

PHYSICIAN SERVICES OF NORTHEAST CONNECTICUT, LLC.

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 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. The entities covered by this notice may share your health information as necessary to carry out treatment, payment, or health care operations.

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 are currently in effect.

You will be asked to sign an Acknowledgement indicating that you have received this notice and understand its contents as described below.

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

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, which we refer to as your medical record, is an essential part of the health care we provide for you.

For Treatment. We will use and disclose your health information:

To provide you with treatment and services and coordinate your care. Your health information may be used by doctors and nurses, as well as by lab technicians, dietitians, physical therapists 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, Home Care or Hospice.

For Payment. We may use and disclose your health information:

To 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.

For Health Care Operations. We may use and disclose your health information:

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 Hospital. We also may use and disclose health information for education and training purposes.

II. WE ALSO MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU FOR SPECIFIC PURPOSES WITHOUT YOUR WRITTEN AUTHORIZATION

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

Hospital 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 Hospital, 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 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.

Disaster Relief. We may disclose health information about you to an organization assisting in a disaster relief effort.

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. 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. 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.

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; to comply with a court order, warrant, or similar law enforcement legal process; to identify or locate a suspect or missing person; or to answer certain requests for information concerning crimes or suspected terrorist activity.

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 a special Privacy Board or 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 may use and disclose your health information as required by military command authorities. We may also use and disclose health information about foreign military personnel as required by the appropriate foreign military authority.

Workers' Compensation. We may use or disclose your health information to comply with laws relating to workers' compensation or similar programs.

National Security and Intelligence Activities; Protective Services for the President and Others. We may 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.

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.

Business Associates: We provide some services through Business Associates. To protect your health information, we require each business associate to safeguard your information through a contract.

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. While we are allowed 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 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.

IV. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information within the Hospital:

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 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 or friends). If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment and in certain other instances.

Right of Access to Personal Health Information. You have the right to inspect and obtain a copy 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. This review would be performed by a licensed health care professional designated by the Hospital who did not participate in the decision to deny.

Right to Request Amendment. You have the right to request amendment of your health information maintained by the Practice for as long as the information is kept. 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 Practice, 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 Practice; (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 Practice.

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 Practice or by others on our behalf, but does not include disclosures for treatment, payment and health care operations, those that you authorize or certain other exceptions.

To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning after July 14, 2008 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 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.

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.

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. We will accommodate your reasonable requests.

V. SPECIAL RULES REGARDING DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE AND HIV-RELATED 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 a special 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, and very 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 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, your Authorization will be needed for most disclosures, not including emergencies, certain reporting requirements and other disclosures specifically allowed under federal law.

VI. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint in writing with the Privacy Officer or the Office of Civil Rights in the U.S. Department of Health and Human Services. To file a complaint with the Privacy Officer, contact the Privacy Officer at 860-928-6541, extension 2287.

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

VII. CHANGES TO THIS NOTICE

We will promptly revise and distribute 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 Practice as well as for all health information we receive in the future. We will post a copy of the current Notice in the main registration area of the Practice.

VIII. EFFECTIVE DATE

This Notice went into effect on July 14, 2008.

IX. FOR FURTHER INFORMATION

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the Privacy Officer at 860-928-6541, extension 2287.