

# Catholic Health Notice of Privacy Practices

Effective February 1, 2026



**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.**

**THIS NOTICE ALSO DESCRIBES: (1) YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION; AND (2) HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR A VIOLATION OF YOUR RIGHTS CONCERNING YOUR INFORMATION.**

## Catholic Health's Obligations

Catholic Health ("CH") is required by law to maintain the privacy of your Protected Health Information ("PHI"). PHI is individually identifiable health information, in any form, related to past, present or future conditions and which can identify or be used to identify you (for example, by your name, address, date of birth or social security number). CH is required to abide by the terms of this Notice.

## Who will follow this Notice?

CH and its entities (including our hospitals, nursing homes, physician practices, home care and hospice programs, and the other CH owned or operated entities) must follow this notice, as must CH employees, affiliates, health care providers, medical staff, interns, students, volunteers and business associates who are involved in your treatment or services at CH.

## How CH can Use & Disclose PHI:

**Uses and Disclosures for Treatment, Payment and Health Care Operations:** CH can use and disclose your PHI without your prior authorization for the following purposes:

- **Treatment:** To provide you with treatment and/or health care including sharing PHI with other providers involved in your care (physicians, nurses, pharmacists, and other health care facilities or entities) for care coordination or for purposes such as appointments, reminders or information about treatment alternatives or other health related benefits and services.
- **Payment:** To bill and be paid for the services provided to you, such as obtaining payment from your health insurer, verifying your insurance coverage, or verifying that your health insurer will pay for your health care services.
- **Health Care Operations:** To conduct CH's business operations, such as the evaluation of the performance of the staff who have cared for you or the implementation of quality improvements to the care provided at CH.
- **Business Associates:** To individuals and companies CH has engaged to create, maintain, receive or transmit your PHI to perform certain business functions for or on behalf of CH, such as billing for services provided to you or hosting CH's electronic medical records system. Business associates are required by law to maintain the privacy of your PHI in the same fashion as CH.

**Uses and Disclosures Requiring Your Authorization:** CH may use and disclose your PHI, only with your prior authorization for the following purposes:

- **Sale or Marketing:** For marketing reasons including if CH receives financial gain. Face to face marketing by CH including when a promotional gift of small value is provided, is excluded.
- **Psychotherapy Notes:** For reasons other than treatment, payment or health care operations, including CH training programs related to group, joint or family counseling, or to defend CH against legal action or other proceeding.

**Uses and Disclosures To Which You May Agree or Object:** CH may use and disclose your PHI, unless you instruct otherwise, you do agree or you object verbally or in writing:

- **In Facility Directories:** To maintain a facility directory that includes your name, location within the hospital (including room number, if applicable), general health condition, and religious affiliation. Unless you object, CH may share this information (except religious affiliation) with anyone who asks for you by name, and may also share your religious affiliation, in addition to the other information, with members of the clergy. Your information will be listed in the directory unless you notify CH staff during registration.
- **To Those Involved in Your Care:** When providing care or treatment to others such as family members, relatives, close personal friends, or others you have identified as involved in your care or the payment of your care or treatment. CH may also disclose your PHI to the same individuals in the event of an emergency or to notify (or assist in notifying) them of your location, general condition or death, as well as to others prior to your death (unless doing so is contrary to what you expressed before and is known to CH).
- **To Others Present:** When providing treatment or care, to others present (including family members, other relatives or close personal friends), if CH obtains your agreement to such disclosure, provides you with an opportunity to object, or reasonably determines that you do not object to such disclosure.
- **In Fundraising:** To contact you to support CH fundraising initiatives, such as using the dates of your treatment or the treating department or unit. You may elect to stop receiving future fundraising communications by contacting CH. CH may not condition treatment or payment based on your choice.
- **Disaster Relief:** To a disaster relief organization, to contact your family or friends or coordinate relief efforts.

- **Emergency Circumstances:** In emergency circumstances and related situations. These circumstances may include instances when you lack capacity to object; when an opportunity for you to object is not practical; when, in the professional judgement of a CH health care provider, it is in the best interest for your care or treatment, or when individuals are acting on your behalf (such as to pick up medical supplies or prescriptions). CH may also rely on your previously expressed preferences.

**Uses and Disclosures That Do Not Require Your Authorization or Opportunity to Object:** CH may use and disclose your PHI for without your prior authorization or opportunity to object for the following purposes:

- **Public Health Activities:** To public health authorities for the following public health activities:
  - Reporting adverse reactions to medications, product defects or problems, biological product deviations and tracking purposes as well as to enable recalls, repairs or replacements and notifications to individuals of such, including those subject to the jurisdiction of the Food and Drug Administration (“FDA”);
  - Preventing or controlling disease, injury or disability including but not limited to the reporting of disease, vaccinations, injury, vital events such as birth or death, the conduct of public health surveillance, investigations or interventions or to the official of a foreign government agency acting in collaboration with a public health authority;
  - Reporting child abuse or neglect to a public authority authorized to receive such;
  - Alerting a person who may have been exposed to an infectious or communicable disease or may be at risk of contracting or spreading a disease;
  - Post marketing surveillance by the FDA;
  - Reporting information to your employer to comply with laws that govern work-related illnesses and injuries, or workplace medical surveillance, such as the Occupational Safety and Health Administration (“OSHA”); and/or
  - Reporting immunization information to a school, as long as the PHI is limited to proof of immunization and as long as CH obtains and documents the agreement of disclosure of the adult patient or a minor patient's parent, legal guardian or other person acting *in loco parentis*.
- **Victims of Abuse, Neglect or Domestic Violence:** To a government authority authorized by law to receive such reports, such as a social services or protective services agency, if CH reasonably believes you are a victim of abuse, neglect or domestic violence. In certain cases, CH is responsible for informing you of such disclosure.
- **Health Oversight Activities:** To a health oversight agency authorized by law for oversight activities such as to conduct audits, investigations (including joint activities related to the investigation of public benefits), inspections, licensure or disciplinary actions or civil, administrative or criminal investigations involving CH, or a government benefit program for which your PHI is relevant, such as Medicare and Medicaid.
- **Legal Proceedings:** In response to a court order or subpoena in judicial or administrative proceedings, or in response to a subpoena, discovery request or other legal request in certain lawful circumstances.
- **Law Enforcement:** To law enforcement officials in situations such as:
  - When required by law or in compliance with a court order, grand jury subpoena, court ordered warrant;
  - For purposes of identifying and locating a suspect, fugitive, witness or missing person;
  - To report a suspicious death resulting potentially resulting from criminal conduct; and/or
  - To report a suspected crime occurring on CH property.
- **Victims of Crimes:** To law enforcement officials if you are suspected to be the victim of a crime (as applicable, where you agree to the disclosure or, in circumstances in which you cannot agree to the disclosure and the PHI is needed, such as in an emergency or if you lack capacity).
- **Deceased Individuals:** To a coroner, medical examiner or funeral director authorized by law to receive PHI to carry out their duties.
- **Organ & Tissue Donation:** To organ procurement agencies or other entities engaged in the procurement, banking and/or transplantation of organs, eyes, or tissue for the purposes of donation and transplantation.
- **Threat to Harm or Public Safety:** To prevent or lessen a serious and imminent threat to the health and safety of an individual or the public (including to those who may be able to prevent or lessen such threat) or to a law enforcement official, such as to identify or apprehend or identify an individual who is suspected of participating in a violent crime or has escaped from a correctional facility.
- **Specialized Government Functions:** including:
  - To military command authorities If you are a member of the armed forces;
  - To a foreign military authority if you are foreign military personnel;
  - To authorized federal officials who are conducting intelligence, counter intelligence or other national security activities;
  - To authorized federal officials, to foreign heads of state or other persons authorized under the law, for the protective services of the President and others;
  - To the correctional facilities housing inmates or others for purposes of providing them with care, to protect their health and safety of the individual or others such as officers transporting inmate or individuals and/or for the safety and security of the facility; and/or

- To the National Instant Criminal Background Check System (“NICS”) or state agency or commission, an individual who is prohibited from possessing a firearm under federal or state law.
- **Workers’ Compensation:** As authorized by state laws relating to workers’ compensation or similar programs.
- **Research:** For research purposes, subject to the requirements of applicable law. All research projects are subject to a special approval process that balances research needs with a patient’s need for privacy. When required, CH will obtain a written authorization or consent prior to using your PHI for research.
- **As Required by Law:** As required to do so by any other laws not already referenced in this Notice.

**Uses and Disclosures of Reproductive Health Information:** CH may use and disclose Reproductive Health Information (PHI related to pre- and post- pregnancy treatment, testing of both parents, and family planning) in the same manner as to other PHI outlined in this Notice, except for the purposes of conducting a criminal, civil or administrative investigation into or to impose a criminal, civil or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, where such health care is lawful. Further, CH may not use or disclose this information to identify a person for the purpose of conducting such investigation or imposing liability.

- CH may require the completion of an attestation prior to the use or disclosure of this type of PHI.

**Uses and Disclosures of Substance Use Disorder (“SUD”) Treatment Information (Part 2 Programs):** CH may only use and disclose SUD treatment related health information generated or obtained by programs operated as “Part 2” programs as follows:

- **Treatment, Payment and Health Care Operations:** CH requires your consent for the use and disclosure of SUD treatment related health information under a CH Part 2 program. You may provide a single one-time consent for the purpose of future and ongoing use or disclosure of SUD treatment information.
- **Legal, Civil or Administrative Proceedings:** CH requires your consent for the use and disclosure of SUD treatment related health information under a CH Part 2 program, or testimony relaying the content of SUD treatment information, in civil, criminal, administrative or legislative proceedings against you. Further, a court order authorizing the use and disclosure or similar legal mandate is required. Information can only be used or disclosed only after you have received notice and an opportunity to be heard, or CH, as the holder of this information, has received notice and an opportunity to be heard.
- **Fundraising:** To fundraise for the benefit of the CH Part 2 program only if you are first provided with a clear and conspicuous opportunity to elect not to receive such fundraising communications.
- **Public Health Authorities:** To public health authority without your consent, if the records to be disclosed are de-identified as defined under HIPAA.
- **Other Purposes:** Without your consent for purposes including: (i) for your treatment in an emergency; (ii) for audits and evaluations; (iii) for research purposes; (iv) pursuant to a court order; (v) to a qualified service organization (i.e., contractor) that provides services; (vi) within CH as CH maintains “direct administrative control” over CH Part 2 programs, if in connection with duties related to SUD diagnosis, treatment or referral; (vii) to report abuse, neglect or maltreatment; and (viii) to report a crime that occurred at or on the premises of a CH Part 2 program.

**Note:** Federal law and regulations may impose additional requirements on the disclosure of SUD treatment information. Additionally, CH will use and disclose Part 2 program information not described in this Notice only with your written consent.

**Re-disclosure of Health Information:** Depending on the type of PHI, re-disclosure by the recipient may be prohibited under federal or state law. Information obtained by a CH Part 2 program with your consent for treatment, payment, and health care operations may be further disclosed by that program or a by CH business associate, without your consent, to the extent the HIPAA regulations permit such disclosure. If re-disclosure is permitted by the recipient, that information will no longer protected by provisions under federal law.

**Additional Information and Revocation of Authorization or Consent:** Other uses and disclosures of PHI not described in this Notice or permitted by law may require your written authorization or consent. Further, if you provide CH with a written authorization or consent, you can revoke such written authorization or consent at any time (except to the extent that we received your revocation after we have already relied upon your written authorization or consent). For SUD treatment information under CH Part 2 programs, CH is prohibited from re-disclosing information once consent in writing is received. To revoke a written authorization or consent, please contact the specific CH entity that treated you (e.g., the HIM Department of a hospital or the physician practice at which you were seen).

## Your Rights:

You (or your personal representative acting on your behalf) have certain rights to access and control your health information. These rights include the right to:

**Inspect and Copy Your Health Information:** To inspect and/or obtain copies of your medical records.

- You must submit your request in writing, by completing the “*Authorization for the Use & Disclosure of Health Information Pursuant to HIPAA*” form available at [www.chsl.org/medical-records](http://www.chsl.org/medical-records). Further information may also be found at the same website, including instructions on how to complete the form, where to send your request, on how to obtain a copy your PHI via CH’s online system, and how to enroll in a CH MyChart account (quick and easy access to your PHI).
- To obtain a copy of your billing records only, you must submit a completed request to Patient Accounts, CH Service Center, 245 Old Country Road, Melville, NY 11747.

In some cases, CH can charge a reasonable cost-based fee for the costs associated with providing you with copies of your PHI. If applicable, you will be provided with an estimated fee before CH fulfills your request. If your PHI is not readily producible in the

format you request, CH will provide the PHI either in our standard electronic format or as a paper document. CH typically fulfills requests as soon as possible and within 10-30 days of receiving a written request. CH has the right to deny access to your PHI in some cases. If your request is denied, we will provide you with a timely written explanation for the basis of the denial.

**Amend Your PHI:** To amend to your PHI (as maintained by CH) if you believe that it is incorrect or incomplete.

- You must submit your request, in writing, by completing the “*Request for Amendment/ Correction of Protected Health Information*” form available at [www.chsli.org/medical-records](http://www.chsli.org/medical-records). Further information is also available at the same website, including instructions on how to complete the form and where to send your request. Any amendment request should detail what part of the PHI you want changed and the reasons why you are requesting the change.
- CH can deny your request for an amendment if we reasonably believe that the existing information is accurate and complete, if we did not create the PHI, or if other special circumstances apply. CH will notify you in writing of the denial of your amendment request within 60 days.

**Request an Accounting of Disclosures of Your PHI:** To an accounting of certain disclosures of your PHI by CH.

- You must submit your request for an accounting of PHI disclosures, in writing, by completing the “*Request for Accounting of Disclosures*” form available at [www.chsli.org/medical-records](http://www.chsli.org/medical-records). Further information is also available at the same website, including instructions on how to complete the form and where to send your request.
- An “Accounting of Disclosures” lists information on how CH has disclosed your PHI in the past six (6) years or, in the case of Substance Use Disorder treatment information under a CH Part 2 program, the past three (3) years. The individual or entity who CH disclosed your PHI to and the reason your PHI was disclosed will be included. The Accounting of Disclosures will not include disclosures of your PHI made for treatment, payment or health care operations or when you authorized the disclosure in writing unless the disclosure is related to Substance Use Disorder treatment information under a CH Part 2 program.
- CH will provide you with one (1) free Accounting of Disclosures each year. For any additional Accounting of Disclosures you request within the same 12 months, CH may charge a reasonable, cost-based fee.

**Request Privacy Protections – Restriction and Confidential Communications:** You have the right to request certain restrictions on how CH uses or discloses your PHI, as well as to choose confidential communication methods.

- **Restrictions:** To request a restriction on the use or disclosure of your PHI, such as limiting information sharing with certain family and friends OR the use and disclosure of your PHI to your health plan (such that CH may not submit a claim for services provided), you must submit your request in writing by completing the “*Request for Additional Privacy Protections*” form available at [www.chsli.org/medical-records](http://www.chsli.org/medical-records). Further information is also available at the same website, including instructions on how to complete the form and where to send your request.

CH is not required to agree to your request. If CH agrees to the requested restriction(s), CH may still use and disclose PHI for emergency treatment. If you choose to restrict CH from using or disclosing PHI with your health plan, you will be responsible to pay for the service in full on an “out-of-pocket” basis prior to or at the time of service. CH will comply with your request unless the disclosure to your health plan is required by law.

- **Confidential Communications:** To request receipt of PHI in other reasonable alternative means (such as at a home or office phone, or at an address different from that in your record), you must submit your request in writing by completing the “*Request for Additional Privacy Protections*” form available at [www.chsli.org/medical-records](http://www.chsli.org/medical-records). Further information is also available at the same website, including instructions on how to complete the form and where to send your request. CH will accommodate all reasonable requests.

## Other Obligations under this Notice:

**Notification Following a Breach of PHI:** CH must provide written notification to you in the event that there is a breach of your PHI. CH is required by law to do so within sixty (60) days of discovery of the breach.

**Obtain a Paper Copy of this Notice:** You have the right to receive a paper copy of this Notice from CH at any time (even if you have previously received this Notice electronically). You may view or obtain an electronic copy of this Notice by visiting [www.chsli.org](http://www.chsli.org). You also have the right to discuss the notice with designated staff at Catholic Health’s Privacy Office. Contact information is available at <https://www.catholichealthli.org/for-patients-visitors/patient-privacyhipaa-rights>.

**Change to this Notice:** CH reserves the right to change the terms of this Notice, including when there is a material change to the uses or disclosures, your rights, CH’s legal duties or other privacy practices. If we make any changes to this Notice, the changes will apply to all of your PHI after the effective date of the Notice. The new Notice will be available to you upon request, posted at our facilities and by visiting [www.chsli.org](http://www.chsli.org).

**Report a Privacy Violation or Complaint:** If you suspect your privacy rights may have been violated, please visit the CH website at [www.chsli.org](http://www.chsli.org) and select “*Patient Privacy/HIPAA Rights*” for the contact information of the relevant CH Entity Privacy Officer or call 516-705-3704 to reach the CH Chief Privacy Officer. You can also visit [www.chsli.ethicspoint.com](http://www.chsli.ethicspoint.com) to make a confidential or anonymous report, 24/7/365. CH will not retaliate against you for filing a complaint or reporting information to the CH’s Privacy Office. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by mail at 200 Independence Avenue SW, Washington, DC 20201, by calling (877) 696-6775 or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).