

# THE CONNECTICUT HOSPICE NOTICE OF PRIVACY PRACTICES

This Notice describes how your health information may be used and disclosed and how you can get access to this information. Please review it carefully.

*Who will comply with this notice?*

All Connecticut Hospice workforce members and Business Associates will abide by the privacy practices described in this Notice.

*How we may use and disclose your health information?*

We may use and disclose your health information without your prior authorization for purposes of treatment, payment, and health care operations.

- For Treatment - We may use and disclose your medical information in providing you with treatment services or coordinating your care with your other health care providers.
- For Payment - We may use and disclose your health information for billing and payment purposes, such as sending billing information to your insurance company or Medicare.
- For Health Care Operations - We may use and disclose your health information to evaluate our hospice services and the quality of our care.

*Other specific uses and disclosures of your health information without your prior authorization*

- To Individuals Involved in Your Care. Unless you object, we may disclose health information about you to a family member, close personal friend or other person, including clergy, that you identify as being as a person who is involved in your care.
- 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 another person or the general public, we may use and disclose your health information, providing we limit such disclosures to a person or persons able to help lessen or prevent the threatened harm.
- For Judicial and Administrative Proceedings. We may disclose your health information in response to a court or administrative order or as otherwise required by law. We also may disclose your health information in response to a subpoena, discovery request, or other lawful process, provided certain conditions are met. These conditions include, but are not limited to, making efforts to contact you about the request or to obtain an order or agreement protecting the health information.
- For Law Enforcement. We may disclose your health information for certain law enforcement purposes, including, for example, to comply with reporting requirements; to comply with a court order, warrant, or similar legal process; or to respond to certain requests for information concerning crimes.
- For Research. We may use and disclose your health information for research purposes if the privacy aspects of the research have been reviewed and approved, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death or if you authorize the use or disclosure.
- To Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may disclose 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.
- For Disaster Relief. We may disclose your medical information to a disaster relief organization.

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- For Military, Veterans and other Specific Government Functions. If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities. We may disclose your health information for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.
- For Workers' Compensation. We may use and disclose your health information to comply with laws related to workers' compensation or similar programs.
- For Fundraising Activities. We may use certain limited contact information for fundraising purposes, provided that any fundraising communications explain clearly and conspicuously your right to opt out of future fundraising communications. We are required to honor your request to opt out.

### *Uses and Disclosures with Your Authorization*

We will obtain your prior written authorization for:

- (1) most uses and disclosures of psychotherapy notes (as defined by HIPAA);
- (2) uses and disclosures of your health information for marketing purposes; and
- (3) disclosures that constitute a sale of your health information.

Except as described in this Notice, we will use and disclose your health information only with your prior written Authorization. You may revoke an Authorization 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 your Authorization.

### *Your Rights Regarding Your Health Information*

Below is a list of your rights regarding your health information.

You may exercise your rights by submitting a request to Connecticut Hospice. Each of these rights is subject to certain requirements, limitations and exceptions. At your request, Connecticut Hospice will supply you with the appropriate form to complete.

You have the right to:

- Request Restrictions
  - You have the right to request restrictions on our use and disclosure of your health information for treatment, payment or health care operations.
  - You have the right to request restrictions on the medical 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. We are not required to agree to your requested restriction (except that if you are competent, you may restrict disclosures to family members and friends).
  - If you paid out-of-pocket in full for a health care item or service, and you do not want us to disclose health information about that item or service to your health plan for purposes of payment or health care operations, we must comply with your request.

In addition, we may not release your health information to an individual outside of your health care provider without your permission unless you are being transferred to another health care institution or the release is required by law, for third-party payment or to provide you with emergency care.

- Request Access to or Amendment of Your Records

In most cases, you have the right to look at or get a copy of medical information that we use to make decisions about your care. All requests for copies or access must be

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submitted in advance, in writing. If your request for inspection is granted, we will arrange for a convenient time and place for you to look at your record. If you request copies, we may charge a fee for the cost of copying, mailing, or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

If you believe that information in your record is incorrect or that important information is missing, you have the right to request that we correct the records, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information is not maintained by us; or if we determine that your record is accurate. You may submit a written statement of disagreement with a decision by us not to amend a record.

- Request an Accounting of Disclosures

You have the right to request an accounting of certain disclosures of your health information. This is a listing of disclosures made by Connecticut Hospice or by others on our behalf; it does not include disclosures for treatment, payment and health care operations or certain other exceptions. To request an accounting of disclosures, you must submit a request in writing stating a time period that is within six years from the date of your request.

The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

- Request 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.

In addition, you may obtain a copy of this Notice at our website [www.hospice.com](http://www.hospice.com).

- Request Confidential Communications

You have the right to request that we communicate with you concerning your health matters in a certain manner. We will accommodate your reasonable requests.

- For Further Information or to Submit a Request

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact our Ombudsperson whose contact information is:

The Connecticut Hospice, Inc., 100 Double Beach Road, Branford, CT 06405, [help@hospice.com](mailto:help@hospice.com), ph. 1.203.315.7500.

If you are not satisfied with our response, or you believe that your privacy rights have been violated, you may file a complaint in writing with The Connecticut Hospice or with the Office for Civil Rights ("OCR") in the U.S. Department of Health and Human Services.

We will not retaliate against you for filing a complaint.

To file a complaint with the OCR, send your written complaint to the OCR Regional Manager by mail to Office for Civil Rights--Region I, U.S. Department of Health and Human Services, J.F. Kennedy Federal Building - Room 1875, Boston, MA 02203, by fax to (617) 565-3809 or by email to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov).

- Changes to This Notice

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We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all health information already received and maintained by us as well as for all health information we receive in the future. We will post a copy of the current Notice on the main Connecticut Hospice website. We will provide a copy of the revised Notice upon request.

Printed copy may not be current