very jealous, or break things?
12. Does your partner threaten to hurt you, the kids, the pets or themselves?

Victims of domestic violence abuse are not always physically hurt. If you answered "ye" to any of the questions above, you

might be abused. You or your children could be in danger.

You are not alone.

You are not to blame.

You do not deserve to be abused.

Did you know that domestic violence sometimes starts or gets worse during pregnancy?

And you're not the only one getting hurt:

- A woman who is abused during pregnancy may be more likely to have a miscarriage, infections, bleeding, anemia and other health problems. These can affect both her and her baby.
- She is twice as likely to have a low birthweight baby.
- Most men who hit their partners also beat their children. Some also sexually abuse children.
- Kids whose fathers beat their mothers can suffer from health problems, sleep problems, anger, guilt, fear and anxiety.
- Each year more than 1,000 children in the U.S. die from injuries caused by their parents, guardians or others.

You and your baby do not deserve to be treated this way.

You have a right to be safe.

Help is available.



What type of help do you need? The services listed below are available in most communities. Anything you say is confidential.

- **Hotlines:** a counselor will talk to you on the phone and give you information, or just listen. She or he will also tell you places near you to call or go to for more help, if you want it. Hotline numbers are listed below.
- **Support groups:** you can talk with other women who have gone through what you're going through (a support group). It can help you feel less alone and you can share ideas and information on safety.
- **Services for children:** many programs have counseling and support for kids to help them understand what is happening. It gives them a chance to talk about their feelings.
- **Advocacy and other support services:** someone can help you through the "system." This person is a domestic violence advocate. Advocacy services often include help finding legal advice, counseling, health care, housing, a job and social services.
- **Police and the courts:** police can help you in many ways, such as getting you and your children to a safe place in an emergency. Family and criminal courts can help by

issuing an order of protection or by deciding custody, visitation or child support.

- **Shelters:** most counties have shelters and safe homes where you and your children can stay. Shelters can help you get many of the services listed above.

You are important.

No woman deserves to be abused.

No one "asks for it," and no one should have to live in fear. You owe it to your children to keep them – and yourself – safe.

You are not alone.

Help is available.

New York State Hotlines

Adult Domestic Violence:
(24 hours, 7 days a week)
English: 1-800-942-6906
Spanish: 1-800-942-6908

National Committee to Prevent Child Abuse
1-800-342-7472
Prevention information and parent help-line

Office of Children & Family Services
1-800-342-3720
To report child abuse

Adapted from New York State Department of Health's "Your Rights as a Hospital Patient in New York State"



Mount Sinai HIE & Healthix Fact Sheet

Details about patient information in the Mount Sinai HIE and Healthix and the consent process:

1. **How Your Information Will be Used.** Consistent with New York State and Federal law, your electronic health information may be used by the HIE and Healthix Participants to:
 - Provide you with medical treatment and related services.
 - Check whether you have health insurance and what it covers.
 - Provide Care Management activities. These include assisting you in obtaining appropriate medical care, improving the quality of healthcare services provided to you, coordinating the provision of multiple health care services provided to you, or supporting you in following a plan of medical care.
 - Providing Quality Improvement Activities. These include evaluating and improving the quality of medical care (and related services) provided to you and all Mount Sinai patients and Healthix members and participating organizations.

NOTE: The choice you make does NOT allow health insurers to have access to your information for the purpose of deciding whether to give you health insurance or pay your bills. You can make that choice in a separate Consent Form that health insurers must use.

2. **What Types of Information About You Are Included.** If you give consent, the HIE participants may access all of your electronic health information available through the Mount Sinai HIE and all employees, agents and members of the medical staff. Mount Sinai may access all of your electronic health information available through Healthix. This includes information created before and after the date of this Consent Form. Your health records may include a history of illnesses or injuries you have had (like diabetes or a broken bone), test results (like X-rays or blood tests), and lists of medicines you have taken. This information may relate to sensitive health conditions, including but not limited to:

• Alcohol or drug use problems	• Mental health conditions
• Birth control and abortion (family planning)	• HIV/AIDS
• Genetic (inherited) diseases or tests	• Sexually transmitted diseases

3. **Where Health Information About You Comes From.** Information about you comes from places that have provided you with medical care or health insurance (“Information Sources”). These may include hospitals, physicians, pharmacies, clinical laboratories, health insurers, the Medicaid program, and other ehealth organizations that exchange health information electronically. A complete list of current HIE Information Sources is available from Mount Sinai or your HIE Participant health care provider, as applicable. You can obtain an updated list of Information Sources at any time by checking the Mount Sinai HIE website <http://www.mountsinainconnect.org>. You can also contact the Mount Sinai HIE Privacy Officer by writing to: HIPAA Compliance Office, The Mount Sinai medical Center, 1 Gustave L. Levy Place, Box 1016, New York, NY 10029 or calling: 212-241-4669. A complete list of current Healthix Information Sources is available from Healthix and can be obtained at any time by checking the Healthix website at <http://healthix.org> or by calling Healthix at 877-695-4749.



4. **You May Access Information About You, If You Give Consent.** Only these people may access information about you: doctors and other health care providers who serve on the medical staff of an approved Mount Sinai HIE or Healthix Participant and who are involved in your medical care; health care providers who are covering or on call for an approved Mount Sinai HIE or Healthix Participant; designated staff involved in quality improvement or care management activities; and staff members of an approved Mount Sinai HIE or Healthix Participant who carry out activities permitted by this Consent Form as described by the paragraph above.
5. **Penalties for Improper Access to or Use of Your Information.** There are penalties for inappropriate access to or use of your electronic health information. If at any time, you are concerned that someone who should not have seen or gotten access to information about you has done so via the Mount Sinai HIE, call one of the HIE Participants you have approved to access your records, visit the Mount Sinai HIE website: <http://www.mountsinaiconnect.org>, contact the Mount Sinai HIE Privacy Officer at the address and number above, call the NYS Department of Health at 977-690-2211, or contact the Federal Office of Civil Rights at www.hhs.gov/ocr/hipaa.gov. If your concern relates to access to your information via Healthix, call Healthix at: 877-695-4749, visit Healthix's website: <http://www.healthix.org> or call the NYS Department of Health at 877-690-2211.
6. **Re-disclosure of Information.** Any electronic health information about you may be re-disclosed by a Mount Sinai HIE or Healthix Participant to others only to the extent permitted by State and Federal laws and regulations. This is also true for health information about you that exists in a paper form. As stated in #2 above, if you give consent, ALL of your electronic health information, including sensitive health information will be available through the Mount Sinai HIE and Healthix. Some State and Federal laws provide special protections for some kinds of sensitive health information, including information related to (i) your assessment, treatment or examination of a health condition by certain providers; (ii) HIV/AIDS; (iii) mental illness; (iv) mental retardation and developmental disabilities; (v) substance abuse; and (vi) genetic testing. Their special requirements must be followed whenever people receive these kinds of sensitive health information. The Mount Sinai HIE, Healthix and persons who access this information through these health information exchanges must comply with these requirements.
7. **Effective Period.** This Consent Form will remain in effect, with respect to the Mount Sinai HIE, until the day you withdraw your consent or until such time the Mount Sinai HIE ceases operations, or, with respect to Healthix, on the earlier of: ten (10) years from the date of your signature or when Healthix stops operating.
8. **Withdrawing Your Consent.** You can withdraw this consent at any time by signing a Withdrawal of Consent Form and giving it to Mount Sinai. You can also change your consent choices by signing a new Consent Form at any time. You can get these forms on the Mount Sinai HIE website, www.mountsinaiconnect.org. Once completed, please fax the form to 212-831-6001 or give it to your provider. **Note: Organizations, including Providers, that access your health information through the Mount Sinai HIE and/or Healthix while your consent is in effect may copy or include your information in their own medical records. Even if you later decide to withdraw your consent, they are not required to return the information or remove it from their records.**
9. **Copy of Form.** You are entitled to get a copy of this Consent Form after you sign it if you so request.

Appendices & Glossary



Appendix A - Concerns, Problems & Complaints About Your Hospital Care

If you have a concern, problem or complaint related to any aspect of care during your hospital stay, speak to your doctor, nurse or hospital staff member. If hospital staff has not resolved the problem, you may contact the New York State Department of Health or Joint Commission by mail or phone.

New York State Department of Health:

You may call the toll-free number 1-800-804-5447 or you may file a complaint in writing and send it to:

New York State Department of Health
Centralized Hospital Intake Program
Mailstop: CA/DCS
Empire State Plaza
Albany, NY 12237

Questions or Comments: hospinfo@health.state.ny.us

The Joint Commission:

One Renaissance Blvd
Oakbrook Terrace, IL 60181
1-800-994-6610

Or online at: jointcommission.org

Excerpted from New York State Department of Health's "Your Rights as a Hospital Patient in New York State"



Appendix B - If You Think You Are Being Asked to Leave the Hospital Too Soon

You have the right to appeal decisions made by your doctor, hospital staff or your managed care plan:

- About when you are to leave the hospital;
- If you feel you are being asked to leave too soon;
- If you believe you have not been given adequate or appropriate plans for your medical care and other services you may need after you leave the hospital; or
- If needed services are not in place.

The law requires that you receive advance notice **in writing** telling you:

- The date the physician and/or hospital plans to discharge you;
- How to appeal if you wish to remain in the hospital; and
- A special number to call with any problems related to leaving the hospital.

For Assistance/Help

There is an Independent Professional Review Agent (IPRA) for your area and your insurance coverage. Should you need assistance/help from the IPRA, the hospital will provide you with a phone number/person to contact.

For Medicare Patients Only

If you feel that you are being asked to leave the hospital too soon and have not received advance notice telling you when to leave the hospital, ask for your discharge notice (called “The Important Message from Medicare about Your Rights”). If you are in a Healthcare Maintenance Organization (HMO), you should also request “The Important Message from Medicare about Your Rights”. You must have this written discharge notice in order to appeal the physician’s and hospital’s decision about when you are to leave.

For Managed Care Patients Only

If you are a patient enrolled in an HMO or managed care plan, first request/submit an expedited appeal to the HMO or plan’s utilization review committee if you feel your benefits are unfairly limited or denied, or you are being asked to leave the hospital too soon, or that medically necessary services are inappropriately excluded from your coverage. If you are not satisfied with the outcome of that appeal request, you may contact the New York State Department of Health by calling: **1-800-206-8125**.



Appendix C – Confidentiality of Genetic Information

The privacy and confidentiality of genetic information maintained by Mount Sinai is protected by State and Federal regulations. Genetic information means, with respect to an individual: (i) the individual's genetic tests; (ii) the genetic tests of family members of such individual; (iii) the manifestation of a disease or disorder in family members of such individual; or (iv) any request for, or receipt of, genetic services, or participation in clinical research which includes genetic services, by the individual or any family member of the individual. These protections go above and beyond the protections described in Mount Sinai's general Notice of Privacy Practices ("Notice"). *If you have any questions about this notice or would like further information, please contact:*

Mount Sinai Privacy Office – 212-241-4669

We recommend that you also take the time to review the Notice for information about how your protected health information (PHI) may generally be used and disclosed by Mount Sinai. The Notice also provides information about how you may obtain access to your PHI, including confidential genetic information.

Under New York State (NYS) law, specific restrictions apply to (1) genetic testing of human biological samples and (2) the disclosure of information derived from genetic tests to any person or organization. Genetic test means any laboratory test of DNA, chromosomes, genes or gene products to detect a genetic variation linked to a predisposition to a genetic disease. It does not include information relating to a manifested disease (a disease that can be diagnosed based on symptoms) or information obtained when confirming a disease with genetic testing.

Mount Sinai will not perform a genetic test on a biological sample taken from you unless Mount Sinai obtains your written informed consent under NYS law. With your informed consent, Mount Sinai may use the results of your genetic test for treatment, payment and healthcare operations. Any other uses or disclosures of the results of your genetic test will generally require your written authorization. This authorization is separate from, and may not be combined with the informed consent.

Authorization is not required if:

- The disclosure is to a person who is authorized to make healthcare decisions on your behalf and the information disclosed is needed by that person to make his or her decisions;
- The disclosure is made to a qualified service organization that performs certain treatment services (such as lab analyses) or to a Business Associate (BA) who needs it to assist us with obtaining payment or carrying out our business operations. Mount Sinai will obtain the qualified service organization or BA's agreement in writing to protect the privacy and confidentiality of your information in accordance with Federal and State law.
- The disclosure is required or allowed by law or court order;
- Mount Sinai's Institutional Review Board has decided to allow the disclosure of information obtained about you from genetic tests on your stored tissue, or information which links you with specific test results and you have signed either a Research Authorization form or a Consent to Release Genetic Information Form under NY Civil Rights Law §§ 79-1(3)(a) and 79-1(9)(d).

If you provide written authorization to participate in a Health Information Exchange (HIE), all of your records will be made available, including genetic information. If you do not agree to such disclosure, you should not agree to participate in an HIE.

Violation of these privacy regulations may subject Mount Sinai to civil or criminal penalties. Suspected violations may be reported to appropriate authorities in accordance with Federal and State law.

Please refer to Mount Sinai's full Notice for additional information.

Glossary

1. **Advance Directives:** Verbal or written instructions that communicate your wishes about treatment should you suffer an incapacitating illness or injury and cannot make decisions about your care. These can include, but are not limited to, a health care proxy, a consent to a do not resuscitate (DNR) order and a living will.
2. **Cardiopulmonary Resuscitation (CPR):** A medical procedure used to restart a patient's heart and lungs when breathing or circulation stops.
3. **Discharge Notice:** A New York State hospital discharge notice should include information on your discharge date and how to appeal it if you disagree with the notice. A discharge notice must be provided to all patients (except Medicare patients who receive a copy of an "Important Message from Medicare") in writing 24 hours before they leave the hospital. Medicare patients must request a written discharge notice if they disagree with discharge. If requested, the notice must be provided. Once the notice is provided and if the Medicare patient disagrees with the notice, an appeal can be processed.
4. **Discharge plan:** All patients (including Medicare patients) in New York State hospitals must receive a written discharge plan before they leave the hospital. This plan should describe the arrangements for any health care services you may need after you leave the hospital. The necessary services described in this plan must be secured or reasonably available before you leave the hospital.
5. **Discharge planning:** Discharge planning is the process by which hospital staff work with you and your family or someone acting on your behalf to prepare and make arrangements for your care once you leave the hospital. This care may be self-care, care by family members, home health assistance or admission to another health care facility. Discharge planning includes assessing and identifying what your needs will be when you leave the hospital and planning for appropriate care to meet those needs when you are discharged. A plan must be provided to you in writing before you leave the hospital. Discharge planning usually involves the patient, family members, or the person you designate to act on your behalf, your doctor and a member of the hospital staff. Some hospitals have staff members who are called "discharge planners." In other hospitals, a nurse or a social worker may assist in discharge planning.
6. **Do Not Resuscitate (DNR) Order:** At your request, a DNR order may be included in your medical chart. It instructs the medical staff not to try to revive you if your breathing or heartbeat has stopped. This means that doctors, nurses and other health care practitioners will not initiate such emergency procedures as mouth-to-mouth resuscitation, external chest compression, electric shock, and insertion of a tube to open your airway, injection of medication into your heart or open chest. Under New York State law, all adult patients can request a DNR order verbally or in writing if two witnesses are present. In addition, the Health Care Proxy law allows you to appoint someone to make decisions about DNR and other treatments if you become unable to do so.
7. **Health Care Proxy form:** New York State has a law that allows you to appoint someone you trust, for example, a family member or close friend as your Health Care Agent, to decide about your treatment if you lose the ability to decide for yourself. You may use this form to indicate your wishes regarding organ donation in the event of your death.
8. **Living Will:** A living will is a written document that expresses in advance your specific instructions and choices about various types of medical treatments and certain medical conditions. Living wills may be recognized as evidence of your wishes (if such wishes are expressed in a clear and convincing manner) if you are seriously ill and not able to communicate.
9. **Managed Care:** Managed care refers to the way an individual's (or family member's) health care is organized and paid for. While health maintenance-organizations (HMOs) are the best known managed care plans, there are many other types. If you are enrolled in managed care plans, your access to health care services is coordinated by the plan and/or primary care physician. Therefore you should understand how, when and where to access health care services, including hospital services, according to your plan and benefits. Read your plan's enrollment information carefully and ask questions of your plan representative to be sure you understand your benefits, rights and responsibilities.
10. **Medicaid:** Medicaid is a federal program, financed by federal, state and local governments, intended to provide access to health care services for the poor, specifically those who meet certain eligibility requirements such as income level.
11. **Medical Misconduct:** If you feel you have received poor or substandard care (incompetent, negligent or fraudulent care) from a doctor or physician assistant, you may file a report with the New York State



Department of Health. Physicians and other health professionals are required by law to report any instance of suspected misconduct.

12. **Medicare:** Medicare is a federal program, administered by the federal government, which pays part of the costs of medical services for people aged 65 or older or who are disabled. Eligibility rests solely upon age or disability.
13. **Patient Representative:** The patient representative is a member of the hospital staff who serves as a link between the patient, family, physicians and other hospital staff. The patient representative should be available to answer questions about hospital procedures, help with special needs or concerns and help solve problems. The patient representative is familiar with all hospital services and will assist you. There is no charge for services rendered by the patient representative.

Excerpted from New York State Department of Health's "Your Rights as a Hospital Patient in New York State"



New York State Health Care Proxy Form

(1) I, _____
hereby appoint _____
(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect only when and if I become unable to make my own health care decisions.

(2) Optional: Alternate Agent

If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint _____
(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise.

(3) Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in effect indefinitely. *(Optional: If you want this proxy to expire, state the date or conditions here.)* This proxy shall expire *(specify date or conditions)*: _____

(4) Optional: I direct my health care agent to make health care decisions according to my wishes and limitations, as he or she knows or as stated below. *(If you want to limit your agent's authority to make health care decisions for you or to give specific instructions, you may state your wishes or limitations here.)* I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions *(attach additional pages as necessary)*: _____

In order for your agent to make health care decisions for you about artificial nutrition and hydration *(nourishment and water provided by feeding tube and intravenous line)*, your agent must reasonably know your wishes. You can either tell your agent what your wishes are or include them in this section. See instructions for sample language that you could use if you choose to include your wishes on this form, including your wishes about artificial nutrition and hydration.



(5) Your Identification *(please print)*

Your Name _____
Your Signature _____ Date _____
Your Address _____

(6) Optional: Organ and/or Tissue Donation

I hereby make an anatomical gift, to be effective upon my death, of: (check any that apply)

- Any needed organs and/or tissues
- The following organs and/or tissues _____
- Limitations _____

If you do not state your wishes or instructions about organ and/or tissue donation on this form, it will not be taken to mean that you do not wish to make a donation or prevent a person, who is otherwise authorized by law, to consent to a donation on your behalf.

Your Signature _____ Date _____

(7) Statement by Witnesses *(Witnesses must be 18 years of age or older and cannot be the health care agent or alternate.)*

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Date _____ Date _____

Name of Witness 1 _____ Name of Witness 2 _____
(print) _____ *(print)* _____

Signature _____ Signature _____

Address _____ Address _____



Mount Sinai Health Information Exchange (HIE) and Healthix Consent Form

The Mount Sinai Health Information Exchange (“Mount Sinai HIE”) and Healthix share information about people’s health electronically and securely to improve the quality of health care services. This kind of sharing is called e-health or health information technology (“Health IT”). To learn more about Health IT in New York State, read the brochure, “Better Information Means Better Care.” You can ask your health care provider for it, or go to the website www.ehealth4ny.org.

In this Consent Form, you can choose whether to allow the health care providers listed on the Mount Sinai HIE website www.mountsinainconnect.org (“HIE Participants”) to obtain access to your medical records through a computer network operated by the Mount Sinai HIE. This can help collect the medical records you have in different places where you get health care, and make them available electronically to the providers treating you. The list of HIE Participants on the website will be updated regularly.

You may also use this Consent Form to decide whether or not to allow employees, agents or members of the medical staff of The Mount Sinai Hospital and Icahn School of Medicine at Mount Sinai (together, “Mount Sinai”) to see and obtain access to your electronic health records through Healthix, which is a Health Information Exchange, or Regional Health Information Organization (“RHIO”), a not-for-profit organization recognized by the State of New York. This can also help collect the medical records you have in different places where you get healthcare, and make them available electronically to the providers treating you. This consent gives your permission for any Mount Sinai program in which you are a patient to access your records from your other healthcare providers authorized to disclose information through Healthix. A complete list of current Healthix Information Sources is available from Healthix and can be obtained at any time by checking the Healthix website at <http://healthix.org> or by calling Healthix at 877-695-4749. Upon request, your provider will print this list for you from the Healthix website.

YOUR CHOICE TO GIVE OR TO DENY CONSENT MAY NOT BE THE BASIS FOR DENIAL OF HEALTH SERVICES OR HEALTH INSURANCE COVERAGE.

PLEASE CAREFULLY READ THE INFORMATION ON THE ATTACHED FACT SHEET, WHICH IS PART OF THIS CONSENT FORM, BEFORE MAKING YOUR DECISION

Your Consent Choices. You can fill out this form now or in the future. You have the following choices:
Please check Box 1 or Box 2.

1. I GIVE CONSENT to ALL of the HIE Participants listed on the Mount Sinai HIE website to access ALL of my electronic health information through the Mount Sinai HIE and I GIVE CONSENT TO ALL employees, agents and members of the medical staff of Mount Sinai to access ALL of my electronic health information through HEALTHIX in connection with any of the permitted purposes described in the fact sheet, including providing me any health care services, including emergency care.

2. I DENY CONSENT to ALL of the HIE Participants listed on the Mount Sinai HIE website to access my electronic health information through the Mount Sinai HIE and I DENY CONSENT TO ALL employees, agents, and members of the medical staff of Mount Sinai to access ANY of my electronic health information through HEALTHIX for any purpose, even in a medical emergency.

Note: UNLESS YOU CHECK THE “I DENY CONSENT” BOX, New York State law allows health care providers treating you in an emergency to gain access to your medical records, including records that are available through the Mount Sinai HIE and Healthix. IF YOU DON’T MAKE A CHOICE, the records will only be shared in an emergency as allowed by applicable law.

Print Name of Patient

Patient Date of Birth

Signature of Patient or Patient’s Legal Representative

Date

Print name of Legal Representative (if applicable)

Relationship of Legal Representative to Patient (if applicable)

Ambulatory Patient Notification Record



I acknowledge that I have been given the following Notices and forms, as required by State and Federal regulations where appropriate:

- New York State Patient's Bill of Rights
- New York State Parent's Bill of Rights
- Patient's Responsibilities
- Notice of Privacy Practices
- Health Information Exchange (HIE) and Healthix Consent Form
- An Important Message From Medicare About Your Rights
- New York State Health Care Proxy Form
- Summary of Policy on Advance Directives
- Patient Information on Pain Management
- Appendix & Glossary

By signing below, I acknowledge that I have been provided a copy of the aforementioned Notices and Appendixes, when applicable, and have therefore been advised about my rights and responsibilities as a patient, any options available to me regarding advance directives, of how health information about me may be used and disclosed by the hospital and the facilities listed at the beginning of this notice, and how I may obtain access to and control this information.

Print Name of Patient or Personal Representative

Signature of Patient or Personal Representative

Date

Description of Personal Representative's Authority

I was not able to obtain the patient's acknowledgement of receipt of the foregoing Notices upon registration because:

- The patient refused to sign, despite good faith efforts;
- The patient was unaccompanied and not alert or oriented;
- The patient was unaccompanied and needed emergency care;
- Other: _____.

Employee signature: _____ Employee Title: _____

Print Name: _____ Date: _____



Important Information about Paying for Your Care at Mount Sinai Beth Israel

Mount Sinai Beth Israel (the "Hospital") is a participating provider in many health plan networks. You can find a list of the plans in which we participate at <http://www.mountsinaihealth.org/about-the-health-system/insurance-info/msbi>. Some health plans use smaller networks for certain products they offer so it is important to check whether we participate in the specific plan you are covered by. Our list will tell you if we do not participate in all of a health plan's products.

It is also important for you to know that the physician services you receive in the Hospital are not included in the Hospital's charges. Physicians who provide services at the Hospital may be independent voluntary physicians, may be employed by the Hospital, may be employees of the Icahn School of Medicine at Mount Sinai, or may be contractors. Physicians bill for their services separately and may or may not participate in the same health plans as the Hospital. You should check with the physician arranging your hospital services to determine which plans that physician participates in.

Plan participation information for physicians employed by the Hospital or the Icahn School of Medicine at Mount Sinai can be found by using the pink "find a doctor" toolbar at <http://www.mountsinaihealth.org> to navigate to individual physicians' profiles to view their insurance participation information. The Hospital also contracts with a physician group, York Anesthesiologists, PLLC, to provide anesthesiology services. Contact information for York Anesthesiologists, PLLC is as follows, and you should contact York Anesthesiologists directly to find out which health plans they participate in:

York Anesthesiologists, PLLC
Baird Hall, Room #3BH55
1st Ave at 17th Street
New York, NY 10003

Professional Medical Management (Billing Office)
46 West Oak Street
Amityville, NY 11701
(631) 264-2030
(631) 264-2035

You should also check with the physician arranging for your hospital services to determine whether the services of any other physicians will be required for your care. Your physician can provide you with the name, practice name, mailing address and telephone number of any physicians whose services may be needed. Your physician will also be able to tell you whether the services of any physicians employed or contracted by the Hospital are likely to be needed, such as anesthesiologists, radiologists and pathologists. As noted above, contact information for these physicians is available at www.mountsinaihealth.org and as listed above. You should contact these groups directly to find out which health plans they participate in.

Hospitals are required by law to make available information about their standard charges for the items and services they provide. This information can be obtained by calling (212) 256-3177 or writing to the Hospital's Patient Financial Services Department at 160 Water Street, 22nd Floor, New York, NY 10038.

If you do not have health insurance, you may be eligible for assistance in paying your hospital bills. Information about financial assistance is available at www.hospitalassistance.org, or you may contact our financial assistance offices as follows:

Department of Patient and Financial Counseling
307 First Avenue
New York, NY 10003
(212) 844-1914

Department of Financial Counseling, Philips Ambulatory Care Center
10 Union Square East
New York, NY 10003
(212) 844-6041