THE CHARLOTTE HUNGERFORD HOSPITAL

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW
MEDICAL/HEALTH INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

We at the Charlotte Hungerford Hospital ("Hospital") understand that medical/health information is personal and private. We are committed to protecting the confidentiality of medical information about you and that can be identified with you. This is called "protected health information. In order to provide you with quality care and to ensure compliance with certain legal requirements, we create a record of the care and services you receive at the Hospital. Your protected health information is contained in the medical and billing records maintained by the Hospital, and includes demographic information and information pertaining to your physical and mental health or any related health care services.

This Notice applies to the uses and disclosures we make of all your protected health information, whether created by us or received by the Hospital from another health care provider.

This Notice serves to inform you of the ways in which we may use and disclose your protected health information. It also describes your rights with respect to your protected health information and our obligations when using and disclosing your protected health information. We are required by law to:

- Ensure the privacy of your protected health information;
- Notify you about our legal duties and privacy practices with respect to your protected health information, including how we will protect your protected health information and when it will be used or disclosed; and
- Follow the terms of the notice that is currently in effect.

This Notice applies to all departments, inpatient and outpatient of The Charlotte Hungerford Hospital, which may share information, in accordance with this Notice, to coordinate your care. Any further reference to "the Hospital" in this Notice shall be interpreted to include any of these departments of The Charlotte Hungerford Hospital.

I. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

For Treatment. We may use and disclose your protected health information in order to provide you with treatment and services, and to coordinate your care. Your protected health information may be used by doctors and nurses, as well as technologists, dieticians, physical therapists or other parties involved in your care, including both individuals within the Hospital and outside health care providers. For example, different departments of the Hospital may share your protected health information in order to coordinate the different services you need, such as prescriptions, lab work and x-rays. We also may disclose protected health information to individuals or facilities that will be involved in your care after you leave the Hospital, such as a skilled nursing facility.

For Payment. We may use and disclose your protected health information to bill and receive payment for the treatment and services you receive at the Hospital. We may also provide protected health information to collection departments, consumer reporting agencies or any other health care provider who requests information necessary for them to collect payment. For example, we may contact Medicare or your health plan to confirm coverage of your treatment. We may inform 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.

For Health Care Operations. We may use and disclose your protected health information as necessary for hospital operations, such as disclosing protected health information to an accrediting body that assesses the quality of care provided by the Hospital to its patients or disclosing protected health information to residents, students, or other Hospital staff for training purposes.

II. WE MAY ALSO USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU WITHOUT YOUR AUTHORIZATION IN LIMITED SITUATIONS

The following are situations in which we may use or disclose your protected health information without your written authorization or an opportunity for you to agree or object.

Hospital Directory: *Unless you object*, we may include certain limited information about you in our hospital directory while you are a patient in the Hospital. This information may include your name, your location within the Hospital, your general condition and your religious affiliation. We may disclose the directory information, including your religious affiliation, to a member of the clergy. We may disclose all directory information, except religious affiliation, to a person who asks for you by name. Our directory will not include specific medical information about you.

Individuals Involved in Your Care or Payment for Your Care: *Unless you object*, we may disclose protected health information about you to a family member, relative, close personal friend or any other person you identify, including clergy, who is involved in your care. These disclosures are limited to information relevant to the person's involvement in your care or in arranging payment for your care.

Disaster Relief: *Unless you object*, we may disclose protected health information about you to an organization assisting in a disaster relief effort. Even if you object, we may disclose the protected health information if it is required to respond to emergency circumstances.

Emergencies: We may use or disclose your protected health information as necessary in emergency treatment situations. [We will attempt to obtain a general consent for treatment from you or your representative as soon as practical].

As Required By Law: We may use or disclose your protected health information when required to do so by federal, state or local law.

Public Health Activities: We may disclose your protected health information for public health activities. Examples include:

- Disclosure to a public health authority for the purposes of preventing or controlling disease, injury or disability, including the reporting of births and deaths;
    - Disclosure to a public health or other government authority to report child abuse or neglect;
    - Disclosure to the federal Food and Drug Administration (FDA) to enable product recalls ;
    - Disclosure to notify a person who may have been exposed to or is at risk of spreading a communicable disease, if authorized by law.

Reporting Victims of Abuse or Neglect: If we believe that you have been a victim of abuse or neglect, we may use and disclose your protected health information to notify a government authority, if authorized by law or if you agree to the report.

Health Oversight Activities: We may disclose your protected health information to a health oversight agency for activities authorized by law. These may include audits, investigations, inspections, licensure actions or other legal proceedings. A health oversight agency is a federal or state agency that oversees the health care system, government benefit programs for which health information is relevant to beneficiary eligibility, entities subject to government regulatory programs for which health information is necessary to determine compliance with program standards, and entities subject to civil rights laws for which health information is necessary for determining compliance.

Judicial and Administrative Proceedings: We may disclose your protected health information in response to a court or administrative order. In certain circumstances, we may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process. We will make a reasonable effort to inform you about the request.

Law Enforcement: We may disclose your protected health information for certain law enforcement purposes, including, but not limited to:

- Reporting certain types of wounds and/or other physical injuries (i.e., gunshot wounds);
- Reports required by law;

- Reporting emergencies or suspicious deaths;
- Complying with a court order, warrant, subpoena or other legal process;
- Identifying or locating a suspect, missing person, material witness or fugitive;
- Answering certain requests for information concerning crimes and victims of crimes;
- Reporting and/or answering requests about a death the Hospital believes may be the result of a crime;
- Reporting criminal conduct that took place on the Hospital's premises; and
- In emergency situations, to report a crime, the location of the crime or the victim or the identity, description and/or location of a person involved in the crime.

Research: Your protected health information may be used or disclosed for research purposes, provided that the privacy and safety aspects of the research have been reviewed and approved by an Institutional Review Board (i.e., the Charlotte Hungerford Hospital Institutional Review Board) or a privacy board. For example, a research project may involve comparing the health and recovery of patients, with the same condition, who received different medications.

Coroners, Medical Examiners, Funeral Directors: We may disclose your protected health information to a coroner, medical examiner or a funeral director. We may disclose your protected health information to a coroner or medical examiner for the purposes of identifying your body should you die. We may disclose protected health information about deceased patients to funeral directors, as necessary for them to carry out their duties.

Organ/Tissue Donation Organizations: If you are an organ donor, we may disclose your protected health information to an organization involved in the donation of organs and tissue to enable them to carry out their duties.

To Avert a Serious Threat to Health or Safety: We may use or disclose your protected health information when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. We may only make the disclosure to an individual or entity that would be able to help lessen or prevent the threatened harm

Military and Veterans: If you are a member of the armed forces, we may use and disclose your protected health information as required by military command authorities. We may also use and disclose protected health information about foreign military personnel as required by the appropriate foreign military authority.

Workers' Compensation: We may use or disclose your protected health information to comply with laws relating to workers' compensation or similar programs established by law to provide benefits for work-related injuries and/or illnesses.

Protective Services for the President and Others: We may disclose protected health information to authorized federal officials, as needed, to provide protection to the President of the United States, other authorized persons, foreign heads of states or to conduct certain special investigations.

National Security and Intelligence Activities: We may disclose protected health information to authorized federal officials conducting national security, counterintelligence, and intelligence activities.

Inmates/Law Enforcement Custody: If you are an inmate of a correctional institute or under the custody of a law enforcement official, we may disclose your protected health information to the institution or the law enforcement official for the following purposes:

- To ensure the health and safety of you and others;
- To ensure the safety and security of the correctional institution; and
- To enable the correctional institution or law enforcement official to provide you with necessary health care services.

Fundraising Activities: We may use limited protected health information, such as your name, address and phone number and the dates you received treatment or services, to contact you in an effort to raise money for the Hospital. We may also disclose contact information for fundraising purposes to a foundation related to the Hospital. If you do not want to be contacted for this purpose, you should notify us in writing by contacting the Privacy Officer listed in this Notice.

Appointment Reminders: We may use or disclose protected health information to remind you about your appointments.

Treatment Alternatives and Health-Related Benefits and Services: We may use or disclose your protected health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.

Business Associates: We may disclose protected health information to our business associates under Business Associate Agreements.

III YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES OR DISCLOSURES OF PROTECTED HEALTH INFORMATION

Except for those circumstances listed above, we will use and disclose your protected health information only with your written authorization.

You may revoke your authorization, in writing, at any time. If you revoke an authorization, we will no longer use or disclose your protected health information for the purposes covered by that authorization, except where we have already relied on the authorization.

IV. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding protected health information about you that is maintained by the Hospital:

Right to Request Restrictions. You have the right to request restrictions on our use or disclosure of your protected health information for treatment, payment or health care operations.

You also have the right to request restrictions on the protected health information we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care.

You should submit your written request, using the Hospital approved request for restrictions form, to restrict your protected health information to The Charlotte Hungerford Hospital Privacy Officer. You must tell us what information you want restricted, to whom you want the information restricted, and whether you want to limit our use or disclosure. Each request will be reviewed in a reasonable period of time.

We are not required to agree to your requested restriction. If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you with emergency treatment.

Right to Access Your Protected Health Information. Except under limited circumstances, you have the right to inspect and obtain a copy of your protected health information. Your protected health information is contained in our medical and billing records or any other record used by us to make decisions about your care. Under state law, we may charge you no more than 0.65 cents per copy, plus first-class postage, if we make a copy of your medical record. We may also charge you a reasonable fee for copying X-rays and furnishing tissue slides or blocks.

To inspect and request a copy of your protected health information, you must submit your written request, using the Hospital approved HIPAA authorization form, to:

Health Information Management Dept.

The Charlotte Hungerford Hospital
540 Litchfield Street
Torrington, CT 06790
Attn: Correspondence

We must respond to your request within 30 days, by either supplying the records or sending a written notification of denial. We may deny your request to inspect or receive copies in the following limited circumstances:

- Psychotherapy notes;
- The information was compiled exclusively in connection with a criminal, civil or administrative proceeding;
- The disclosure to the patient is prohibited by the Clinical Laboratory Improvement Act (42 U.S.C. §263a);
- You are a correctional institution inmate and the correctional administrators have provided reasons for denying access;
- The information is for a research study not yet complete;
- The Privacy Act (5 U.S.C. §552a) prohibits access;

- The information was obtained by a person other than a health care provider upon our promise to keep the information confidential, and access would reveal the informant's identity;
- We determine access is likely to endanger the life or safety of the patient or others;
- The information contains information about another person and we determine that access is likely to cause substantial harm to that person;
- The request for access is made by the patient's personal representative and we believe access is likely to cause substantial harm to the patient or others.

If you are denied access to your protected health information, in some cases you will have a right to request a review of the denial.

This review will be performed by a licensed health care professional designated by the Hospital, other than the one who made the initial decision to deny access.

Right to Request an Amendment. You have the right to request that the Hospital amend your medical or billing records, or other protected health information maintained by the Hospital, for as long as the information is kept by us. Your request must be made in writing, using the hospital approved Request for Amendment form, and must state the reason for the requested amendment. The request should be submitted to:

Health Information Management Dept.

The Charlotte Hungerford Hospital
540 Litchfield Street
Torrington, CT 06790
Attn: Privacy Officer

We may deny your request for amendment if the information:

- was not created by the Hospital, unless you can prove the originator of the information is no longer available to amend the record;
- is not part of the records maintained by the Hospital;
- is information to which you do not have a right of access; or
- is already accurate and complete, as determined by the Hospital.

We must respond to your request in 60 days with a written notification of out acceptance or denial of the amendment. If we agree to the amendment, we will amend the relevant portions of your medical record and make a reasonable effort to inform business associates and other individual known to us, or identified by you, as having the protected health information requiring amendment.

If we deny your request for amendment, we will give you a written notice of denial, including the reasons for the denial and explaining your right to submit a written statement disagreeing with the denial. Your statement of disagreement will be attached to your medical record. If a statement of disagreement is inserted, we have the right to insert a rebuttal statement. We will

provide you with a copy of the rebuttal statement. If you do not wish to submit a statement of disagreement, you may request of the amendment request and a copy of our denial be included with all future disclosures.

Should we deny your request for an amendment, you have the right to pursue a complaint process and/or contact the Secretary of Health and Human Services to lodge your complaint.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain disclosures of your protected health information made after April 14, 2003. You may request an accounting of disclosures made up to six (6) years before the date of your request. An accounting is a listing of disclosures made by the Hospital or by others on our behalf but does **not** include:

- disclosures for treatment, payment and health care operations;
- disclosures made directly to you, that you authorized, or those that are made to individuals involved in your care; and
- disclosures allowed by law when the disclosure relates to certain government functions or law enforcement custodial situations.

To request an accounting of disclosures, you must state the time period for which you would like the accounting and submit the request in writing, using the Hospital approved request for accountings form, to:

Health Information Management Dept.

The Charlotte Hungerford Hospital
540 Litchfield Street
Torrington, CT 06790
Attn: Correspondence

We must respond to you 60 days after receipt of your request. An accounting will include the disclosure date, the name and address of the person or entity that received the information, a brief description of the information disclosed and a brief statement of the purpose of the disclosure. The first accounting provided within a twelve (12) month period will be free; for further requests, we may charge you a reasonable fee.

Right to a Paper Copy of This Notice. You have the right to obtain a copy of this Notice, even if you have agreed to receive the Notice electronically. You may request a paper *copy* of this Notice by writing or calling The Charlotte Hungerford Hospital Privacy Officer.

In addition, you may obtain a copy of this Notice at our website.

WWW.CHARLOTTESWEB.HUNGERFORD.ORG.

Right to Request Confidential Communications. You have the right to request that we communicate with you concerning your health matters in a certain manner or at a certain

location. For example, you can request that we contact you only at a certain phone number. You should submit your written requests to The Charlotte Hungerford Hospital Privacy Officer. You must tell us how and where you want to be contacted. We will accommodate your reasonable requests, but may deny the request if you are unable to provide us with appropriate ways of contacting you.

V. SPECIAL RULES REGARDING DISCLOSURE OF MENTAL HEALTH CONDITIONS, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION

For uses and disclosure concerning protected health information related to care for mental health conditions, substance abuse or HIV-related testing and treatment, special restrictions may apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign a special authorization or a court orders the disclosure.

Mental Health Information: If needed for your diagnosis or treatment in a mental health program, mental health information may be disclosed as needed between your treatment team members, and very limited information may be disclosed for payment purposes. Otherwise, mental health information may **not** be disclosed without your authorization except as specifically permitted by law.

Psychotherapy Notes: A special authorization is required for the disclosure of psychotherapy notes, and special rules may apply which may limit the information which is disclosed.

HIV-Related Information: HIV-related information will not be disclosed, except under limited circumstances set forth under state or federal law, without your specific written authorization.

Substance Abuse Treatment: If you are treated in a specialized substance abuse program, information which could identify you as a alcohol or drug-dependent will not be disclosed without your specific written authorization, except for purposes of treatment or payment or when specifically required or allowed under state or federal law.

VI. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint in writing to the Hospital's Privacy Officer, 540 Litchfield Street, Torrington, CT or at
(860) 496-6879.

You may also contact the Office of Civil Rights in the U.S. Department of Health and Human Services at:

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Ave, S.W., Room 509F
HHH Building
Washington, D.C. 20201

You may also contact the Connecticut State Department of Public Health at (860) 509-7400 or the Department of Consumer Protection 1-800-842-2649.

VII. INCIDENTAL DISCLOSURES

In the process of using or disclosing your protected health information for an authorized use, we may make incidental disclosures. We will take reasonable steps to limit incidental disclosures.

VIII. CHANGES TO THIS NOTICE

We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all protected health information already received and maintained by the Hospital, as well as for all protected health information we receive in the future. If we revise the Notice, we will post a copy of the revised Notice, with the new effective date, in public areas of the Hospital and on our website, as well as make copies available to you upon request.

IX. EFFECTIVE DATE

This Notice went into effect on **April 14, 2003.**

X. FOR FURTHER INFORMATION

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact *The Charlotte Hungerford Hospital's Privacy Officer.*

Reference: HIPAA Privacy Regulation 164.520

Approved by: The Charlotte Hungerford Hospital
HIPAA Steering Committee