



NOTICE OF PRIVACY PRACTICES

Effective Date of this Notice	October 2013
Privacy Officer/Contact Person Can be reached at	860) 263-0253 EXT 231

THIS NOTICE DESCRIBES HOW MEDICAL/PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOUR HEALTH RECORDS MAY BE CREATED, MAINTAINED AND RETAINED ELECTRONICALLY OR ON PAPER.

At our organization, we are required to protect the privacy of medical/health information relating to you and that can be identified with you. This is called “protected health information” or “PHI” for short. We respect the privacy and confidentiality of your protected health information. This Notice of Privacy Practices (“Notice”) describes the ways in which we may use and disclose your medical/protected health information and how you can get access to this information. Any use or disclosure of your protected health information, other than that permitted by the Privacy Rule as set forth in the Health Insurance Portability and Accountability of Act of 1996 (“HIPAA”), will be made only with your written authorization. Your health information is contained in your medical and billing records maintained by this organization, both electronically and in non-electronic form. It includes demographic information and information that relates to your present, past or future physical or mental health and related healthcare services. This Notice applies to uses and disclosures we may make of all your protected health information whether created by us in our practice or received by us from another healthcare provider.

This Notice is being used at our multiple facility sites, which include locations in Wethersfield, Hartford, East Hartford, South Windsor, Glastonbury, Enfield, Avon, West Hartford and Windsor Locks, Connecticut.

A. OUR LEGAL DUTY TO PROTECT YOUR HEALTH INFORMATION

Federal and State Laws require us to:

- ✓ Maintain the privacy of your protected health information that we have created in our practice or received from another health care provider whether it is about your past, present, or future health care condition;
- ✓ Maintain the privacy of your protected health information regarding payment for your healthcare;
- ✓ Notify you about how we protect your protected health information;
- ✓ Explain how, when and why we use and disclose protected health information about you;
- ✓ Abide by the terms of this Notice, as currently in effect;
- ✓ Notify you if we are unable to agree to a requested restriction on how your protected health information is used or disclosed;
- ✓ Accommodate reasonable requests that you make to communicate health information by alternative means or at alternative locations;
- ✓ Obtain your written authorization to use or disclose your protected health information for reasons other than those listed below and permitted by law;

- ✓ Limits our release of information relating to you; and
- ✓ Provide you with access to your health care records and allow you to obtain a copy of your records.

We know that your protected health information is personal. We are committed to protecting your information. So as to provide you with good care and to insure that we follow all legal requirements, we document (in a medical record) the care and services that we provide to you. This Notice applies to those records.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice of Privacy Practices and to make the new provisions effective for all protected health information we already have about you as well as any protected health information we create or receive in the future. If we make any changes, we will:

- a. Post the revised Notice in our offices, which will contain the new effective date;
- b. Make copies of the revised Notice available to you upon request at our offices.

B. WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU TO PROVIDE TREATMENT TO YOU, TO OBTAIN PAYMENT FOR SERVICES RENDERED TO YOU, AND FOR HEALTHCARE OPERATIONS.

We may use and disclose your protected health information for purposes of healthcare treatment, payment and healthcare operations as described below.

1. For Treatment:

We may use and disclose your protected health information to provide you with medical treatment and services and to coordinate or manage your healthcare and related services. We may use and disclose your protected health information to doctors and nurses, as well as lab technicians, dieticians, physical therapists, hospital administrators or other parties involved in your care, both within our organization and with other health care providers involved in your care. We may disclose information to people outside our practice who may be involved in your care, such as your family members, personal representatives, clergy or others who participate in your care. All information necessary for health care providers to determine what treatment you should receive is recorded in your medical record. Healthcare providers will also record actions taken by them in the course of your treatment and note your reactions. We may also disclose your protected health information to providers or facilities who may be involved in your care after you leave our facility or our care.

Examples of how we will disclose information for treatment may include sharing information about you with referring physicians, your primary care physician or family physician, a physician assistant or A.P.R.N., a specialist, hospitals, ambulatory care centers, pharmacies, and visiting nurses.

A practice-specific example: You as a Primary Care patient are also being treated by a Specialist; we may disclose and share information regarding your treatment with your Specialist.

2. For Payment:

We may use and disclose your protected health information so that we can bill and receive payment for the treatment and services you receive from us. For billing and payment purposes, we may disclose your protected health information to an insurance company or managed care company, Medicare, Medicaid, or any other third party payer. The information on the bill may contain information that identifies your diagnosis, treatment and supplies used in the course of treatment. We may inform an insurance company about treatment that we intend to provide to you so that we can obtain the appropriate approvals and/or to confirm coverage for your treatment.

Examples of how we will disclose information for payment include:

- a. We may contact your health plan to confirm your coverage
- b. We may contact your health plan for pre-certification of a service
- c. We may contact any other organizations who provided you with medical services to obtain payment information from them
- d. We may provide information to any other healthcare provider who requests information necessary for them to collect payment
- e. We may share information with other billing departments of other providers and healthcare entities
- f. We may share information with collection departments.

- g. We may share information with agents of health plans (third party administrators) who are involved in the payment of a claim
- h. We may share information with consumer reporting agencies (credit bureaus).
- i. We may share information with your employer as may be reasonably necessary for insurance purposes as required by your employer's personnel policies.

A practice-specific example: CMS (Centers for Medicare and Medicaid Services) requests a copy of the patient's physician office visit notes before payment is made for those services rendered; this information may be sent to CMS.

3. a. For General Healthcare Operations:

We may use and disclose your protected health information in performing business activities that we call "healthcare operations." This includes internal operations, such as for general administrative activities and to monitor the quality of care you receive at our facility. This type of use is necessary for us to run our practice and to be sure that our patients are receiving quality care.

Examples of how we will use and disclose information as it relates to healthcare operations include one or more of the following:

- a. We may use or disclose your protected health information to review and improve the quality of care you receive;
- b. We may use or disclose your protected health information to doctors, nurses, residents, students, volunteers or other medical staff for education and training purposes;
- c. We may use or disclose your protected health information for planning for services, such as when we assess certain services that we may want to offer in the future;
- d. We may use or disclose your protected health information to evaluate the performance of our employees;
- e. We may use or disclose your protected health information to our lawyers, consultants, accountants, and business associates;
- f. We may combine information about several patients to determine if we should offer new services;
- g. We may combine information about several patients to determine if new treatments are effective;
- h. We may use protected health information to identify groups of patients who have similar health problems to give them information about treatment alternatives, programs, or new procedures;
- i. We may use or disclose your protected health information to train students, residents, other healthcare providers or non-healthcare providers (such as billing personnel);
- j. We may use or disclose protected health information to organizations that assess the quality of care we provide to our patients (such as government agencies or accrediting bodies);
- k. We may use and disclose protected health information to organizations that evaluate, certify or license healthcare providers, staff or facilities in a particular specialty;
- l. We may use and disclose protected health information to assist others who may be reviewing our activities such as accountants, lawyers, consultants, risk managers, and other who assist us in complying with state and federal laws;
- m. We may use and disclose protected health information in the process of selling our business or merging with other healthcare entities, or giving control to someone else;
- n. We may use and disclose protected health information in the process of reviewing for healthcare fraud and abuse detection and compliance;
- o. We may use and disclose protected health information when we develop internal protocols while working with pharmaceutical companies and vendors;
- p. In the process of using your protected health information in the course of treatment, payment and healthcare operations, we may make incidental disclosure. We will take reasonable steps to limit incidental disclosures.

Practice-specific example. We may disclose information as it relates to healthcare operations when we:

- a. Leave messages on your answering machine
- b. Leave messages at your place of employment
- c. Send appointment reminder postcards
- d. Call to remind you of appointment
- f. Call you by name when you are in our practice
- g. Share office space with another healthcare provider.

3.b. For Electronically Related Healthcare Operations:

Because we will be creating, maintaining and retaining your health records and other protected health information electronically, we will be entering your protected health information ("PHI") in a database maintained by the *Saint*

Francis Hospital and Medical Center. The PHI maintained in the database will be used by Prime Health Care P.C. for treatment, payment and health care operations purposes. We may also disclose your PHI maintained in the database to another provider (i) for treatment, payment and healthcare operations purposes, (ii) for payment purposes and (iii) for healthcare operations if you have or had a relationship with the other provider and only for the following reasons: (a) conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related patients with information about treatment alternatives; and related functions that do not include treatment; or (b) reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in the areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities; or (c) health care fraud and abuse detection or compliance. We may also disclose your PHI maintained in the database to the *Saint Francis Physician Hospital Organization (PHO)* for use by the *PHO* as a Business Associate of Prime HealthCare P.C. for health care operational purposes, including without limitation, quality and utilization review of health care services.

C. OTHER USES AND DISCLOSURES WE MAY MAKE WITHOUT YOUR WRITTEN AUTHORIZATION

Under the Health Insurance Portability and Accountability Act Privacy Regulations, we may use and disclose your protected health information without your authorization and without you having an opportunity to agree or object, unless otherwise stated below. "Use" refers to our internal utilization of your protected health information. Specifically, "use" under the privacy regulations means: "...with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information." Disclosure refers to the provision of information by us to parties outside of our organization. Specifically, disclosure means: "...the release, transfer, provision of access to or divulging in any other manner, of information outside of the entity holding the information." We may make the following uses and disclosures of your protected health information **without** obtaining a written Authorization from you in situations such as:

1. Those Required by Law:

We may disclose your protected health information when required to do so by law. For example, when federal, state or local law or other judicial or administrative proceeding requires that we disclosure information about you.

2. Public Health Risk:

We may disclose your protected health information for public health activities. For example, we may disclose protected health information about you if you have been exposed to a communicable disease or may otherwise be at risk of spreading a disease. Other examples may include reports about injuries or disability, reports of births and deaths, reports of child abuse and/or neglect, and reports regarding recall of products.

3. 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, personal representative, close personal friend, caregiver, neighbor or other person(s) you identify, including clergy, who are involved in your care. These disclosures are limited to information relevant to the person's involvement in your care or in payment for your care.

4. Disaster Relief:

Unless you object, we may disclose protected health information about you to a public or private agency (like the American Red Cross) for disaster relief purposes. Even if you object, we may still share information about you, if necessary for the emergency circumstances.

5. Reporting Victims of Abuse, Neglect or Domestic Violence:

When authorized by law or if you agree to the report and if we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your protected health information to notify a government authority.

6. Health Oversight Activities:

When authorized by law, we may disclose your protected health information to a health oversight agency in connection with activities to be conducted by such agency. A health oversight agency is a state or federal agency that oversees the healthcare system. Some of the activities may include, for example, audits, investigations, inspections and licensure.

7. Judicial and Administrative Proceedings:

We may disclose your protected health information in response to a lawsuit, dispute, judicial or administrative hearing, court or administrative order. We also may disclose protected health information in response to a subpoena, discovery request, or other lawful process by another party involved in the action. We will make a reasonable effort to inform you about the request.

8. Law Enforcement:

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

- a. Reporting certain types of wounds and/or other physical injuries (i.e. gunshot wounds);
- b. Reports required by law;
- c. Reporting emergencies or suspicious deaths;
- d. Complying with a court order, warrant, subpoena, or other legal process;
- e. Identifying or locating a suspect or missing person, material witness or fugitive;
- f. Answering certain requests for information concerning crimes, about the victim of crimes;
- g. Reporting and/or answering requests about a death we believe may be the result of a crime;
- h. Reporting criminal conduct that took place on our premises; and
- i. In emergency situations to report a crime, the location of the crime or victim or the identity, description and/or location of a person involved in the crime.

9. Coroners, Medical Examiners, Funeral Directors, Organ/Tissue Donation Organizations:

We may release your protected health information to a coroner, medical examiner, and funeral director. If you are an organ donor, we may release your protected health information to an organization involved in the donation of cadaveric organs and tissue to enable them to carry out their lawful duties. We can release information about deceased patients to funeral directors as necessary in allowing them to carry out their duties. We may disclose protected health information about you to a coroner or medical examiner for the purposes of identifying you should you die.

10. Research:

In some situations, your protected health information may be used for research purposes if an institutional review board has approved the research. The institutional review board must have established procedures to insure that your protected health information remains confidential.

11. To Avert a Serious Threat to Health or Safety:

We may use or disclose your protected health information to someone able to help lessen or prevent the threatened harm when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. The disclosure would only be to a person or entity that would be able to help prevent the threat.

12. 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 release medical information about you if you are a member of a foreign military as required by the appropriate foreign military authority.

13. National Security and Intelligence Activities Protective Services for the President and Others:

We may disclose protected health information to authorized federal officials conducting national security, counterintelligence, and intelligence activities authorized by law.

14. Protective Services for the President and Others:

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

15. Inmates/Law Enforcement Custody:

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or official for certain purposes. This type of disclosure is necessary for the following reasons of insuring that the correctional institution will provide you with healthcare, to protect your own health and safety, to protect the health and safety of others, and/or for the safety and security of the correctional institution.

16. Workers' Compensation:

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

17. Appointment Reminders:

We may use or disclose protected health information to remind you about appointments in our organization and appointments that we have scheduled for you with other healthcare organizations.

18. 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. This may include telling you about treatments, services, products, other healthcare providers, special programs and nutritional services.

19. Business Associates:

We may disclose your protected health information to our business associates under a Business Associate Agreement. Some of these business associates may include for example answering, transcription and accounting services, attorney/legal services, computer technical support and software vendors.

D. ANY OTHER USE OR DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION REQUIRES YOUR WRITTEN AUTHORIZATION

Under any circumstances other than those listed above, we will request that you provide us with a written authorization before we use and disclose your protected health information to anyone. In particular, without your authorization we may not generally use or disclose psychotherapy notes, use or disclose your protected health information for marketing purposes, or sell your protected health information to a third party. If you sign an authorization allowing us to disclose protected health information about you in a specific situation, you can later revoke (cancel) your authorization by providing us with written notice of such cancellation. If you cancel your authorization in writing, we will not disclose your protected health information about you **after** we receive your cancellation, except for disclosures, which were already being processed or made before we received your cancellation.

E. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding your protected health information :

1. The Right to Access Your Personal Protected Health Information:

Upon written request, you have the right to inspect and obtain a copy of your medical/protected health information except under certain limited circumstances. If requested by you in writing, we will transmit a copy of your protected health information directly to the person designated by you at the address designated by you. Under state law, if we make a copy of your medical record, we will not charge you more than is permitted by the current rate allowed by state law for copies. We may also charge you a reasonable fee for x-rays, mailings and other supplies related to this request. You should submit your written request to access your health information to the Office Manager. We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to your medical/protected health information, in some cases you will have the right to request a review of this denial. A licensed healthcare professional designated by us and who did not participate in the original decision to deny access will perform this review.

2. The Right to Request Restrictions:

You have the right to request that we be restricted in the way we use or disclose your protected health information for treatment, payment or healthcare operations. Additionally, you can request that we limit the information we disclose about you to those individuals involved in your care or the payment of your services, such as a relative or

friend. For example, you could request that we not use or disclose information about a procedure you had performed by one of our physicians. You should submit your request to restrict your health information in writing to our Privacy Officer who is listed in this Notice. 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, or both.

However, we are not required to agree to such a restriction in all instances. If we do agree to the restriction, we will honor that restriction except in the event of an emergency and will only disclose the restricted information to the extent necessary for your emergency treatment.

3. The 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 or a specific address. You should submit your request for Confidential Communications in writing to our Privacy Officer who is listed in this Notice. 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 methods of contacting you.

4. The Right to Request an Amendment:

You have the right to request that we make amendments or modify your clinical, billing and other protected health information for as long as the information is kept by us. Your request must be made in writing and must explain your reasons for the requested amendment.

We may deny your request for amendment if the information:

- a. was not created by us (unless you prove the creator of the information is no longer available to amend the record);
- b. is not part of the records maintained by us;
- c. in our opinion, is accurate and complete;
- d. is information to which you do not have a right of access.

If we deny your request for amendment, we will give you a written denial notice, including the reasons for the denial and explain to you that you have the right to submit to us a written statement disagreeing with the denial. Your letter of disagreement will be attached to your medical record. You should submit your written request for an amendment to our Privacy Officer who is listed in this Notice.

5. The Right to An Accounting of Disclosures:

You have the right to request an accounting (a report) of certain disclosures of your protected health information. You may ask for disclosures made by us within six years before your request (but not including disclosures made prior to April 14, 2003). This is a listing of disclosures made by us or by others on our behalf. We are not required to include disclosures:

- a. made for treatment;
- b. made for billing or collection of payment for your treatment;
- c. made directly to you, that you authorized, or those which are made to individuals involved in your care;
- d. allowed by law when the use or disclosure relates to certain government functions or in other law enforcement custodial situations, and/or;
- e. made in the process of our healthcare operations.

You must submit your request for an accounting of disclosures in writing to the Privacy Officer who is listed in this Notice. You must state the time period for which you would like the accounting. The accounting will include the disclosure date, the name, address (if known) 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. If you request a listing of disclosures more than once within a 12-month period, we will charge you a reasonable fee for the accounting. The first accounting, within a 12-month period, is provided to you at no charge. We will inform you of the costs involved in the event that you wish to withdraw your request.

6. The Right To Restrict Certain Disclosures of Protected Health Information to A Health Plan.

We are required to comply with your restriction against disclosure of protected health information to a health plan where:

- a. the disclosure is for the purposes of carrying out payment or healthcare operations and is not otherwise required by law; and
- b. the protected health information pertains solely to a health care item or service for which you or someone on your behalf, other than the health plan, has paid us in full.

7. The Right To Be Notified of a Breach.

You have the right to receive and will receive notification of breaches of your unsecured protected health information.

8. The Right to a Paper Copy of This Notice:

You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time by contacting our office in writing or by phone.

9. The Right to Obtain an Electronic Copy of Your Protected Health Information:

Where our organization utilizes or maintains electronic health records with respect to your protected health information, you shall have the right to obtain from us a copy of such information in an electronic format. You may direct that we transmit such copy directly to your designee, provided that you instruct us, in writing, as to whom and where you want the information forwarded. We may charge you a fee for this copy which will not be greater than our labor costs in fulfilling your request. If the electronic format requested by you is not readily producible by us, then we will provide such information to you in a readable electronic form and format agreed upon by you and our organization.

F. DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION.

For uses and disclosures of your protected health information related to care for psychiatric conditions, substance abuse, or HIV-related information, special conditions 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 if a court orders the disclosure. A general release of your protected health information will not be sufficient for purposes of disclosing psychiatric, substance abuse or HIV-related information.

1. Psychiatric Information:

We will not disclose records relating to diagnosis or treatment of your mental condition by the psychiatrist without specific written authorization or as required or permitted by law.

2. 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.

3. Substance Abuse Treatment:

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

G. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint in writing with us or with the government.

1. To file a complaint with the government, you may contact:

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

2. To file a complaint with us, you should contact the contact person on page one.
3. You will not be retaliated against for filing a complaint.