



The Brooklyn Hospital Center
Keeping Brooklyn Healthy

Welcome to the TBHC Ambulatory Care Network

PRIMARY CARE AND SPECIALTY CARE FOR THE WHOLE FAMILY



1.833.TBHC.NOW (1.833.824.2669)

Ambulatory Care Center
Children's Health Center
Dentistry and Oral Maxillofacial Surgical Center
Family Medicine Center
PATH Center
Women's Health Center
The Brooklyn Hospital Center
121 DeKalb Avenue, Downtown Brooklyn

La Providencia Family Health Center
1280 DeKalb Avenue, Bushwick

The Physicians Pavilion
86 Saint Felix Street, Fort Greene

Williamsburg Family Health Center
99 Division Street, Williamsburg



Whether you're new to The Brooklyn Hospital Center or you're a patient who has been with us for years, our patient portal *MyChart at Brooklyn Health* is your pathway to optimal healthcare.

Every patient at TBHC will be a part of *MyChart at Brooklyn Health*, and registration couldn't be easier. Everything you need to know is right here.

Register now and see how *MyChart at Brooklyn Health* can make it simple and convenient to manage your healthcare with your team at The Brooklyn Hospital Center.

With *MyChart at Brooklyn Health*, you'll have 24/7 online access to a secure, personal account containing your medical, prescription and billing information from your TBHC facilities and doctors.

Several of the ordinary tasks that currently require a phone call (or many phone calls) can now be handled easily and conveniently on your time using your smartphone or computer.

Just a few of these routine functions include:

- Messaging with your doctor at your convenience.
- Scheduling, changing and canceling appointments.
- Requesting prescription refills.
- Paying co-pays and completing intake forms before an appointment.
- Viewing lab work and test results.
- Managing billing and payments.

To receive access, use the MyChart link and activation code provided by your ambulatory care site to begin entering your information. Continue with the last four digits of your Social Security Number and your Date of Birth. Then click "NEXT" and follow the remaining prompts.

If you have not received your MyChart Activation Code or if your Code is not working (secure MyChart Activation Codes expire after 30 days) request set up at your next appointment or email mychart@tbh.org and our helpful support team will assist you in your registration.

Answers to Your Questions

Is there a fee to use *MyChart at Brooklyn Health*?

MyChart at Brooklyn Health is a free service offered to our patients.

How do I know *MyChart at Brooklyn Health* is secure?

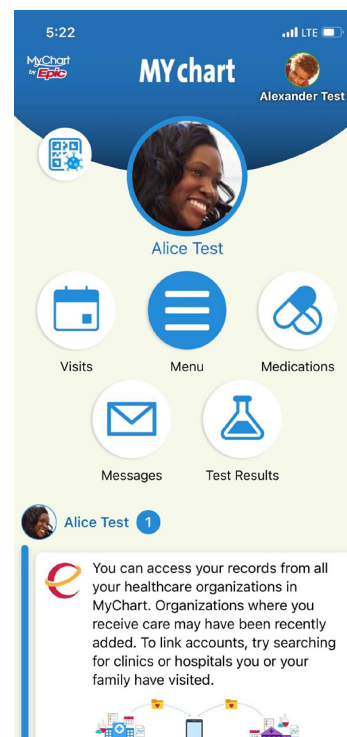
We take great care to ensure your health information is kept private and secure. Access to information is controlled through secure activation codes, personal usernames and passwords. Each person controls his or her password, and the account cannot be accessed without that password. Unlike conventional email, all *MyChart* messaging is done only while you are securely logged on to our website.

What is your Privacy Policy?

MyChart at Brooklyn Health is owned and operated by The Brooklyn Hospital Center and is fully compliant with federal and state laws pertaining to your privacy. Your name and email address will be treated with the same care and privacy given your health records and will never be sold or leased. Visit tbh.org for more on the hospital's Privacy Policy.

What if I have further questions about *MyChart at Brooklyn Health*?

If you'd like more information about *MyChart at Brooklyn Health*, look through Frequently Asked Questions on mychart.tbh.org. If you don't find what you're looking for, email our support team at mychart@tbh.org.





The Brooklyn Hospital Center

Keeping Brooklyn Healthy

Access to healthcare in your neighborhood makes a difference to your well-being. You can receive high-quality primary and multispecialty services across our ambulatory care network. Review the list of locations below.

FOR AN APPOINTMENT CALL 1.833.TBHC.NOW (1.833.824.2669).

The Brooklyn Hospital Center (Main Campus)

- H1** 121 DeKalb Avenue, Downtown Brooklyn Ambulatory Care Center
- H2** Children's Health Center
- H3** Dentistry and Oral/Maxillofacial Surgical Center
- H4** Family Medicine Center
- H5** PATH Center
Comprehensive HIV/AIDS health care, counseling and other services.
- H6** Women's Health Center

Services

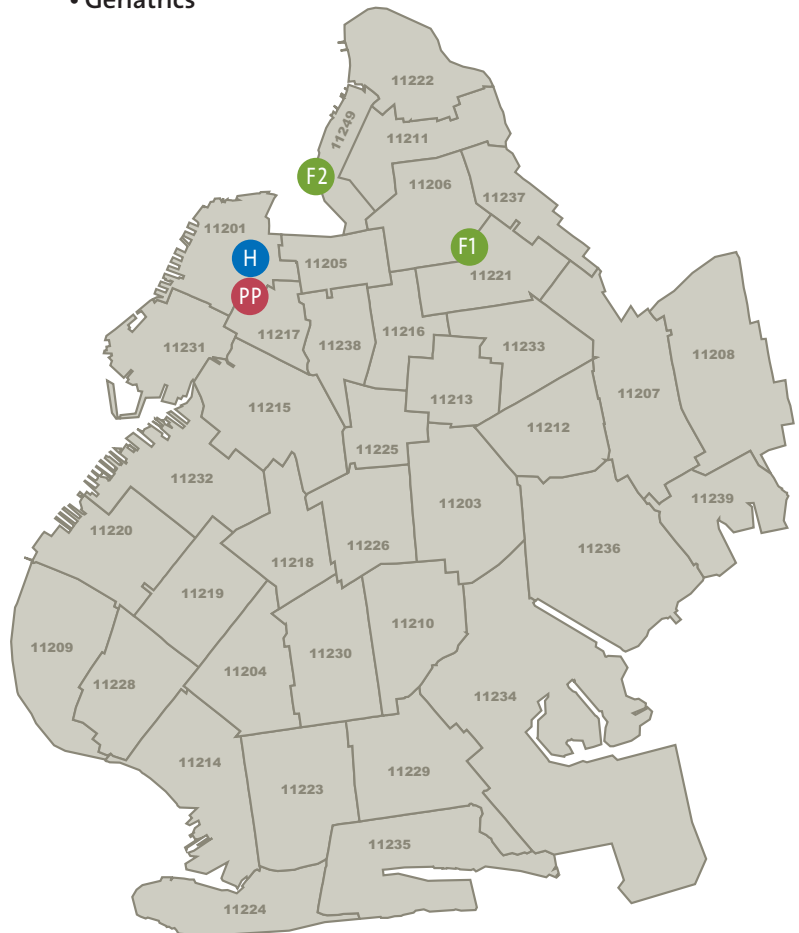
- Bariatric Surgery
- Cardiology
- Dermatology
- Ears, Nose and Throat (ENT)
- Endocrinology
- Gastroenterology
- General Surgery
- Geriatrics
- Nephrology
- Neurology
- Neurosurgery
- Nutrition
- OB/GYN
- Orthopaedics
- Pain Management
- Pediatric Specialties
- Plastic Surgery
- Podiatry
- Pulmonology
- Rheumatology
- Sports Medicine
- Urology
- Vascular Surgery

Neighborhood Family Health Centers

- F1** La Providencia Family Health Center
1280 DeKalb Avenue, Bushwick
- F2** Williamsburg Family Health Center
99 Division Avenue, Williamsburg

Physician Pavilion

- PP** 86 Saint Felix Street, Fort Greene



The colored dots reflect each center on the list.

If you wish to provide us with feedback or concern, please let the staff know, complete a patient satisfaction survey, or contact our Patient Relations Department at 718.250.8292.



The Brooklyn Hospital Center
Keeping Brooklyn Healthy



The Brooklyn Hospital Center is recognized as a Patient Centered Medical Home from the National Committee for Quality Assurance. The Brooklyn Hospital Center earned this recognition by demonstrating excellent primary care and a commitment to quality and safety based on proven research.

WHAT IS A MEDICAL HOME?

It is not a house or building. It is a comprehensive, coordinated, safe and accessible primary care team.

It puts the patient at the center of care and working with the health team to improve your health outcomes. It is about building relationships between people and their health team. Your personal physician will manage all of your healthcare needs and arrange your care should you need an outside specialist or hospital visit. The physician will stay in close contact with any outside providers, making sure all caregivers are aware of your unique medical history.

We offer an array of patient education opportunities, for example, diabetes management, tobacco cessation and prenatal education classes.

Please call 1.833.TBHC.NOW (1.833.824.2669) to make an appointment.

Thank you for choosing The Brooklyn Hospital Center for your care!





Nondiscrimination and Accessibility Requirements

NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENT

Discrimination is Against the Law

The Brooklyn Hospital Center (TBHC) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. TBHC does not exclude people or treat them worse because of their race, color, national origin, age, disability, or sex.

TBHC:

Provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language services to people whose first language is not English when needed to communicate effectively with us, such as: Interpreters, and information translated into other languages. If you need these services, contact:

TBHC Department of Patient Relations;
718.250.8292 (day); 718.250.8025 (nights & weekends).

If you believe that TBHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Patient Relations, 121 DeKalb Avenue, Brooklyn, NY, 11201, phone: 718.250.8292, fax: 718.250.6331, e-mail: patientrelations@tbh.org. You can file a grievance in person, by mail, fax, or email. If you need help filing a grievance Patient Relations is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone, or fax at: U.S. Department of Health & Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201, 1.800.368.1019, and fax of OCR Headquarters Office. Complaint forms are available at <http://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.



Nondiscrimination and Accessibility Requirements

INFORMING INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

ATTENTION: Language assistance services, free of charge, may be available to you, by dialing 1.718.250.8292.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.718.250.8292.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.718.250.8292.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.718.250.8292.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.718.250.8292.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.718.250.8292번으로 전화해 주십시오

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.718.250.8292.

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1.718.250.8292.



Nondiscrimination and Accessibility Requirements

INFORMING INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১ 1.718.250.8292.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.718.250.8292.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم: 1.718.250.8292).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.718.250.8292.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1.718.250.8292

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.718.250.8292.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1.718.250.8292.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.718.250.8292.



Your Rights

PATIENT BILL OF RIGHTS FOR DIAGNOSTIC & TREATMENT CENTERS (CLINICS)

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

1. Receive services(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, gender identity, national origin or sponsor.
2. Be treated with consideration, respect and dignity including privacy in treatment.
3. Be informed of the services available at the center.
4. Be informed of the provisions for off-hour emergency coverage.
5. Be informed of the charges for services, view a list of the health plans and hospitals that the center participates with, eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care.
6. Receive an itemized copy of your account statement, upon request.
7. Obtain from your healthcare practitioner, or the healthcare practitioner's delegate, complete and current information concerning your diagnosis, treatment and prognosis in terms you can be reasonably expected to understand.
8. Receive from your physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting you to make a knowledgeable decision.
9. Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of your action.
10. Refuse to participate in experimental research.
11. Voice grievances and recommend changes in policies and services to the center's staff, the operator and the New York State Department of Health without fear of reprisal.
12. Express complaints about the care and services provided and to have the center investigate such complaints. The center is responsible for providing you or your designee with a written response within 30 days if requested by you indicating the findings of the investigation. The center is also responsible



Your Rights

PATIENT BILL OF RIGHTS FOR DIAGNOSTIC & TREATMENT CENTERS (CLINICS)

for notifying you or your designee that if you are not satisfied by the center response, you may complain to the New York State Department of Health.

13. Privacy and confidentiality of all information and records pertaining to your treatment.
14. Approve or refuse the release or disclosure of the contents of your medical record to any healthcare practitioner and/or healthcare facility except as required by law or third-party payment contract.
15. Access to your medical record per Section 18 of the Public Health Law, and Subpart 50-3. For additional information link to: http://www.health.ny.gov/publications/1449/section_1.htm#access.
16. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
17. When applicable, make known your wishes in regard to anatomical gifts. Persons sixteen years of age or older may document their consent to donate their organs, eyes and/or tissues, upon their death, by enrolling in the NYS Donate Life registry or by documenting their authorization for organ and/or tissue donation in writing in a number of ways (such as health care proxy, will, donor card, or other signed paper). The health care proxy is available from the center.
18. View a list of the health plans and the hospitals that the center participates with.
19. Receive an estimate of the amount that you will be billed after services are rendered.



Your Privacy Matters to Us

NOTICE OF PRIVACY PRACTICES

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 went into effect on April 14, 2003. It was updated on April 4, 2018.

If you have any questions about this Notice of Privacy Practices, please contact Patient Relations at 718.250.8292 or refer to the contact information on the last page of this Notice.

The Brooklyn Hospital Center respects the confidentiality of Protected Health Information (PHI or health information) and will protect PHI in a responsible manner and in accordance with rules, and regulations. This Notice is provided to you as a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and implementing regulations enacted by the federal government under that statute.

WHO WILL FOLLOW THIS NOTICE

In this Notice, we will refer to The Brooklyn Hospital Center as the “Hospital.” The Hospital provides health care to patients jointly with physicians and other health care professionals and organizations. We may use your health information for treatment, payment, hospital

operations, or research purposes as described in this Notice. The privacy practices described in this notice will be followed by:

- Any health care professional who treats you at any of our locations;
- All employees, medical staff, trainees, students or volunteers at any of our locations;
- Any business associate of our facility (which are further described below).

ABOUT THIS NOTICE

This notice will tell you about the ways we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to your health information; and
- follow the terms of the notice that is currently in effect.

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 protected health information (PHI) is:

- Information that you are a patient at the facility or receiving treatment or other health-related services from our facility;



Your Privacy Matters to Us

- Information about your health condition (such as a disease you may have);
- Information about health care products or services you have received or may receive in the future (such as an operation); or
- Information about your health care 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 phone number, or your driver's license number); and
- other types of information that may identify who you are.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Requirement for Written Authorization: We will generally obtain your written authorization before using your health information or sharing it with others outside the facility. You may also initiate the transfer of your records to another entity by completing a written authorization form. If you provide us a written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it.

Exceptions to Written Authorization Requirement:

The following categories describe different ways that we use and disclose health information. However, all of the ways we are permitted to use and disclose information will fall within one or more of the categories. There are some situations when we do not need your written authorization before using your health information or sharing it with others. They are:

Exception for Treatment, Payment, and Business Operations:

We may use and disclose your health information to treat your condition, collect payment for that treatment, or run our business operations. In some cases, we may also disclose your health information to another provider or payer for its payment activities and certain of its business operations. Below are further examples of how your information may be used and disclosed for these purposes.

For Treatment: We may share your health information with doctors, nurses, and allied health professionals at the facility who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. A doctor at our facility may share your health information with another doctor inside our facility, or with a doctor at another facility to determine how to diagnose or treat you. Your doctor may also share your health information with another doctor to whom you have referred for further health care.



Your Privacy Matters to Us

For Payment: We may use and disclose health information about you so that we may bill for treatment and services you receive at the Hospital and can collect payment from you, an insurance company, or another party. For example, we may need to give information about surgery you received at the Hospital to your health plan so that the plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose information about you to other healthcare facilities for purposes of payment as permitted by law. You may request us to withhold health information from your health plan if the information relates to services you paid for yourself in full.

For Health Care Operations: We may use and disclose health information about you for operations of the Hospital. These uses and disclosures are necessary to run the Hospital and make sure that all of our patients receive quality care. For example, your information may be reviewed for educational purposes & training, to evaluate the performance of our staff caring for you, quality improvement purposes in our efforts to continually improve the quality and effectiveness of the care and services we provide. We may also combine health information about many patients to decide what additional services the Hospital should offer, what services are not

needed, and whether certain new treatments are effective. We may share your protected health information with third-party “business associates” who need the information in order to assist perform various activities (for example, billing services) for the Hospital. The business associates will also be required to protect your health information. We may also disclose information about you to other healthcare facilities as permitted by law.

Appointment Reminders, Treatment Alternatives, Benefits and Services: In the course of providing treatment to you, we may use your health information to contact you to remind you that you have an appointment for treatment, services or refills at our facility. We may also use your health information in order to recommend possible treatment alternatives or other health-related benefits or services that may be of interest to you.

Fundraising Activities: We may contact you in an effort to raise money for the Hospital. Unless you give us permission to use additional information, we shall limit use of your information to contact information such as your name, address and telephone number, and the dates you received treatment or services at the Hospital. If you do not want to be contacted for fundraising, you may opt out of such efforts by following the procedures described in fundraising letters you receive, or by notifying the Brooklyn Hospital Foundation.



Your Privacy Matters to Us

Inpatient Directory: If you do not object, we will include certain limited information about you in the Hospital's directory while you are a patient at the Hospital so your family, friends, and clergy can visit you and generally know how you are doing. This information may include your name, location in the Hospital, your general condition (fair, stable, critical etc.) and your religious affiliation. This information, except for your religious affiliation, may be released to people who ask for you by name. This information, including your religious affiliation, may be given to a member of the clergy even if they don't ask for you by name. You may specifically request that we not include you in the directory when you register.

Individuals Involved in Your Care or Payment for Your Care: In general, health information will not be disclosed without a patient's consent to anyone except the patient and his or her designee except as necessary for treatment activities, processing bill payments, or for hospital operational purposes, including following your death. Health information may be disclosed to a patient's family members, relatives, and close personal friends if it is relevant to their involvement with the patient's care or payment, and if it is in the patient's best interest. If the patient is available when these disclosures are made, the provider must obtain the patient's agreement, provide the patient with an opportunity to object, or reasonably infer based on professional judgment that the patient

does not object. In some cases, we may need to share your information with a disaster relief organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Research: Under certain circumstances, we may use and disclose health information about you for research purposes. No information about you will be disclosed unless it complies with applicable laws, rules and regulation, and the research project has been approved by the Institutional Review Board.

As Required By Law: We will disclose health information about you when required to do so by federal, state, or local law, rule or regulation.

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

SPECIAL SITUATIONS

New York State Law: Special privacy protections apply to HIV-related information, alcohol and substance abuse information, mental health information, and genetic information. Some parts of this Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you may be provided



Your Privacy Matters to Us

with a separate notice explaining how the information will be protected.

Organ and Tissue Donation: If you are an organ or tissue donor, we may release health information to organizations that handle organ procurement or to an organ donation bank.

Military and Veterans: If you are a member of the armed forces of the United States or another country, we may release health information about you as required by military command authorities.

Inmates and Correctional Institutions: If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, 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.

Worker's Compensation: We may release medical information about you for worker's compensation or similar programs that provide benefits for work-related injuries or illnesses.

Public Health Risks: We may disclose to authorized public health or government officials

medical information about you for public health activities such as the following:

- for purposes related to the quality, safety or effectiveness of an FDA-regulated product or service;
- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with food or other products;
- to notify people of recalls or replacements of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena,



Your Privacy Matters to Us

discovery request, or other legal demand by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release health information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime, if under certain circumstances we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime;
- to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Exception If Information is Completely or Partially De-Identified: We may use or disclose your health information if we have removed any information that might identify you so that the health information is "completely de-identified." We may also use and disclose "partially de-identified" information if the person who will receive the

information agrees in writing to protect the privacy of the information as required by law. Partially de-identified health information will not contain any information that would directly identify you (such as name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number).

Coroners, Medical Examiners and

Funeral Director: In the unfortunate event of your death, we may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors so they can carry out their duties.

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

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding medical information we maintain about you:



Your Privacy Matters to Us

Right to Inspect and Copy: You have the right to inspect and obtain a paper and/or electronic copy of any of your health information that maybe used to make decisions about you and your treatment for as long as we maintain this information in our records. Usually, this includes medical and billing records. This right does not include psychotherapy notes, information compiled for use in a legal proceeding, protected health information that is subject to laws that prohibit access or certain information maintained by laboratories.

In order to inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Hospital's Health Information Management (HIM) Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. A licensed healthcare professional will conduct the review. The reviewer will not be the person who denied your original request. We will comply with the outcome of the review.

Right to Amend: If you believe that medical information 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 by or for the Hospital. To request an amendment, your request must be made in writing and submitted to the Hospital's Health Information Management department. You must give a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the health information kept by or for the Hospital;
- is not part of the information that you would be permitted to inspect and copy; or
- is accurate and complete.

We will provide you with written notice of action we take in response to your request for amendment.

Right to Receive Notice of a Breach: We are required to notify you promptly if there is a breach that may have compromised the privacy or security of your information.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures". This is a list of certain disclosures we made of medical information about you. We are



Your Privacy Matters to Us

not required to account for any disclosures you specifically requested or for disclosures related to treatment, payment, healthcare operations, or made pursuant to an authorization signed by you.

To request an accounting of disclosures, you must submit your request in writing to Health Information Management. Your request must state a time period, which may not be longer than six years. We will attempt to honor your request. If you request more than one accounting in any 12-month period, we may charge you for our reasonable retrieval, list preparation and mailing costs for the second and subsequent requests. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you emergency treatment. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share your information with

your health insurer for the purpose of payment or our operations. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. We will agree unless a law requires us not to share that information.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Patient Relations. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will attempt to accommodate reasonable requests.

Right to Choose Someone to Act for You: You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and legal guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted to act on their own behalf.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice at your first treatment encounter at the Hospital. You may get an additional copy of this Notice at any time by



Your Privacy Matters to Us

contacting Patient Relations. You may also obtain a copy of this notice at our website, www.tbh.org.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for health information about you we already have as well as any information we receive in the future. We will post a copy of the current Notice in the Hospital. The Notice will contain on the first page the effective date. In addition, each time you register at or are admitted to the Hospital for treatment or health care services as an inpatient or outpatient, we will make available copies of the current Notice. Any revisions to our Notice will also be posted on our website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Hospital or with the Office of Civil Rights of the U.S. Department of Health and Human Services. You can file a complaint with the U.S. Department of Health and Human Services for Civil Rights by sending a letter to 200 Independence Avenue, S.W. Washington, D.C. 20201, or emailing: OCRCComplaint@hhs.gov. To file a complaint with us here, please call or write to Patient Relations or to the Privacy Officer listed at the end of this Notice. *No one will retaliate or take action against you for filing a complaint.*

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization, on a Hospital authorization form. If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for reasons covered by your written authorization. However, we may continue to use or disclose that information to the extent we have relied on your authorization. You also understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provide to you.

For more information and answers to questions, please contact:

The Brooklyn Hospital Center
121 DeKalb Avenue
Brooklyn, NY 11201
Patient Relations: **718.250.8292**
Privacy Officer: **718.250.8458**



Paying for Your Healthcare

SURPRISE BILL LAW NOTICE

The Brooklyn Hospital Center is a participating provider in many health plan networks. Some health plans have multiple network product lines. You can check whether TBHC participates in the specific plan or product line which you are covered by visiting our website at www.tbh.org. A list of the hospital physicians can also be accessed via the website. Paper copies will be made available upon request.

Physician Services

Your insurance is billed by both the facility (hospital) and by the affiliated physicians (physicians treating you) at The Brooklyn Hospital Center. If you receive a bill for services provided by an out-of-network physician in the hospital or ambulatory surgery without your knowledge, please contact a billing representative immediately. The contact information by specialty is listed below:

Anesthesiology

North American Partners in Anesthesia

PO Box 108
Glen Head, NY 11545-0108
516.626.6366

Emergency Medicine

Emergency Care Services of NY PC

PO Box 634850
Cincinnati, OH 45263
856.686.4331

Family Medicine, General Surgery, Internal Medicine, Medical Subspecialties, Radiology, Surgical Specialties

Medical Management Resources Inc. (MMRI)

PO Box 2000
East Syracuse, NY 13057
844.879.4090

Medical & Radiation Oncology

New York Cancer & Blood Specialists

P1500 Route 112
Building 4, First Floor
Port Jefferson Station, NY 11776
631.663.4851

Pathology

Change Healthcare

TBHC Medical Testing Services PC

PO Box 13573
Philadelphia, PA 19101-3573
800.343.0954



Paying for Your Healthcare

SURPRISE BILL LAW NOTICE

Financial Responsibilities

To obtain an estimate of your financial responsibility, please call 1.800.250.8080 or use our online Financial Calculator on TBHC's website.

Financial Assistance Program

If you do not have health insurance, you may be eligible for assistance in paying your hospital bills. For more information, call 1.800.250.8080 or visit our website for a copy of the Financial Assistance Application.

Contact Us AFTER HOURS!

The Brooklyn Hospital Center is available 24/7 to answer your call. You can reach us after hours, evenings, weekends and holidays. Call the office where you see your doctor. Our medical answering service will contact the physician on call for urgent issues. Non-urgent questions will be answered the next business day.

In case of emergency, please contact 911 or go to the Emergency Room.



The Brooklyn Hospital Center (Main Campus)

| | |
|----------------------------------|--------------|
| Ambulatory Care Center | 718.250.8668 |
| Children's Health Center | 718.250.8671 |
| Dentistry and Oral Maxillofacial | |
| Surgical Center | 718.250.8963 |
| Family Medicine Center | 718.250.8621 |
| PATH Center | 718.250.6559 |
| Women's Health Center | 718.250.8425 |

Neighborhood Family Health Centers

| | |
|-------------------------------------|--------------|
| La Providencia Family Health Center | 718.455.9000 |
| Williamsburg Family Health Center | 718.599.6200 |

Physicians Pavilion

| | |
|--|--------------|
| Cardiology | 718.250.8627 |
| Endocrinology | 718.250.6100 |
| Gastroenterology | 718.250.8867 |
| General Surgery | 718.250.8811 |
| Geriatrics | 718.250.6100 |
| Infectious Disease | 718.250.6922 |
| Nephrology | 718.250.6100 |
| Neurology | 718.250.6100 |
| Neurosurgery | 718.250.8103 |
| Obstetrics and Gynecology | 718.250.6600 |
| Orthopedics | 718.250.8810 |
| Pain Management | 718.250.8810 |
| Pediatric Specialties | 718.250.6600 |
| Podiatry | 718.250.8810 |
| Pulmonary | 718.250.6100 |
| Rheumatology | 718.250.6100 |
| Thoracic Surgery | 718.250.8811 |
| Weight Loss Center (Bariatric Surgery) | 718.250.8811 |



The Brooklyn Hospital Center

Keeping Brooklyn Healthy

Scheduling an appointment has never been easier

There are two convenient ways of scheduling an appointment with a Primary & Specialty Care provider at the Brooklyn Hospital Center using MYCHART patient portal or Open Scheduling. Use your smart phone camera to scan the QR code below.

MYCHART



SCAN ME

<https://mychart.tbh.org>

Open Scheduling



SCAN ME

<https://mychart.tbh.org/Mychart/openscheduling>

| You Can: | MYCHART | OPEN SCHEDULING |
|--|---------|-----------------|
| Schedule appointment | ✓ | ✓ |
| Change an appointment | ✓ | |
| Send secure messages with your provider | ✓ | |
| View your test results | ✓ | |
| Request a medication refill | ✓ | |
| View your referrals | ✓ | |
| Review your health summary and health trends | ✓ | |
| Sign-up for paperless billing | ✓ | |
| Pay your bill online | ✓ | |
| Complete health questionnaires | ✓ | |

Specialties Available Through Open Scheduling

Bariatrics Surgery

Cardiology

Dermatology

Endocrinology

Ear, Nose, Throat (ENT)

Gastroenterology

General Surgery

Geriatrics

Neurology

OB/GYN

Orthopaedics

Pain Management

Peds Allergy

Peds Cardiology

Peds Endocrinology

Peds Gastroenterology

Peds Rheumatology

Plastic Surgery

Podiatry

Primary Care

Pulmonology

Rheumatology

Visit Us Online!

Did you know you can find more about TBHC on our website and all three major social media platforms? Access hospital news, videos, healthcare tips and provider bios. We'd love to see you there:



Facebook/brooklynhospitalcenter



@official_tbhc



@official_tbhc

We Want to Hear from You!

Tell us more about your experience at TBHC – post a review online. Your feedback matters! We read each and every review and we want to hear about your experience.

To visit us on **yelp**

Login or create: Your personal Yelp account

Search: The Brooklyn Hospital Center in the Yelp search bar

Select: "Write a review"

Share: An account of your experience at TBHC

To visit us on **Google**

Login or create: Your personal Google account

Type: The Brooklyn Hospital Center

Select: "Write a review" from the panel on the right side.

Share: An account of your experience at TBHC



The Brooklyn Hospital Center

Keeping Brooklyn Healthy