

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. 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 Medical Group (UMG) practice sites, both on and off campus
- All School of Dental Medicine practice locations and clinics, both on and off campus, and 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:

- Make sure 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 a breach of your 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 of the ways we are permitted to use 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 dietician if you have diabetes so that we can arrange for appropriate meals. Different departments or sites of 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 people outside the Health Center who may be involved in your continued 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 to 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 about a treatment 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 UConn Health Center and make sure that all of our patients receive quality 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 that they may contact you to 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 release 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, location in the hospital and your religious affiliation. Patients in the psychiatric units are not included in the hospital's directory. The information, except for your religious affiliation, may also be released to people who ask for 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 designee.

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 patients 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 or 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 military command authorities 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 illness.

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 of recalls of products they may be using;
- To notify a person 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 or location of the person who committed the crime;
- To notify the appropriate government authority 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 for intelligence, counterintelligence, and other national security activities authorized by law. • Protective Services for the President and Others: We may

disclose protected health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Patients Under Custody of Law Enforcement: If you are under the custody of a law enforcement official we may release protected health information about you to the law enforcement official. This release would be necessary for the Health Center to provide you with health care and/or to protect your health and safety or the health and safety of others.

Proof of Immunization: We may disclose immunization records to a school about a child who is a student or prospective student of the school, as required by state or other law, if authorized by the parent/guardian, emancipated minor or other individual as applicable.

SPECIAL RULES REGARDING DISCLOSURE OF BEHAVIORAL HEALTH, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION: For disclosures concerning protected 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.

Behavioral Health Information: Certain behavioral health information may be disclosed for treatment, payment and health care operations as permitted or required by law. Otherwise, we will only disclose such information pursuant to an authorization, court order or as otherwise required by law. For example, all communications between you and a psychologist, psychiatrist, social worker and certain therapists and counselors will be privileged and confidential in accordance with State and Federal law.

Substance Abuse Treatment Information: 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 individual being treated for drug or alcohol abuse, 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.

HIV-Related Information: We may disclose HIV-related information as permitted or required by State law. For example, your HIV-related information, if any, may be disclosed without your authorization for treatment purposes, certain health oversight activities, pursuant to a court order, or in the event of certain exposures to HIV by personnel of the Health Center, another person, or a known partner (if certain conditions are met).

Minors: We will comply with State law 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.

USES AND DISCLOSURES THAT REQUIRE YOUR PRIOR AUTHORIZATION: Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose protected health information about you, you may revoke it, in writing, at any time. If you revoke it, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization, unless required by law. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you. Examples of when an authorization from you may be required include the following:

Psychotherapy Notes: A signed authorization is required for the use or disclosure of psychotherapy notes except for use by the originator of the psychotherapy note in order to treat you, or for our mental health training programs, or to defend ourselves in a legal action or other proceeding.

Marketing: A signed authorization is required for the use or disclosure of your protected health information for a purpose that encourages you to purchase or use a product or service except for certain limited circumstances such as when the marketing communication is face-to-face or when marketing includes the distribution of a promotional gift of nominal value provided by the Health Center.

Sale of Protected Health Information: Except when permitted by law, we will not sell your protected health information unless we receive a signed authorization from you.

Uses and Disclosures Not Described in this Notice: Unless otherwise permitted by Federal or State law, other uses and disclosures of your protected health information that are not described in this Notice will be made only with your signed authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:

Right to Inspect and Copy: You have the right to inspect and have copied protected health information that may be used to make decisions about your care. You also have the right to obtain an electronic copy of any of your protected health information that we maintain in electronic format. To inspect and have copied protected health information about you, you must submit your request in writing to the Director of the Health Information Management Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We will respond within 30 days of receiving your written request. We may deny your request to inspect and copy in certain very limited circumstances and we will provide you the reason for the denial. In certain circumstances, if you are denied access to your information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Health Center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

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 this for as long as the information is kept by or for the Health Center. To request a correction or update, your request must be made in writing on our form, with a reason to support the request, signed by you, and submitted to the Director of the Health Information Management Department. We will respond within 60 days of receiving your written request. We may deny your request if it 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 not 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 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 does not include disclosures for treatment, payment and health care operations or certain other exceptions. To request this list of disclosures, you must submit your request in writing to the Director of the Health Information Management Department. Your request must state a time period, which may not be longer than six years prior to the date of your request. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of costs involved and you may alter your request before any costs are incurred. Please note that at times, companies we work with (called "business associates") may have access to your protected health information. When you request an accounting of disclosures from the Health Center, we may provide you with the accounting of disclosures or the names and contact information of our business associates, so that you may then contact them directly for an accounting of disclosures.

Effective January 1, 2014, where required by law, when you request a list of disclosures of protected health information that is maintained in an electronic health record, the accounting will be for three years prior to the date of the request, and will include disclosures made for purposes of treatment, payment and health care operations in addition to those disclosures listed in our policy regarding accounting of disclosures.

Right to Request Restrictions: You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the protected health information we disclose about you to a person who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to these types of requests; however, if we do agree, we will comply with your request unless the disclosure is needed to provide you emergency treatment. You may restrict the disclosure of your protected health information to a health plan (other than Medicaid or other federal health care program that requires the Health Center to submit information) and the Health Center must agree to your request (unless we are prohibited by law from doing so), if the restriction on disclosure is for purposes of payment or other health care operations (but not treatment) and if you paid out of pocket, in full, for the item or service to which restriction on disclosing the protected health information pertains. If those two conditions are not met, we are not required to agree to your requested restriction. To request a restriction of disclosure to a health plan, you must make your restriction request known at the time of service and complete and sign our restriction form. Either you or the Health Center may terminate any restriction on the disclosure of your protected health information by notifying the other party in writing of the termination. The termination of the restriction will apply only to use and/or disclosure of protected health information after the termination date.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request at the time of registration at the doctor's office or by calling the Registration Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Request Transmission of Your Protected Health Information in Electronic Format: You may direct us to transmit an electronic copy of your protected health information that we maintain in electronic format to an individual or entity you designate. To request the transmission of your electronic health information, you must submit the request in writing on our form, to the Director of the Health Information Management Department.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website, www.uchc.edu. You may obtain a paper copy of this Notice at any location where you receive care. We will ask that you acknowledge receipt of this Notice in writing.

CHANGES TO THIS NOTICE: We reserve the right to change this Notice and to make the revised or changed Notice effective for protected health information we already have about you as well as any such information we receive in the future. We post copies of the current Notice in all Health Center locations where you may receive care. The effective date of the Notice is contained on the first page. In addition, each time you register at or are admitted to the Health Center for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current Notice in effect.

QUESTIONS ABOUT THIS NOTICE: You may refer questions about this Notice to your health care provider. Remaining questions may be referred to the Health Center's Privacy Officer.

COMPLAINTS: You will not be penalized for filing a complaint. If you believe your privacy 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 Health Center, contact the Privacy Officer at 860-679-4180. All complaints must be submitted in writing.
- To file a complaint with the DHHS, you must file in writing (electronic or paper), within 180 days of when you knew, or should have known of the problem.
- Send written complaints to: DHHS Regional Manager for Region I, Office for Civil Rights U.S. Department of Health and Human Services Government Center J.F. Kennedy Federal Building - Room 1875 Boston, Massachusetts 02203
- You may file electronic complaints with the DHHS OCR via their web portal or via email which can be found on their website.