

Connecticut Children’s Medical Center

NOTICE OF PRIVACY PRACTICES

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

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, please contact the Connecticut Children’s Medical Center Privacy Officer at (860)-545-8500.

We respect the privacy of your protected health information (referred to herein simply as 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 Connecticut Children’s Medical Center (the “Medical Center”) has 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 Medical Center.

Our Responsibilities

We are required by law to maintain the privacy of your health 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 is currently in effect.

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

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

For Treatment. 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 or other personnel involved in your care. For example, a doctor treating you for a broken leg may need to know you have diabetes because diabetes may slow the healing process. Different departments of the Medical Center also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, meals, and x-rays. We may also provide your physician or subsequent healthcare providers with copies of various reports that should assist him or her in treating you once you are discharged from this Medical Center.

For Payment. We may use and 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, an insurance or managed care company, Medicare, Medicaid or another third party payor. 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. We may also use or disclose your health information in an emergency situation.

For Health Care Operations. We may use and disclose your health information as necessary for Medical Center operations, such as for management purposes and to monitor our quality of care. 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 practitioners at the Medical Center. We also may use and disclose health information for education and training purposes, including potential members of the CCMC Board of Directors, potential contributors to CCMC or leaders in the community who can be of assistance to CCMC and its initiatives .

Medical Staff. In addition, the Medical Center routinely shares health information with health care providers on the Medical Center's medical staff to facilitate (i) treatment by the medical staff to patients of the Medical Center, (ii) payment to the medical staff for services provided by the medical staff at the Medical Center and (iii) when a member of the medical staff assists the Medical Center with certain health care operations. The Medical Center and the Medical Center's medical staff have formed an Organized Health Care Arrangement and the Medical Center's medical staff have agreed to abide by the terms of this Notice while providing services at the Medical Center.

II. **WE ALSO MAY USE AND DISCLOSE YOUR HEALTH INFORMATION FOR SPECIFIC PURPOSES.**

The following lists various ways in which we may use or disclose your health information for specific purposes.

Business Associates. There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Medical Center Directory. Unless you object, 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 Medical Center, your general condition and your religious affiliation. Our directory does not include specific medical information about you. We may disclose directory information, except for 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.

Individuals Involved in Your Care or Payment of Your Care. Unless you object, we may disclose your health information to a family member, a relative, a close friend or any other person you identify, if the information relates to the person's involvement in your health care, and to notify the person of your location or general condition or payment related to your health care. In addition, we may disclose your health information to a public or private entity authorized by law to assist in a disaster relief effort. If you are unable to agree or object to such a disclosure we may disclose such information if we determine that it is in your best interest based on our professional judgment or if we reasonably infer that you would not object.

Communication Barriers. We may use or disclose your health information as necessary when we are unable to obtain your Consent due to communication barriers if we believe that your consent is intended based on the circumstances and in your best interest.

As Required By Law. We may disclose your health information when required by law to do so.

Public Health Activities. We may disclose your health information for public health activities. These activities may include, for example:

- reporting to a public health or other government authority for preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting births and deaths;
- reporting to the federal Food and Drug Administration (FDA) concerning issues such as problems with products or for recall of a product; or
- to notify a person who may have been exposed to or at risk of spreading a communicable disease, if authorized by law.

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 authorized by law or if you agree to the report.

Health Oversight Activities. We may disclose your health information to a health oversight agency for activities authorized by law. These may include, for example, audits, investigations, inspections and licensure actions or other legal proceedings. These activities may include government oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings. We may disclose your health information in response to a court or administrative order. If permitted by law, we also may disclose information in response to a subpoena, discovery request, or other lawful process.

Law Enforcement. We may disclose your health information for certain law enforcement purposes, including, for example, to comply with reporting requirements or report emergencies or suspicious deaths; or to comply with a court order, warrant, or similar legal process.

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 the Institutional Review Board, 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.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. 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 disclosures to someone able to help lessen or prevent the threatened harm.

Military and Veterans. If you are a member of the armed forces, we will comply with any law that requires us to use and disclose your health information as requested by military command authorities or use and disclose health information about foreign military personnel as requested by the appropriate foreign military authority.

Workers' Compensation. We may use or disclose your health information as permitted by laws relating to workers' compensation or similar programs.

National Security and Intelligence Activities; Protective Services for the President and Others. We will comply with any law that requires us to disclose health information to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.

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 certain health information, limited to contact 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 Medical Center. We also may disclose contact information for fundraising purposes to a foundation related to the Medical Center. A description of how to opt out of receiving any further fundraising communications will be included with any fundraising materials you receive from the Medical Center. If you request that your information not be used or disclosed for fundraising purposes, we will make a reasonable effort to ensure that you do not receive future fundraising communications.

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

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.

III. YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES OF HEALTH INFORMATION

Except as described in this Notice, we will use and disclose your health information only with your written Authorization or as permitted or required by law. While your written acknowledgement of receipt of our Notice of Privacy Practices 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. You may revoke an Authorization to use or disclose your health information for the purposes covered by that Authorization, except where we have already relied on the Authorization.

IV. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information at the Medical Center:

Right to Request Restrictions. You have the right to request restrictions on our use or disclosure of your health information for treatment, payment or health care operations. You also have the right to request restrictions on the health information we disclose about you to a family member, friend or other person who is involved in your care or the payment of your care. 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 emergency treatment.

Right to Receive Confidential Communications. You have the right to request a reasonable accommodation regarding how you receive communications of health information. You have the right to request an alternative means of communication or an alternative location where you would like to receive communications. You must submit a request in writing to the Medical Center requesting confidential communications.

Right to Access, Inspect and Copy Your Protected Health Information. You have the right to access, inspect and obtain a copy of your health information that is used to make decisions about your care for as long as the health information is maintained by the Medical Center. To access, inspect and copy your health information that may be used to make decisions about you, you must submit your request in writing to the Medical Center. If you request a copy of the information, we may charge a fee for the costs of preparing, copying, mailing or other supplies associated with your request. We may deny, in whole or in part, your request to access, inspect and copy your health information under certain limited circumstances. If we deny your request, we will provide you with a written explanation of the reason for the denial. You may have the right to have this denial reviewed by an independent health care professional designated by us to act as a reviewing official. This individual will not have participated in the original decision to deny your request. You may also have the right to request a review of our denial of access through a court of law. All requirements, court costs and attorney's fees associated with a review of denial by a court are your responsibility. You should seek legal advice if you are interested in pursuing your rights through a court.

Right to Amend your Protected Health Information. You have the right to request amendment of your health information maintained by the Medical Center for as long as the information is kept by or for the Medical Center. 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 the Medical Center, 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 the Medical Center; (c) is not part of the information to which you have a right of access; or (d) is already accurate and complete, as determined by the Medical Center. 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.

Right to 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 the Medical Center or by others on our behalf, but does not include disclosures for treatment, payment and health care operations, to you or for certain other reasons.

To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning after April 14, 2003 that is within six years from the date of your request. An accounting will include, if requested: the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; and a brief statement of the

purpose of the disclosure or a copy of the 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 a reasonable cost based fee.

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

V. **SPECIAL RULES REGARDING DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE, HIV-RELATED AND MINOR INFORMATION**

For disclosures concerning health information relating to care for 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 an Authorization or a court orders the disclosure.

- **Psychiatric information.** If needed for your diagnosis or treatment in a mental health program, psychiatric information may be disclosed based on your general Consent, and limited information may be disclosed for payment purposes. Otherwise, psychiatric information may not be disclosed without your 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 Authorization will be necessary for other disclosures, except as permitted under state law.
- **Substance abuse treatment.** If you are treated in a specialized substance abuse program, the confidentiality of alcohol and drug abuse patient records is protected by Federal law and regulations. Generally, we may not say to a person outside the program that you attend the program, or disclose any information identifying you as an alcohol or drug abuser, unless:
 1. You consent in writing;
 2. The disclosure is allowed by a court order; or
 3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of these Federal laws and regulations by us is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the substance abuse program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

- **Minors.** We will comply with Connecticut law when using or disclosing health information of minors. For example, if you are an unemancipated minor consenting to a health care service related to HIV/AIDS, venereal disease, abortion, outpatient mental health treatment or alcohol/drug dependence, and you have not requested that another person be treated as a personal representative, you may have the authority to consent to the use and disclosure of your health information.

VI. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint in writing with the Medical Center or with the Office of Civil Rights in the U.S. Department of Health and Human Services. To file a complaint with the Medical Center, contact:

Corporate Compliance Officer
Connecticut Children's Medical Center
282 Washington Street
Hartford, Connecticut 06106

We will not retaliate against you if you file a complaint.

VII. CHANGES TO THIS NOTICE

We will promptly revise this Notice whenever there is a material change to the uses or disclosures of health information, your individual rights, our legal duties, or other privacy practices stated in this Notice. 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 the Medical Center as well as for all health information we receive in the future. You will not automatically receive a revised Notice. We will post a copy of the current Notice in the Medical Center. In addition, we will post a copy of the current Notice on the Medical Center's website (www.ccmckids.org). You may also request a copy of the revised Notice at your next appointment.

VIII. EFFECTIVE DATE

This Notice went into effect on April 14, 2003.

IX. FOR FURTHER INFORMATION

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact The Connecticut Children's Medical Center Privacy Officer at (860-545-8500).