



## Notice of Privacy Practices

Effective October 6, 2022

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

**Cabrini of Westchester** is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

To summarize, this notice provides you with the following information:

- How we may use and disclose your identifiable health information;
- Your privacy rights in your identifiable health information;
- Our obligations concerning the use and disclosure of your identifiable health information.
- Your responsibilities concerning the use and disclosure of your identifiable health information while using the Connected Care Center portal.

Cabrini of Westchester provides health care to residents and patients jointly with physicians and other health care professionals and organizations. The privacy practices described in this notice will be followed by:

- Any health care professional that treats you.
- All employees, medical staff, trainees, students or volunteers.
- All employees, medical staff, trainees, students or volunteers at other entities that are part of an organized health care arrangement with the nursing home.
- Any business associates of our nursing home.

**The terms of this notice apply to all records containing your identifiable health information that are created or retained by our organization. We reserve the right to revise or amend our *Notice of Privacy Practice*. Any revision or amendment to this notice will be effective for all of your records our organization has created or maintained in the past, and for any of your records we may create in the future.**

### **We may use and disclose your information in the following ways:**

1. **Treatment.** We may use your identifiable information to provide supplies and services to you. For example, we ask you to provide us with such information as body weight, height, etc. Many of the people who work for us may use or disclose your identifiable health information in order to provide supplies and services to you or to assist others in your treatment. Additionally, we may disclose your

identifiable health information to others who may assist in your care, such as your physician, therapists, spouse, children or parents. Your confidential information may be released to other healthcare providers in the event you need emergency care.

2. **Payment.** We may use and disclose your identifiable health information in order to bill and collect payment for the services and supplies you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your supplies and/or services. We may also use and disclose your identifiable health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your identifiable health information to bill you directly for services and supplies.
3. **Health Care Operations.** We may use and disclose your identifiable health information to operate our business. As examples of the ways in which we may use and disclose your health information for our operations, we may use your health information to evaluate the quality of care you receive from us, to conduct training for our staff on how to improve the quality of care they provide to you, or to conduct cost-management and business planning activities for our business.
4. **Business Associates.** We may disclose your health information 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. If we do disclose your information to a business associate, we will have a written agreement with them to ensure that our business associate also protects the privacy of your health information.
5. **Reception.** Your name will be listed with the receptionist for phone calls and visitors. If you wish your name removed from the reception list, please let us know.
6. **Health-Related Benefits and Services.** We may use your identifiable health information to inform you of health-related benefits or services that may be of interest to you.
7. **Release of Information to Family/Friends.** We may release your identifiable health information to a friend or family member that is helping you pay for your health care, or who assists in taking care of you. **Pursuant to 45 CFR Part 171, you may securely and easily access your health information, structured and unstructured, at no cost.** There are currently 8 exceptions to this Rule offering assurances that the reasonable practices they cover will not be information blocking. See 45 CFR Part 171 Subpart B §171.200.
8. **Disclosures Required By Law.** We will use and disclose your identifiable health information when we are required to do so by federal, state or local laws.

### **Use and Disclosure of Your Identifiable Health Information in Certain Special Circumstances**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Activities.** We may disclose your identifiable health information to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths;
  - Reporting child abuse or neglect;
  - Preventing or controlling disease, injury or disability;
  - Notifying a person regarding a potential exposure to a communicable disease;
  - Notifying a person regarding a potential risk for spreading or contracting a disease or condition;
  - Reporting reactions to drugs or problems with products or devices;
  - Notifying individuals if a product or device they may be using has been recalled;
  - Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.
2. **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
  3. **Emergencies.** We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your general written consent. If this happens, we will try to obtain your general written consent as soon as we reasonably can after we treat you.
  4. **Lawsuits and Similar Proceedings.** We may use and disclose your identifiable health information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your identifiable health in response to a discovery request, subpoena, or other lawful process by another party involved in a dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
  5. **Law Enforcement.** We may release identifiable health information if asked to do so by a law enforcement official:
    - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
    - Concerning a death we believe might have resulted from criminal conduct;
    - Regarding criminal conduct in our offices;
    - In response to a warrant, summons, court order, subpoena, or similar legal process;
    - To identify/locate a suspect, material witness, fugitive or missing person;
    - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity, or location of the perpetrator).
  6. **Serious Threats to Health or Safety.** We may use and disclose your identifiable health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
  7. **Coroners, Medical Examiners and Funeral Directors.** We may disclose health information to a coroner or medical examiner. We may also disclose medical information to funeral directors consistent with applicable law to carry out their duties.
  8. **Military and Veterans.** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.

9. **Research.** In most cases we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your health information without your written authorization if we obtain approval through a special process to ensure that research without your written approval poses minimal risk to your privacy. We may disclose information to researchers when their research has been approved by an Institutional Review Board or Privacy Board that has reviewed the research proposal and established protocols to ensure the privacy of your healthcare information.

### **Your Responsibilities Regarding Your Identifiable Health Information**

Cabrini of Westchester cannot be responsible for use and disclosure of your Identifiable Health Information by you or your authorized representative through the use of the Connected Care Center portal. We caution against sharing your password with others.

### **Your Rights Regarding Your Identifiable Health Information**

1. **Confidential Communications.** You have the right to request that we communicate with you about your health and related issues in a particular manner or at a certain location. In order to request a type of confidential communication, you must make a written request to us, specifying the requested method of contact or location where you wish to be contacted. We will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your identifiable health information for treatment, payment or health care operations. Additionally, you have the right to request we limit our disclosure of your identifiable health care information to individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request except as otherwise required by law;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your identifiable health information, you must make your request in writing to us. Your request must describe in clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our use, disclosure or both; and (c) to whom you want the limits to apply. If you or another third party has paid for services out of pocket in full, you may restrict disclosure to any and all recipients.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the identifiable health information that may be used to make decisions about you, including patient medical records and billing records, but generally this does not include psychotherapy notes. You must submit your request in writing to us in order to inspect and/or obtain a copy of your identifiable health information. We will respond to your request for inspection of records within 10 days. We ordinarily will respond to a request for copies within 30 days if the information is located within our facility and within 60 days if it is located off-site at another facility. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request to inspect and/or copy your records in certain limited circumstances; however, you may request a review of our denial.
4. **Electronic Format.** You have the right to receive your health information in electronic format.

5. **Amendment.** You may ask us to amend your health information if you believe it to be incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for us. To request an amendment, your request must be made in and submitted to us in writing. You must provide us with a reason that supports your request for amendment. We will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is: (a) accurate and correct; (b) not part of the identifiable health information kept by or for us; (c) not part of the identifiable health information which you would be permitted to inspect and copy; (d) not created by us, unless the individual or entity that created the information is not available to amend the information. If your request to amend is denied, you will have the right to have certain information related to your requested amendment included in your records. These rights will be explained to you in the written denial notice.
6. **Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain disclosures we have made of your identifiable health information. In order to obtain an accounting of disclosures, you must submit your request in writing to our office. All requests for an "accounting of disclosures" must state a time period which may not be longer than six years and cannot include dates before April 14, 2003. The first accounting you request within a 12 month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.
7. **Sale of Health Information.** We may not sell your health information without your specific authorization. However, we may disclose health information for public health purposes, for treatment and payment for health care, for the sale, transfer, merger, or consolidation of all or part of our business and for related due diligence. We may also provide health information to a business associate in connection with the business associate's performance of activities for us, to a patient or beneficiary upon request, and as required by law.
8. **Use of Health Information for Marketing Purposes.** We must obtain authorization to use or disclose your health information for marketing purposes if we receive financial remuneration from a third party whose product or service is being promoted.
9. **Fundraising.** We may use limited health information, including department of service information, identity of the treating physician, and health insurance status as part of our fundraising efforts. You may request to opt out of receiving future fundraising communications.
10. **Psychotherapy Notes.** Most uses and disclosures of your psychotherapy notes, if we maintain or record such notes, will only be made after we obtain authorization from you.
11. **Right to a Paper Copy of this Notice.** You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact our office.
12. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us or with the Department of Health and Human Services Office of Civil Rights. All complaints must be in writing. To file a complaint with us, please contact the Corporate Compliance Department, [insert address].  
**You will not be penalized for filing a complaint.**
13. **Right to Provide an Authorization for Other Uses and Disclosures.** We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us

regarding the use and disclosure of your identifiable health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization. Please note that we are unable to take back any disclosures we have already made with your permission, and we are required to retain records of your care.

14. **Notification of Breach.** If your health information has been compromised, we must notify you within sixty (60) days of the breach.

Any other uses and disclosures of your health information by Cabrini of Westchester not described in this Notice of Privacy Practices will be made only with appropriate authorization. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. An updated version of this Notice may be obtained *from our website: [Cabrini-eldercare.org](http://Cabrini-eldercare.org), at the Admitting Department, or from the Compliance Officer, Mary O'Mara, at 914-693-6800, x 573.*

If you feel that someone has been given access to your medical information without appropriate authorization, or if you have any questions about this Notice of Privacy Practices, please call the Compliance Officer at 914-693-6800, x 573 or the Corporate Compliance hotline at 914-999-5330.



## Aviso de Prácticas de Privacidad A partir del 6 de octubre de 2022

Cabrini of Westchester se dedica a mantener la privacidad de su información médica identificable. Al llevar a cabo nuestro negocio, crearemos registros sobre usted y el tratamiento y los servicios que le brindamos. Estamos obligados por ley a mantener la confidencialidad de la información de salud que lo identifica. También estamos obligados por ley a proporcionarle este aviso de nuestras obligaciones legales y prácticas de privacidad con respecto a su información de salud identificable. Por ley, debemos seguir los términos del Aviso de prácticas de privacidad que tengamos vigentes en ese momento.

## Su información. Sus derechos. Nuestras responsabilidades.

Esta notificación describe cómo puede utilizarse y divulgarse su información médica, y cómo puede acceder usted a esta información. **Revísela con cuidado.** Sus responsabilidades con respecto al uso y divulgación de su información de salud identificable mientras usa el portal de Connected Care Center.

### Sus derechos

Usted cuenta con los siguientes derechos:

- Obtener una copia de su historial médico en papel o en formato electrónico.
- Corregir en papel o en formato electrónico su historial médico.
- Solicitar comunicación confidencial.
- Pedirnos que limitemos la información que compartimos.
- Recibir una lista de aquellos con quienes hemos compartido su información.
- Obtener una copia de esta notificación de privacidad.
- Elegir a alguien que actúe en su nombre.
- Presentar una queja si considera que se violaron sus derechos de privacidad.

### Sus opciones

Tiene algunas opciones con respecto a la manera en que utilizamos y compartimos información cuando:

- Le contamos a su familia y amigos sobre su estado personal.
- Proporcionamos alivio en caso de una catástrofe.
- Lo incluimos en un directorio hospitalario.
- Proporcionamos atención médica mental.
- Comercializamos nuestros servicios y vendemos su información.
- Recaudamos fondos.

### Nuestros usos y divulgaciones

Podemos utilizar y compartir su información cuando:

- Lo atendemos.
- Dirigimos nuestra organización.
- Facturamos por sus servicios.

- Ayudamos con asuntos de seguridad y salud pública.
- Realizamos investigaciones médicas.
- Cumplimos con la ley.
- Respondemos a las solicitudes de donación de órganos y tejidos.
- Trabajamos con un médico forense o director funerario.
- Tratamos la compensación de trabajadores, el cumplimiento de la ley y otras solicitudes gubernamentales.
- Respondemos a demandas y acciones legales.

## Tus responsabilidades

Cabrini of Westchester no puede ser responsable del uso y la divulgación de su información de salud identificable por parte de usted o su representante autorizado a través del uso del portal Connected Care Center. Le advertimos que no comparta su contraseña con otras personas.

## Sus derechos

**Cuando se trata de su información médica, usted tiene ciertos derechos.** Esta sección explica sus derechos y algunas de nuestras responsabilidades para ayudarlo.

### Obtener una copia en formato electrónico o en papel de su historial médico

- Puede solicitar que le muestren o le entreguen una copia en formato electrónico o en papel de su historial médico y otra información médica que tengamos de usted. Pregúntenos cómo hacerlo.
- Le entregaremos una copia o un resumen de su información médica, generalmente dentro de 30 días de su solicitud. Podemos cobrar un cargo razonable en base al costo.

### Solicitarnos que corrijamos su historial médico

- Puede solicitarnos que corrijamos la información médica sobre usted que piensa que es incorrecta o está incompleta. Pregúntenos cómo hacerlo.
- Podemos decir “no” a su solicitud, pero le daremos una razón por escrito dentro de 60 días.

### Solicitar comunicaciones confidenciales

- Puede solicitarnos que nos comuniquemos con usted de una manera específica (por ejemplo, por teléfono particular o laboral) o que enviemos la correspondencia a una dirección diferente.
- Le diremos “sí” a todas las solicitudes razonables.

### Solicitarnos que limitemos lo que utilizamos o compartimos

- Puede solicitarnos que no utilicemos ni compartamos determinada información médica para el tratamiento, pago o para nuestras operaciones. No estamos obligados a aceptar su solicitud, y podemos decir “no” si esto afectara su atención.
- Si paga por un servicio o artículo de atención médica por cuenta propia en su totalidad, puede solicitarnos que no compartamos esa información con el propósito de pago o nuestras operaciones con su aseguradora médica. Diremos “sí” a menos que una ley requiera que compartamos dicha información.

### Recibir una lista de aquellos con quienes hemos compartido información

- Puede solicitar una lista (informe) de las veces que hemos compartido su información médica durante los seis años previos a la fecha de su solicitud, con quién la hemos compartido y por qué.
- Incluiremos todas las divulgaciones excepto aquellas sobre el tratamiento, pago y operaciones de atención médica, y otras divulgaciones determinadas (como cualquiera de las que usted nos haya solicitado hacer). Le proporcionaremos un informe gratis por año pero cobraremos un cargo razonable en base al costo si usted solicita otro dentro de los 12 meses.



### **Obtener una copia de esta notificación de privacidad**

- Puede solicitar una copia en papel de esta notificación en cualquier momento, incluso si acordó recibir la notificación de forma electrónica. Le proporcionaremos una copia en papel de inmediato.

### **Elegir a alguien para que actúe en su nombre**

- Si usted le ha otorgado a alguien la representación médica o si alguien es su tutor legal, aquella persona puede ejercer sus derechos y tomar decisiones sobre su información médica.
- Nos aseguraremos de que la persona tenga esta autoridad y pueda actuar en su nombre antes de tomar cualquier medida.

### **Presentar una queja si considera que se violaron sus derechos**

- Si considera que hemos violado sus derechos, puede presentar una queja comunicándose con nosotros por medio de la información de la página 1.
- Puede presentar una queja en la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos enviando una carta a: Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201, llamando al 1-800-368-1019 o visitando [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/factsheets\\_spanish.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/factsheets_spanish.html), los últimos dos disponibles en español.
- No tomaremos represalias en su contra por la presentación de una queja.
- Para presentar una queja ante Cabrini of Westchester, comuníquese con el Departamento de Cumplimiento Corporativo, Cabrini of Westchester, 115 Broadway, Dobbs Ferry, NY 10522

## **Sus opciones**

### **Para determinada información médica, puede decirnos sus decisiones sobre qué compartimos.**

Si tiene una preferencia clara de cómo compartimos su información en las situaciones descritas debajo, comuníquese con nosotros. Díganos qué quiere que hagamos, y seguiremos sus instrucciones.

### **En estos casos, tiene tanto el derecho como la opción de pedirnos que:**

- Compartamos información con su familia, amigos cercanos u otras personas involucradas en su atención.
- Compartamos información en una situación de alivio en caso de una catástrofe.
- Incluyamos su información en un directorio hospitalario.

*Si no puede decirnos su preferencia, por ejemplo, si se encuentra inconsciente, podemos seguir adelante y compartir su información si creemos que es para beneficio propio. También podemos compartir su información cuando sea necesario para reducir una amenaza grave e inminente a la salud o seguridad.*

### **En estos casos, nunca compartiremos su información a menos que nos entregue un permiso por escrito:**

- Propósitos de mercadeo.
- Venta de su información.
- La mayoría de los casos en que se comparten notas de psicoterapia.

### **En el caso de recaudación de fondos:**

- Podemos comunicarnos con usted por temas de recaudación, pero puede pedirnos que no lo volvámos a contactar.

## **Nuestros usos y divulgaciones**

**Por lo general, ¿cómo utilizamos o compartimos su información médica?** Por lo general, utilizamos o compartimos su información médica de las siguientes maneras.

### **Tratamiento**

- Podemos utilizar su información médica y compartirla con otros profesionales que lo estén tratando.

**Ejemplo:** Un médico que lo está tratando por una lesión le consulta a otro doctor sobre su estado de salud general.

### **Dirigir nuestra organización**

- Podemos utilizar y divulgar su información para llevar a cabo nuestra práctica, mejorar su atención y comunicarnos con usted cuando sea necesario.

**Ejemplo:** Utilizamos información médica sobre usted para administrar su tratamiento y servicios.

### **Facturar por sus servicios**

- Podemos utilizar y compartir su información para facturar y obtener el pago de los planes de salud y otras entidades.

**Ejemplo:** Entregamos información acerca de usted a su plan de seguro médico para que éste pague por sus servicios.

**¿De qué otra manera podemos utilizar o compartir su información médica?** Se nos permite o exige compartir su información de otras maneras (por lo general, de maneras que contribuyan al bien público, como la salud pública e investigaciones médicas).

Tenemos que reunir muchas condiciones legales antes de poder compartir su información con dichos propósitos. Para más información, visite:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/factsheets\\_spanish.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/factsheets_spanish.html), disponible en español.

### **Ayudar con asuntos de salud pública y seguridad**

- Podemos compartir su información médica en determinadas situaciones, como:
  - Prevención de enfermedades.
  - Ayuda con el retiro de productos del mercado.
  - Informe de reacciones adversas a los medicamentos.
  - Informe de sospecha de abuso, negligencia o violencia doméstica.
  - Prevención o reducción de amenaza grave hacia la salud o seguridad de alguien.

### **Realizar investigaciones médicas**

- Podemos utilizar o compartir su información para investigación de salud.

### **Cumplir con la ley**

- Podemos compartir su información si las leyes federales o estatales lo requieren, incluyendo compartir la información con el Departamento de Salud y Servicios Humanos si éste quiere comprobar que cumplimos con la Ley de Privacidad Federal.

### **Responder a las solicitudes de donación de órganos y tejidos**

- Podemos compartir su información médica con las organizaciones de procuración de órganos.

### **Trabajar con un médico forense o director funerario**

- Podemos compartir información médica con un oficial de investigación forense, médico forense o director funerario cuando un individuo fallece.

### **Tratar la compensación de trabajadores, el cumplimiento de la ley y otras solicitudes gubernamentales**

- Podemos utilizar o compartir su información médica:
  - En reclamos de compensación de trabajadores.
  - A los fines de cumplir con la ley o con un personal de las fuerzas de seguridad.
  - Con agencias de supervisión sanitaria para las actividades autorizadas por ley.
  - En el caso de funciones gubernamentales especiales, como los servicios de protección presidencial, seguridad nacional y servicios militares.

### Responder a demandas y acciones legales

- Podemos compartir su información médica en respuesta a una orden administrativa o de un tribunal o en respuesta a una citación.

### Nuestras responsabilidades

- Estamos obligados por ley a mantener la privacidad y seguridad de su información médica protegida.
- Le haremos saber de inmediato si ocurre un incumplimiento que pueda haber comprometido la privacidad o seguridad de su información.
- Debemos seguir los deberes y prácticas de privacidad descritas en esta notificación y entregarle una copia de la misma.
- No utilizaremos ni compartiremos su información de otra manera distinta a la aquí descrita, a menos que usted nos diga por escrito que podemos hacerlo. Si nos dice que podemos, puede cambiar de parecer en cualquier momento. Háganos saber por escrito si usted cambia de parecer.

Para mayor información, visite:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/factsheets\\_spanish.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/factsheets_spanish.html), disponible en español.

### Cambios a los términos de esta notificación

Podemos modificar los términos de esta notificación, y los cambios se aplicarán a toda la información que tenemos sobre usted. La nueva notificación estará disponible según se solicite, en nuestro oficina, y en nuestro sitio web: [Cabrini-eldercare.org](http://Cabrini-eldercare.org), o desde la Oficina de Admisión, o la Oficial de Cumplimiento Corporativo, Mary O'Mara, al 914-693-6800, extensión 573 o la Línea Directa de Cumplimiento al 914-999-5330.

### Otras instrucciones para el aviso

- La Oficial de Cumplimiento Corporativo de Cabrini of Westchester es Mary O'Mara. Su dirección de correo electrónico es [momara@cabrini-eldercare.org](mailto:momara@cabrini-eldercare.org). Teléfono: 914-999-5330
- El estado de Nueva York ha establecido su propio conjunto de leyes de privacidad que establecen disposiciones para que las empresas manejen los datos personales de manera responsable y legal. Consulte la Ley de Privacidad de Nueva York, S6701A/A680B, para obtener más detalles.
- Cabrini of Westchester brinda a sus residentes y pacientes, oa sus representantes autorizados, acceso a su información de salud a través de su portal Connected Care Center.