

WATERBURY 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.***

What is the purpose of this Notice?

We respect the privacy of your health information and are committed to maintaining our patients' confidentiality. This Notice describes your rights and our obligations regarding your health information and informs you about the possible uses and disclosures of your health information. This Notice applies to all information and records related to your care that we have received or created. It extends to information received or created by our employees, staff, and volunteers as well as by doctors and other health care practitioners practicing at the Hospital.

Our promise to you about our duties and responsibilities:

We are required by law to maintain the privacy of your information; to provide you this detailed Notice of our legal duties and privacy practices relating to your health information; and to abide by the terms of the Notice that are currently in effect. The Notice will be posted in public areas in our building. We agree to consider any reasonable privacy requests and to notify you if we are unable to meet those requests. We will not use or give out your information without your permission, except as described in this Notice.

Who will follow this Notice?

Waterbury Hospital provides care to our patients and clients together with doctors and other health professionals. This Notice will be followed by:

- All employees of the departments and units of Waterbury Hospital;
- The medical staff of Waterbury Hospital; and
- Any health professional from **Access Rehab, Family Care, Greater Waterbury Management Resources, Valley Imaging Partners, VNA Health at Home, the Harold Leever Regional Cancer Center, Greater Waterbury Imaging Center, Imaging Partners, Alliance Medical, and CAGW** who provides treatment to you at Waterbury Hospital.

What are your rights as a patient?

You have the following rights regarding your health information at Waterbury Hospital:

- You have the right to request restrictions on our use or disclosure of your health information for treatment, payment or healthcare operations. You also have the right to request restrictions on 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. Generally, we are not required to agree to your requested restriction, except that you have a right to request that we withhold health information from a health plan for the purpose of payment or health care operations (unless the disclosure is required by law – such as Medicaid) and subject to you paying in full for the items or services that you do not wish disclosed to the health plan and other specific conditions, we will honor that request. If we do agree to accept your requested restriction, we will comply with your request except as needed to provide your emergency treatment.
- You have the right to inspect and obtain a copy (including digital, electronic copy if available) of your medical or billing records or other written information that may be used to make decisions about your care, subject to some limited exceptions. In most cases, we may charge a reasonable fee for our costs in copying and mailing your requested information. We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to health information, in some cases you will have a right to request review of the denial. A licensed health care professional designated by Waterbury Hospital who did not participate in the decision to deny would perform this review.
- You have the right to request amendment of your health information maintained by Waterbury Hospital for as long as the information is kept by or for Waterbury Hospital. Your request must be made in writing and must state the reason for the requested amendment. We may deny your request for amendment if the information (a) was not created by Waterbury Hospital, unless the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by or for Waterbury Hospital; (c) is not part of the information to

which you have a right to access; or (d) is already accurate and complete, as determined by Waterbury Hospital. If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

- You have the right to request an “accounting” of certain disclosures of your health information. This is a listing of disclosures made by Waterbury Hospital or by others on our behalf but does not include disclosures for treatment, payment, and health care operations or certain other exceptions. To request an accounting of disclosures, you must send us a request in writing. To request an accounting of disclosures, you must submit a request in writing stating a time period beginning after April 13, 2003 that is within six years from the date of your request. An accounting will include, if request: the disclosure date, the name of the person or entity that received the information and address, if known; a brief description of the information is closed; and a brief statement of the purpose of the disclosure or a copy of the authorization or request or certain summary information concerning multiple disclosures. The first accounting provided within a 12-month period will be free, for further requests we may charge you our costs.
- You have the right to be notified in the event that there is a data breach involving unsecured health information about you. If such an event occurs, we will notify you and provide additional information.
- You have the right to obtain a paper copy of this Notice even if you have agreed to access this notice electronically. You may request a copy of this Notice at any time. In addition, you may obtain a copy of this notice at our website, <http://www.waterburyhospital.org/>.
- 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 address. We will accommodate your reasonable requests.

Who do you contact for more information or to report a problem?

If you believe that your privacy rights have been violated, you may file a complaint in writing with Waterbury Hospital by contacting the person listed below.

Privacy Officer of Waterbury Hospital
64 Robbins Street
Waterbury, CT 06721
Telephone: 203-573-7053
Email: <mailto:PrivacyOfficer@wtbyhosp.chime.org>

You may also file a complaint with the Office of Civil Rights in the U.S. Department of Health and Human Services. You will not be penalized if you file a complaint.

What happens if Waterbury Hospital changes this Notice?

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you 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, in the top right-hand corner, 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 offer you a copy of the current notice in effect.

When and how will Waterbury Hospital use and / or give out your personal medical information?

We may use and disclose your health information for purposes of treatment, payment and health care operations (our business operations) as described below. There are times when we must use your personal medical information. Waterbury Hospital **must** use and give out your personal medical information to provide information:

- To you or someone who has the legal right to act for you (your personal representative),
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected,
- Where required by law, and in certain emergency circumstances.

What are treatment, payment, and health care operations and what are some examples?

Treatment: Treatment is when we provide care to you. It includes many pieces, including when doctors and others consult on your case or when referrals are needed. We will use and disclose your health information in providing you with treatment and services, and coordinating your care. Your health information may be used by doctors and nurses, as well as by lab technicians, dieticians, physical therapists, radiologists or other personnel involved in your care. For example, the hospital pharmacist will need certain information to fill a prescription ordered by your doctor. We also may disclose health information to individuals or facilities that will be involved in your care after you leave the Hospital.

Payment: Payment is billing for services we provided. It also involves receiving payment from individuals or insurance companies. We will disclose your health information so that we can bill and receive payment for the treatment and services you receive. For billing and payment purposes, we may disclose your health information to your representative, insurance or managed care company, Medicare, Medicaid or another third party payer. For example, we may contact Medicare or your health plan to confirm your coverage or to request prior approval for a proposed treatment or service. Payment information may include things that identify you, your diagnosis, procedures performed on you, and supplies we used.

Health Care Operations: Health care operations involves many things that the hospital must do to operate its' business side. We may use and disclose your health information as necessary for hospital operations or business reasons, such as for management purposes and to monitor our quality of care. We may also use your information to evaluate the performance of our staff in caring for you by using surveys. For example, health information of many patients may be combined and analyzed for purposes such as evaluating and improving quality of care and planning for services. Health information is used in evaluating our employees and in reviewing the qualifications and practices of doctors and other licensed health care staff at the Hospital. We also may use and disclose health information for education and training purposes.

In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician or health care provider. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

How else does Waterbury Hospital use and disclose medical information?

We may also use and disclose health information about you for specific purposes. The following lists various ways in which we may use or disclose your health information.

- **Hospital Directory** - Unless you object, or are a Behavioral Health Patient, we will include certain limited information about you in our directory while you are a patient. This information may include your name, your location in the Hospital, your general condition, and your religious affiliation. Our directory does not include specific medical information about you. We may disclose directory information, except from your religious affiliation, to people who ask for you by name. We may provide the directory information, including your religious affiliation, to any member of the clergy.
- **Patient Information Display** - Unless you object, we will include your name, physician, room number, and other Pertinent information on the Patient Display Board located in the Emergency Room or the patient care area you are admitted to. The Patient Information Display will not include specific medical information about you.
- **Individuals Involved in Your Care or Payment for Your Care** - Unless you object, we may disclose health information about you to a family member, close personal friend or 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.
- **Business Associates** - There may be some services provided by our business associates, such as a billing and transcription services, or legal and accounting consultants. We may disclose your health information to our business associates so they can perform the jobs we have asked them to do. To protect your health information, we have our business associates sign written contracts that require them to keep your information safe and confidential.
- **Disaster Relief** - We may disclose health information about you to an organization assisting in a disaster relief effort.
- **Emergencies** - We may use or disclose your health information as necessary in emergency treatment situations. We will attempt to obtain authorization from you or your representative as soon as possible.
- **Communication Barriers** - We may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and physician determines using reasonable judgment, that you intend to consent to use or disclosure under the circumstances.
- **As Required By Law** - We may disclose your health information when required by law to do so.
- **Reporting Victims of Abuse, Neglect or Domestic Violence.** If we believe that you have been a victim of abuse, neglect, or domestic violence, we may use and disclose your health information to notify a government authority. If we are authorized or mandated by law or if you agree to the report. For child abuse or neglect or elder abuse or neglect, we will disclose your health information to government authorities.
- **Legal Proceedings** - We may disclose your health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process, efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.

- **Appointment Reminders** - We may use or disclose health information to remind you about appointments.
- **Public Health Activities** - We may disclose your health information for public health activities. These activities may include, for example:
 - a) reporting to a public health or other government authority for the purpose of preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting births and deaths;
 - b) reporting to the federal Food and Drug Administration (FDA) issues concerning problems with products and product recalls, etc., or
 - c) to notify a person who may have been exposed to or is at risk of spreading a communicable disease, if authorized by law.
- **Health Oversight Activities** - We may disclose your health information to a health oversight agency for activities authorized by law. These may include, for example, Medicare audits, investigations, State Health Department inspections and licensure actions or other legal proceedings.
- **Law Enforcement** - We may disclose your health information for certain law enforcement purposes including , for example, following to comply with reporting requirements or report emergencies or suspicious deaths; to comply with a court order, warrant, or similar legal process; to identify or locate a suspect or missing person; or to answer certain requests for information concerning crimes.
- **Research** - Your health information may be used for research purposes, but only if the privacy aspects of the research have been reviewed and approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
- **Coroners, Medical Examiners, Funeral Directors, and for Organ Donation** - We may release your health information to a coroner, medical examiner, funeral director, or if you are an organ donor, to an organization involved in the donation of organs and tissue.
- **To Avert a Serious Threat to Health or Safety** – 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 use or disclose health information, limiting disclosure to someone able to help lessen or prevent the threatened harm.
- **Military Activity and National Security – When the appropriate conditions apply.** We may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility of benefits, or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- **Workers' Compensation** - We may use or disclose your health information to comply with laws relating to workers' compensation or similar programs.
- **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 health information to the institution or official for certain purposes including the health and safety of you and others.
- **Fundraising Activities** - We may use your certain health information to contact in an effort to raise money for the Hospital. Such information is limited to: demographic information, including name, address, other contact information, age, gender, and date of birth; the dates you received treatment or services; information about which hospital department provided services to you; who your treating physician is; information about outcomes; and your health insurance status. We also may disclose contact information for fundraising purposes to a foundation related to the Hospital. Please note that you have a right to opt out of receiving fundraising communications.
- **Treatment Alternatives and Health-Related Benefits and Services** - We may use or disclose your health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about products or services that we believe may be beneficial to you.
- **Minors** - We will follow Connecticut law when using or disclosing protected health information of minors. For example, if you are an unemancipated minor agreeing to health care services related to HIV/AIDS, venereal disease, abortion, reproductive issues, behavioral health or alcohol/drug dependence, and you have not requested that another person be treated as a personal representative, you may have the authority to agree to the use and disclosure of your health information.

Is information about Behavioral Health, substance abuse treatment, and HIV treated differently?

For disclosures concerning health information relating to care for Behavioral Health (psychiatric) 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. We will follow state and/or federal law and obtain a special Authorization to release this type of information about you in cases other than what is listed here.

- **Psychiatric (Behavioral Health) information** - If needed for your diagnosis or treatment in a mental health program, psychiatric information may be disclosed based on your general Consent, and very limited information may be disclosed for payment purposes. Otherwise, psychiatric information may not be disclosed without your special Consent or Authorization except as specifically permitted under state law.
- **HIV-related information** - HIV-related information may be disclosed based on your general Consent for purposes of treatment or payment but your special Consent or Authorization will be necessary for other disclosures except as permitted under state law.
- **Substance abuse treatment** - If you are treated in a special substance abuse program, your special Consent or Authorization will be needed for most disclosures, not including emergencies, certain reporting requirements and other disclosures specifically allowed under federal law.

Your authorization or permission is required for other uses of your health information.

For other reasons that are not listed in this Notice, we will use or give out your information only with your written permission (“authorization”). When you sign our Patient Agreement, you allow us to use and disclose your health information for treatment, payment and health care operations. A written authorization must list other particular uses or disclosures that you may allow. You may cancel an authorization to use or disclose health information, in writing, at any time. If you cancel an authorization, we will no longer use or disclose your health information for the purposes covered by that authorization, except in cases where we followed your original request.

Except as described in this Notice, we will use and disclose your health information only with your written Authorization. While your general Consent allows us to use and disclose your health information for treatment, payment and health care operations, an Authorization must specify other particular uses or disclosures that you may allow. Please note that our use or disclosure of your health information relating to psychotherapy notes (if we have such notes), for marketing purposes, and for the sale of your health information generally require your authorization. You may revoke an Authorization to use or disclose health information, in writing, at any time. If you revoke an Authorization, we will no longer use or disclose your health information for the purposes covered by that Authorization, except where we have already relied on the Authorization.

Affiliated entities that are part of the Organized Health Care Arrangement with Waterbury Hospital and have agreed to abide by the terms set forth in the Notice of Privacy Practices are as follows:

- Family Care, PC – Medical Practices
- VNA Health at Home, Inc. – Home health care
- Greater Waterbury Management Resources, Inc. – Physician practice management
- Harold Leever Regional Cancer Center, Inc. – oncology care program
- Greater Waterbury Health Network & Physicians, Inc. – PHO
- Valley Imaging Partners, LLC – MRI
- Greater Waterbury Imaging Center, LLP – MRI
- Access Rehab Centers, LLC – Physical Therapy
- Imaging Partners, LLC – CT scanning
- Alliance Medical Group
- CAGW - Cardiology