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 Read It Carefully. Effective Date of Original Notice: April 14, 2003. Revision Date: September 23, 2013

Who Will Follow this Notice: The University of Connecticut Health Center entities listed below will follow the terms of this Notice. In addition, these entities may share medical, dental and billing information with each other for treatment, payment or health care operations purposes described in this Notice:

• John Dempsey Hospital, including all outpatient locations both on and off campus.
• University of Connecticut School of Medicine
• All University of Connecticut and UConn Health (UCH) practice sites, both on and off campus.
• All School of Dental Medicine practice locations and clinics, both on and off campus.
• University Dentists.

Our Pledge Regarding Medical/Dental/Information: We understand that medical/dental/billing information about you and your health is personal and confidential. In this Notice, such information is referred to as “protected health information.” We are committed to protecting this information about you. We create a record of the care and services you receive at the Health Center. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the Health Center, and any records contained within your medical/dental/billing record here. This Notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of this information.

We Are Required by Law to:

• Insure that protected health information that identifies you is kept private.
• Notify you of the Health Center’s legal duties and privacy practices with respect to protected health information about you.
• Notify you of our use and disclosure of protected health information, if such breach occurs; and
• Follow the terms of this Notice.

How We May Use and Disclose Your Protected Health Information: The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to and disclose your protected health information will fall within one of the categories.

For Treatment: We may use protected health information about you to provide you with treatment or services. We may disclose this information about you to doctors, dentists, nurses, technicians, students, or other Health Center personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can give your dietitian the information he or she needs to provide appropriate meals. The Health Center also may share protected health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose protected health information about you to your family members. We may also be involved in your health care, such as family members, nursing service providers or others we use to provide services that are part of your care. If we are permitted to do so, we may also disclose or allow electronic access to your protected health information to a health care provider you designate for follow-up care, care coordination, discharge planning and for other treatment purposes.

For Payment: We may use and disclose protected health information about you so that the treatment and services you receive at the Health Center may be billed and payment may be collected from you, an insurance company, a third party or a State or Federal Program. For example, we may need to give your health plan information about surgery you received at the Health Center so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan that you are going to receive treatment and you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations: We may use and disclose protected health information about you for health care operations at the Health Center. These uses and disclosures are necessary to run University of Connecticut Health Center. We need to make sure that all of our patients receive the highest quality of care. For example, we may use protected health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine protected health information about many Health Center patients to decide what additional services the Health Center should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, dentists, nurses, technicians, students, and other Health Center personnel for review and learning purposes. We may also combine the information we have with information from other providers of care to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of protected health information so others may use it to study health care and health care delivery without learning who the specific patients are.

Business Associates: There may be some services provided by our business associates, such as a billing service, transcription company or legal or accounting consultant. We may disclose your protected health information to our business associate so that they can perform the job we have asked them to do. To protect your information, we require our business associates to enter into a written contract that requires them to appropriately safeguard your information.

Appointment Reminders: We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or care at the Health Center.

Treatment Alternatives: We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose protected health information to tell you about health-related benefits or services that may be of interest to you.

Fundraising Activities: We may contact you in an effort to raise money for the Health Center and its operations. We may disclose information about you to The University of Connecticut Foundation, Inc., so they may contact you that raise money for the Health Center. The Foundation has been designated with the primary responsibility for all fundraising for the benefit of the University. The information released would only include your name, address, telephone number, other contact information, age, gender, date of birth, insurance status, dates of service or treatment at the Health Center, department of service, treating physician and outcome information.

If you do not want the Health Center to use this information about you for fundraising efforts, you must notify the University of Connecticut Foundation, Inc. at 1-800-269-9965 or www.foundation.uconn.edu.

Hospital Directory: We may include certain limited information about you in the John Dempsey Hospital patient directory while you are a patient at the hospital. This information may include your name, your room number and your religious affiliation. The patients in the psychiatric units are not included in the hospital’s directory. The information, except for your religious affiliation, may be disclosed to people who you have identified as people you want to be notified about you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don’t ask for you by name. This is so your family, friends and clergy can visit you in the hospital. If you don’t wish to be included on our patient list, please notify the unit manager or designer.

Individuals Involved in Your Care or Payment for Your Care: We may release protected health information about you to a friend or family member that you indicate is involved in your care or the payment for your care unless you object in whole or in part. Information is not released routinely about patients on the Health Center’s psychiatric units.

Disaster Relief: We may disclose this information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research: Under certain circumstances, we may use and disclose protected health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of your information, trying to balance the research needs with patients’ need for privacy of their protected health information. Before we use or disclose information for research, the project will have been approved through this research approval process. We may, however, disclose protected health information about you to people preparing to conduct a research project. For example, this information may help researchers look for people with specific medical needs. This information will remain within the Health Center. We will ask for your specific permission to give a researcher your name, address or other information that reveals who you are. In rare cases, your permission may be waived as directed by federal, state, and local law.

As Required by Law: We will disclose protected health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to help prevent the threat.

Special Situations:

• Organ and Tissue Donation: We may use or disclose protected health information to organ procurement organizations or other entities engaging in the procurement, banking and transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye, or tissue donation and transplantation.

• Military and Veterans: If you are a member of the armed forces, we may release protected health information about you as required by your armed forces and applicable law. We may also release information about foreign military personnel to the appropriate foreign military authority as permitted by law.

Workers’ Compensation: We may release protected health information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Public Health Risks: We may disclose protected health information about you for public health activities. These activities generally include the following:

• To prevent or control disease, injury or disability;
• To report births and deaths;
• To report child or elder abuse;
• To report reactions to medications or problems with products;
• To notify people who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities: We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order, or to comply with a subpoena, court order, or other lawful process by someone else involved in the dispute, provided that the request meets all of the legal requirements and is valid.

Law Enforcement: We may release protected health information:

• In response to a court order, subpoena, warrant, summons or similar process;
• To identify or locate a suspect, fugitive, material witness, or missing person;
• About a victim or the suspected victim of a crime.

• About a death we believe may be the result of criminal conduct;
• About criminal conduct at the Health Center; and
• In certain circumstances to report a crime; the location of the crime or victims; or the identity, description, physical characteristics, voice description, or other identifying details of the person who committed the crime.

• To notify the appropriate government official if we believe a patient has been the victim of abuse, neglect or domestic violence.

Coroners, Medical Examiners and Funeral Directors: We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the Health Center to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release protected health information about you to authorized federal officials performing law enforcement, intelligence, counterintelligence, and other national security activities authorized by law. • Protective Services for the President and Others: We may
Right to Correct or Update: You have the right to correct information in your medical record. If you believe there is missing or incorrect information, you may ask us to correct or update the information; however, we cannot delete information from your record. You have the right to request that we add to your record information that you submit in writing to the Health Center or with the Secretary of the United States Department of Health and Human Services (DHHS) Office for Civil Rights (OCR).

• To file a complaint with the Health Center, contact the Privacy Officer at 860-679-4180. All complaints must be submitted in writing.

• To file a complaint with the DHHS Regional Manager for Region I, Office for Civil Rights U.S. Department of Health and Human Services. You may file a complaint with the DHHS OCR via their web portal or via email which can be found on their website.

Right to a List of Disclosures We Have Made About You: You have the right to request a list of the disclosures of your protected health information made by us. This list is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is part of the information kept by or for the Health Center;
- Is not part of the information which you would be permitted to inspect and have copied or;
- Is accurate and complete.

Right to File a Complaint: If you believe your rights have been violated, you may file a complaint with the Health Center or with the Secretary of the United States Department of Health and Human Services (DHHS) Office for Civil Rights (OCR).

• To file a complaint with the Department of Health and Human Services. Your request must be made within 60 days of receiving your written request. If you do not file a complaint within 60 days of receiving your written request, we will respond in writing on our form, with a reason to support the request, signed by you, and submitted to the Director of the Health Information Department. We will respond to your request within 60 days of receiving your written request. If we are not able to respond to your request within 60 days, we will inform you in writing of the extension of time and the reasons for the extension.

• To file a complaint with the DHHS Regional Manager for Region I, Office for Civil Rights U.S. Department of Health and Human Services. You may file an electronic complaint with the DHHS OCR via their web portal or via email which can be found on their website.