

DAY KIMBALL HEALTHCARE, INC.

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.

We respect the privacy of your health information and are committed to maintaining our patients' confidentiality. This Notice of Privacy Practices (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, paper and electronic, related to your care that we have received or created. It extends to information received or created by the employees, staff, and volunteers at Day Kimball Healthcare, Inc. ("DKH") and at all facilities and programs within DKH and its affiliated network of providers, including Day Kimball Hospital (the "Hospital"), Day Kimball Medical Group, Inc., Day Kimball HomeCare ("HomeCare"), Hospice & Palliative Care of Northeastern Connecticut ("Hospice"), and Day Kimball HomeMakers, Inc ("HomeMakers"). This Notice also extends to local ambulance services and independent physicians and other health care providers on the Medical or Dental Staff or, who otherwise provide services at DKH, including those that provide emergency, radiology, pathology, anesthesiology, e-consultation, or telehealth services to patients who are in DKH facilities. The entities covered by this Notice may use and share your health information as necessary to carry out treatment, payment, or health care operations. Your health information will be available to providers with whom you have a treatment relationship through electronic databases that are shared between DKH and local care providers. This database facilitates the ability to exchange secure health information across the care continuum that supports patients' health needs at the point of treatment by providing immediate, direct and on-going links between patients, their complete health records and their attending providers. Your health information will automatically be shared unless you specifically request to opt out. This arrangement is solely for the purpose of sharing health information and does not imply or suggest that the physicians on the Medical Staff are agents of the Hospital or DKH.

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 the Hospital, a 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 physicians 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 physician.
- We may also disclose health information to individuals or facilities that will be involved in your care after you leave the Hospital, HomeCare 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.
- Under certain circumstances, however, we must honor your request to restrict disclosure to your health plan related to treatment for which you paid yourself.

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 physicians and other practitioners at the Hospital. We may also use and disclose health information for education and training purposes.

II. WE MAY ALSO 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. If you object to being listed in the Hospital Directory, no information will be given out about you unless there is legal authority to do so. This means your family and friends will not be able to find what room you are in while you are in the Hospital. It also means you will not be able to receive flowers or mail.

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. Similar provisions will apply to disclosing your health information to family members upon your death.

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
- Notifying 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 may also disclose information in response to a subpoena, discovery request, or other lawful process; provided efforts are 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 or disclosed for research purposes, but only under certain conditions. Generally, these conditions include when 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, or if the research occurs after your death.

Coroners, Medical Examiners, Funeral Directors, Organs/Eyes/Tissue Procurement Organizations. We may release your health information to a coroner, medical examiner, funeral director, or to an organization involved in the donation of organs, eyes, or tissue for the purpose of facilitating donation and transportation.

To Avert a Serious Threat to Health or Safety. We may use or disclose health information when necessary to prevent or lessen a serious threat to your health or safety or the health or safety of the public or another person, 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 under certain circumstances. We may similarly 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 use and disclose your health information for special government functions such as military, national security, and presidential protective services.

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 under certain conditions, including when necessary to protect the health and safety of you and others.

Fundraising Activities. We may use certain health information, including 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 DKH. We may also disclose contact information for fundraising purposes to a related foundation. You may opt out of receiving further fundraising communications. Your written decision to opt out shall be treated as a revocation of authorization. If you opt out, we will ensure that you are not sent such communications by removing your name from all fundraising contact information and maintaining your name on a "no contact" list.

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. We may disclose your protected health information to our Business Associates so that they can perform the job we have asked them to do. To protect your health information, we require each Business Associate to safeguard your information through a Business Associate Agreement.

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

Except as described in this Notice or as permitted by Connecticut or Federal law, 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, and other specific purposes permitted by law, an Authorization must specify other particular uses or disclosures that you may allow. For example, your authorization is generally required for the use or disclosure of psychotherapy notes, for uses and disclosures for marketing purposes, including subsidized treatment communications, for the sale of your protected health information (if permitted by law), or for other reasons that may not be described herein. 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 DKH:

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, unless it relates to disclosure to a health plan for the purpose of carrying out payment or health care operations, disclosure is not required by law, and it pertains solely to a health care item or service for which you paid for out of your own pocket. However, if you are competent, we will honor your request to restrict disclosures to family members or friends. If we 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 record, subject to some limited exceptions, provided you make your request in writing. In most cases, we may charge a reasonable fee for our costs in copying and mailing your requested information.

You may also request an electronic record of information that we maintain as an electronic health record. You may request that an electronic record be sent to an entity or person other than yourself. Again, this request must be in writing. We may charge you for the preparation of the electronic record as permitted by law.

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 DKH who did not participate in the decision to deny.

Right to Request Amendment. You have the right to request amendment of information in your medical record maintained by DKH for as long as the information is kept by or for DKH. Your request must be made in writing and must state the reason for the requested amendment.

We may deny your request for amendment if we determine that the information: (a) was not created by DKH, unless the originator of the information is no longer available to act on your request; (b) is not part of the medical record; (c) is not part of the information to which you have a right of access; or (d) is already accurate and complete.

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 DKH or by others on our behalf. The accounting does not include disclosures that you authorize 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. An accounting will include, if requested: the disclosure date; the name of the person or entity that received the information and, if known, address; a brief description of the information disclosed;

and a brief statement of the purpose of the disclosure or a written request for disclosure. 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. In addition, you may obtain a copy of this Notice at our website, www.daykimball.org/privacy-statement/.

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.

Right to be Notified of a Breach of Your Unsecured Protected Health Information. We will notify you in the event of an unauthorized acquisition, access, use, or disclosure of your unsecured protected health information that compromises the security or privacy of such information, subject to certain exceptions provided by law.

V. SPECIAL FEDERAL RULES REGARDING SUBSTANCE ABUSE TREATMENT INFORMATION

Substance Abuse Treatment Information. Federal law establishes special protections for information relating to a patient's participation in a federally assisted substance abuse treatment program. Even if we do not offer a substance abuse treatment program, we will comply with the law if we receive and maintain this type of information from another provider. As a general rule, such substance abuse treatment information is confidential and may not be disclosed without your authorization or pursuant to federal law. Exceptions for disclosure of substance abuse treatment information without your authorization are as follows: (1) to medical personnel to the extent necessary to meet a bona fide medical emergency; (2) to qualified personnel for the purpose of conducting research, management audits, program evaluation, provided you are not identified in any report; (3) pursuant to a court order where good cause for such disclosure has been established; (4) communications between a program and an entity and an affiliated covered entity having direct administrative control over our program; (5) to a qualified service organization performing services on our behalf; (6) limited communications with law enforcement regarding a crime committed or threatened by you on our premises; (7) the reporting of incidents of suspected child abuse and neglect to the appropriate state authorities; and (8) to the FDA when they assert that your health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction.

VI. SPECIAL CONNECTICUT STATE LAW RULES REGARDING DISCLOSURE OF PSYCHIATRIC INFORMATION, HIV-RELATED INFORMATION, AND MINORS

Psychiatric Information. Connecticut law provides special protections when it comes to psychiatric information. Except for treatment, or healthcare operations, psychiatric communications will not be disclosed, without your specific written consent, unless the disclosure is made: (i) to another health care provider for the purpose of treatment and diagnosis (with notice to you); (ii) when there is substantial risk of imminent physical injury to you or others and the disclosure is necessary to place you in a treatment facility; (iii) to a court as part of a court ordered psychiatric examination; (iv) in a civil court proceeding if you introduce your mental condition as an element of a claim or defense; (v) after your death, when your condition is introduced by a party claiming or defending through or as a beneficiary of you and a court finds it to be in the interests of justice to disclose such psychiatric information; (vi) to the Commissioner of the Department of Public Health or the Department of Mental Health & Addiction Services in connection with an inspection or investigation; (vii) to the family or legal representative of a victim of a homicide committed by you; (viii) to individuals or agencies involved in the collection of fees for psychiatric services; and (ix) to the Department of Mental Health & Addiction Services in connection with the hospital receiving payment for services funded by such agency with notice to you.

HIV-Related Information. Connecticut law limits the disclosure of HIV-related information. According to the rules, the provider may not disclose such information without your specific written authorization, unless such disclosure is: (i) made to a public health official as required or allowed by state or federal law; (ii) a health care provider for the purpose of treatment; (iii) a medical examiner to determine the cause of death; (iv) to a hospital committee or another organization for the purpose of oversight or monitoring of the hospital; (v) to a health care worker experiencing a significant occupational exposure to HIV infection; (vi) pursuant to a court order; (v) life and health insurers; (vi) to your partner by a physician caring for you and your partner if it is believed by the physician that your partner is at

significant risk for transmission; and (v) if you are a minor, to your parents or legal guardian, unless the physician determines there is cause (as defined by law) not to disclose to them.

Minors. Connecticut law has special rules when using or disclosing protected 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

VII. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint in writing with DKH or with the Office of Civil Rights in the U.S. Department of Health and Human Services. To file a complaint with DKH, contact the Privacy Officer in the Medical Record Department at 860-928-6541, extension 2521.

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

VIII. 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 DKH 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 Hospital. In addition, we will post the revised notice on our website (www.daykimball.org/privacy-statement/).

IX. SPECIAL LAW REGARDING AUTOMATED MESSAGING SERVICES

By acknowledging through your signature that you have read and agreed to this Notice, you are providing prior express consent for DKH and its providers and agents, including collection agencies, to place calls to your designated phone using any type of pre-recorded or auto-dialer technologies for all permissible purposes. You are not required to sign this consent as a condition of receiving services.

X. EFFECTIVE DATE

This Notice went into effect on April 14, 2003, and was amended effective February 17, 2010, December 17, 2012, March 26, 2013, February 1, 2015, and June 12, 2017.

XI. 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 in the Medical Record Department at 860-928-6541, extension 2521.

Day Kimball Healthcare, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-860-928-6541 (TTY:711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-860-928-6541 (TTY:711).