

St. Vincent's Special Needs Services
NOTICE OF INFORMATION PRACTICES
effective April 14, 2003

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.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential.

As required by HIPAA, we have prepared this explanation of how we are required by law to maintain the privacy of your health information and how we may use and disclose your health information. We will not use or disclose your information without your written authorization, except as described in this notice.

Our Responsibilities Include

- Make sure the medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information we collect & maintain about you.
- Follow the terms of the notice that is currently in effect.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide a revised notice upon your next visit at one of our facilities, make the revised notice available on our web site or mail you a copy at your written request.

Who Will Follow These Practices

These practices will be followed in all SVSNS programs and by our entire workforce, volunteers, consultants and students in training.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

Without your consent, we may use or disclose your personal health information in order to provide you with services and the treatment you require or request, or to collect payment for those services, and to conduct other related health care operations otherwise permitted or required by law. Also, we are permitted to disclose your personal health information within and among our workforce in order to accomplish these same purposes. However, even with your permission, we are still required to limit such uses or disclosures to the minimal amount of personal health information that is reasonably required to provide those services or complete those activities.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosure, we will explain what we mean. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

For Treatment

We may use or disclose your medical information for the purpose of providing, or allowing others to provide, treatment to you. For example, your physical therapist or program nurse may disclose your health information to another health care provider or physician for the purpose of a consultation. Your health information may also be shared with other people who may help you after you leave the program.

For Payment

We may use and disclose medical information about you so that the treatment and services you receive may be billed to, and payment may be collected from, a third party, an insurance company, you, or a collection service. The information on the bill may include information that identifies you, your diagnosis, procedures and supplies used.

We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations

Members of the staff may use information from your health record to assess the care and outcomes in your case and others like it. This information is used in an effort to continually improve the quality and effectiveness of the care and services we provide. Health care operations also include reviewing the competence of health care professionals, conducting training programs in which students learn to practice or improve their skills as health care professionals, and accreditation, licensing, certification or credentialing activities.

Business Associates

There are some services provided in our organization through contracts with business associates. An example includes physician services. When these services are contracted, we may disclose your health information to our business associate so they can perform the job we've asked them to do. To protect your health information, we require the business associate to appropriately safeguard your information.

Notification

We may use and disclose medical information to notify you that you have an appointment for treatment or care at one of our facilities. We also may disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition.

Alternative Treatment — Health Related Benefits and Services

We may use and disclose medical information to tell you about services and supports that may be of interest to you. For example, you may receive notices of classes on subjects such as Caring for a Child With Disabilities, Supporting Frail Elderly, or Improving Non Verbal Communication.

Fundraising Activities

We may contact you in an effort to raise money for the organization and its operations. If you do not want SVSNS to contact you for fundraising efforts, you must notify the Director of Marketing and Community Relations at 95 Merritt Blvd., Trumbull, CT. 06611

Agency Directories

We may include your name on locator boards in program areas to assist staff in knowing where you are located.

Communication with Individuals Involved in Your Care or Payment for Your Care

Health professionals, using their best judgment, may disclose to a family member, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. In addition, we may disclose medical 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.

As Required by Law

We will disclose information about you when required to do so by federal, state or local law or in response to a court order or valid subpoena. We may release your health information to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities. We may also disclose your information to provide protection to the President or other persons or foreign heads of state or for the conduct of special investigations.

To Avert a Serious Threat to Health or Safety

We may use and disclose 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 would only be to someone able to help prevent the threat.

For Certain Law Enforcement Purposes

We may disclose information about you to report certain injuries, such as gunshot wounds, or to assist in identifying or locating a suspect, fugitive, material witness or missing person. In such cases, limited identification and clinical information would be disclosed. Disclosure might be made for suspected victims of crime. We also would disclose information relevant to a crime committed on agency property.

SPECIAL SITUATIONS

Military & Veterans

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may release medical information about you to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs established by law. These programs provide benefits for work-related injuries or illness.

Public Health

As required by law, we may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report births, deaths & certain diseases
- To report suspected abuse or neglect
- 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 medical 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.

YOUR HEALTH INFORMATION RIGHTS:

Although your health record is the physical property of the healthcare provider or facility that compiled it, the information contained within it belongs to you.

You Have the Right To:

- **Request Restrictions** on the use and disclosure of your health information for treatment, payment or operations purposes or notification purposes. We are not required to agree to your request. If we do agree, we will abide by that restriction unless you are in need of emergency treatment and the restricted information is needed to provide that treatment. You may submit a written request to the Privacy Officer listed on the final page of this notice.
- **Limit Communications** to receive your own information by alternative means or at alternative locations. This means you may, for example, designate that we contact you only at work rather than at home. To request alternative means or alternative locations, submit a written request to the Privacy Officer.
- **Inspect and Have Copies Made of Your Health Record** by submitting a written request to the Privacy Officer. Despite your general right to access your information, it may be denied in some limited circumstances. For example, access to information that was obtained from someone other than a healthcare provider under a promise of confidentiality can be denied if allowing you access would reasonably be likely to reveal the source of the information. The decision to deny access under these circumstances is final and not subject to review. In addition, access may be denied if
 - 1) access to the information is reasonably likely to endanger the physical safety of you or anyone else.
 - 2) the information references another person and your access would reasonably cause harm to that person
 - 3) you are guardian for a person receiving services and a licensed health professional determines that your access to the information would cause substantial harm to the person receiving services or someone else.

If access is denied for these reasons, you have the right to have the decision reviewed by a health professional who did not participate in the decision. If access is ultimately denied, the reasons will be provided to you in writing.

- **Request Amendment:** You may request that your health information be amended. The request may be denied if the information in question
 - 1) was not created by us (unless you show that the original source of the information is no longer available to make amendments)
 - 2) is not part of our records
 - 3) is not the type of information that would be available for you to inspect
 - 4) is accurate and complete.

If your request is denied, you may submit a written statement disagreeing with the denial which we will keep on file and include with future disclosures of the information to which it relates. Requests shall be submitted in writing to the Privacy Officer.

- **An Accounting of Disclosures:** You have the right to an accounting of disclosures of your health information made during the 6 year period preceding the date of your request. However, the accounting will not include disclosures:
 - 1) made for treatment and payment of operations
 - 2) made to you
 - 3) of information contained in our facility directory, or to those persons involved in your health care or for purposes of notifying your family or friends about your whereabouts
 - 4) for national security or intelligence purposes

- 5) that occurred prior to April 14, 2003
- 6) made pursuant to an authorization signed by you
- 7) that are part of a limited data set
- 8) that are incidental to another authorized use/disclosure
- 9) made to health oversight agencies, but only if the agency or official asks us not to account to you and only for the limited time covered by the request.

The accounting will include the date of each disclosure, the name of the entity or person who received the information, that person's address if known, and a brief description of the information and the purpose of the disclosure. To request an accounting of disclosures, submit a request in writing to the Privacy Officer.

- **Paper Copy of this Notice:** You have the right to obtain a paper copy of this Notice upon request.
- **Complaints:** You can complain to us and to the Federal Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated.

To lodge a complaint with us, please register a written complaint with our Privacy Officer at SVSNS, 95 Merritt Blvd., Trumbull, CT 06611. You may also phone the Privacy Officer at 375-6400.

To file a complaint with the Dept. Of Health and Human Services you must file the complaint in writing, either on paper or electronically. You must name the individual or entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the requirements. Your complaint must be filed within 180 days of when you knew or should have known the act or omission occurred. Individuals registering complaints will not be subject to retaliation in any form.