

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 State Department of Public Health or the State 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 State Department of Mental Health & Addiction Services in connection with the hospital receiving payment for services funded by such agency with notice to you.

**Protected HIV-Related Information:** Special rules under State law also limit 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.

**Protected Drug and Alcohol Information:** Federal law establishes certain protections for any patient identifiable information relating to drug and alcohol treatment. As a general rule, protected drug and alcohol information is confidential and may not be disclosed without your authorization or pursuant to Federal law. Exceptions for disclosure of Protected drug and alcohol 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 business associate 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.

**Your Rights Relating to Your Protected Health Information.**

- You have the right to request certain restrictions on the use of your PHI for treatment, payment and our operations, disclosures to notify family and friends of your location, general condition and/or death, and disclosures to others involved in your care or payment of your care. However, we are not required to honor all such restrictions.
- The right to receive communications of PHI from the Hospital by other means or locations;
- The right to inspect and subject to a copying charge, copy PHI, except psychotherapy notes, information collected for use in a court proceeding, or certain other information protected by Federal law governing clinical laboratories;

- The right to request to amend PHI so long as the amendment is accurate and complete and in writing;
- The right to revoke your Authorization and Consent except to the extent relied upon;
- The right to receive an accounting of disclosures of PHI made by the hospital in the six years prior to the date on which the accounting is requested; (beginning with disclosure made 4/14/02 forward)
- The right to receive a copy of the Hospital’s Notice of Privacy Practice; and
- The right to file a complaint with the Hospital or the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated.

**For more information on how to exercise any of your rights regarding your protected health information, please send a written request to:**

**MidState Medical Center  
Health Information Management  
Privacy Officer  
435 Lewis Avenue, Meriden, CT 06451**

A representative will contact you. Alternatively, you may contact MidState Medical Center at (203) 694-8200 and ask to be connected to Health Information Management, Privacy Officer.

**If you believe your privacy rights have been violated, you may file your complaint by any means of communication by contacting:**

**MidState Medical Center  
Health Information Management  
Privacy Officer  
435 Lewis Avenue, Meriden, CT 06451**

**You will not be retaliated against for filing a complaint.** If you believe MidState Medical Center has violated your privacy rights, you may file a complaint with the Secretary of the Department of Health and Human Services.

# NOTICE OF PRIVACY PRACTICES

(Effective April 14, 2003; Revised December 1, 2003)

**This notice describes how information about you may be used and disclosed and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.**

**MidState Medical Center’s Responsibilities**

The Hospital receives and generates certain Protected Health Information (PHI) about you especially for you. The following information explains your rights regarding this PHI and our practices and responsibilities to protect the privacy of your PHI.

- Federal and State law requires that we maintain the privacy of your PHI;
- Federal law requires that the Hospital provide you with this written Notice regarding its duties and practices in using your PHI;
- The Hospital is required to abide by the terms of this Notice;
- The Hospital is required to notify you if we can not abide by a requested restriction on how your information is used or disclosed;
- The Hospital must accommodate reasonable requests that you make for it to communicate your PHI by alternative means or locations;
- The Hospital reserves the rights to change this Notice and have the changes apply not only to PHI acquired after the change in Notice, but have it also apply to PHI received before the change in Notice. Should our Notice be revised, we will post the revised Notice on our web site located at [www.midstatemedical.org](http://www.midstatemedical.org).



- The Hospital and its medical staff operate as an organized health care arrangement, which means that for purposes of compliance with the Federal Privacy Standards you will be receiving a joint Notice of Privacy Practices from the Hospital and its medical staff.

**The Hospital may use your PHI for the following purposes without obtaining your written consent:**

- To provide *treatment* (e.g., discussions between caregivers for coordination and planning of your care). Treatment means the provision of health care and related services, including consulting between health care providers; and referring you to another health care provider to receive care; and
- To conduct our administrative and business *operations*, which includes, but is not limited to, video monitoring and/or taping to support patient and staff safety and security, conducting quality improvement activities, reviewing the competence or qualifications of healthcare professionals, case management and care coordination, contacting patients with information regarding treatment alternatives, conducting or arranging for legal counsel, medical review and auditing functions, including fraud and abuse detection, business planning and development, management activities relating to compliance with State and Federal laws, resolution of internal grievances, and activities in connection with a sale of assets.

Federal law allows the Hospital to use and disclose your PHI for treatment, payment and healthcare operations without your consent. However, since State law continues to require that we obtain your consent for disclosure of PHI for **payment purposes** (i.e., billing your insurance company for provision of services), coordination of care with other providers, and the disclosure of certain sensitive information protected under State law, we will request your consent for disclosure of PHI upon admission.

**Unless you object or specifically request to restrict use, some of the other ways in which we will use your PHI are:**

**Patient Directory Use:** Only authorized staff use the Patient Directory. Your name, location, general condition (e.g., good, fair, serious or critical), and religious affiliation will appear in the Patient

Directory for access by clergy and persons who specifically inquire about you by name. If you are incapacitated or an emergency treatment circumstance exists limiting your ability to object, some or all of the above information may be used in the Patient Directory if such use is not inconsistent with any of your prior expressed preferences, or it is believed by us to be in your best interests. In which case, when it becomes practicable to do so, we will provide you with the opportunity to object to the use described. However, if you are receiving treatment for psychiatric and/or alcohol or drug abuse disorder(s): (i) we will not acknowledge the fact that you are receiving treatment from us without your specific written authorization; (ii) or disclose any PHI, which reveals psychiatric or protected drug and alcohol information. If we receive a request for disclosure of your patient records, we will not reveal that you are being diagnosed and/or treated for psychiatric or drug/alcohol problems without your specific written authorization or unless otherwise permitted under the law.

**Notification and Involvement in Your Care:** We may communicate PHI: (a) to your family member(s), legally authorized representative(s), and any other person identified by you, which is directly relevant to such person’s involvement in your care or payment for your care; and (b) to notify or assist in the notification of a family member, a personal representative, or any other person responsible for you. Such notification may include your location, general condition, or death, but will not *include confidential HIV-related, drug and alcohol or psychiatric information*. If you are able, we will provide you with the opportunity to consent or object to such disclosure. If you are unable to object due to your incapacity or an emergency circumstance, the hospital, based upon its professional judgment, will make such disclosure if it determines that it is in your best interest to do so. Such disclosure of PHI will be limited to information that is directly relevant to the recipient’s involvement with your health care. We may also make disclosures of your PHI to a public or a private entity charged by law or its charter to assist in disaster relief efforts for the purposes of coordinating the disclosures described in the above

paragraph.

**Unless the PHI is protected by Federal/State drug, alcohol psychiatric or HIV-related confidentiality laws, we may use and disclose your PHI without your consent or without providing you the opportunity to object as follows:**

- If the use or disclosure of PHI is required by law and is limited to the relevant requirements of the law (e.g. reporting an adverse incident in our Hospital);
- Disclosures required by law to state and federal public health authorities (e.g., to report a defective medical device to the FDA);
- Disclosures made to government authorities for the purpose of reporting suspected abuse and neglect of children, the elderly and the mentally retarded;
- Disclosures to health oversight agencies authorized by law, in connection with audits, civil, administrative, or criminal investigations, licensure or disciplinary actions; or for monitoring compliance and quality, and program eligibility (e.g., Medicare, Medicaid, and State of Connecticut Department of Public Health);
- Disclosures to persons exposed to a communicable disease authorized by law to make such disclosure;
- Disclosures in connection with judicial and administrative proceedings in response to an order of the court or administrative tribunal, or in response to a lawfully issued subpoena;
- Disclosures to law enforcement if mandated by law (e.g., reporting gunshot wounds);
- Disclosures to law enforcement in the event of your death if it is suspected that your death was the result of criminal conduct;
- Disclosures to law enforcement if there is evidence of criminal conduct that occurred on the Hospital premises;
- Disclosures to the Office of State Medical Examiner as mandated by law (e.g., the occurrence of a suspicious death, contagious disease, and cremation);
- Disclosures to funeral directors as permitted by law;
- Disclosures to organ procurement organizations (“organ banks”) in connection with organ donation and transplantation;

- Disclosures to researchers where: (i) the Hospital’s Institutional Review Board has waived the requirement of your authorization; (ii) the researcher has made representations that access to your PHI is necessary to develop research protocols (or for similar purposes) preparatory to the actual research; (iii) the researcher has represented that access is necessary to conduct research on your PHI should you become deceased; or (iv) the Hospital has disclosed limited amounts of your PHI, excluding data which may directly identify you.
- Disclosures to persons reasonably able to prevent or lessen serious and imminent threat to the health or safety of a person or the public; or if necessary to apprehend an individual involved in a violent crime that we believe may have caused serious physical harm to you;
- Disclosures regarding armed forces personnel to appropriate military command authorities to assure proper execution of the military mission;
- Disclosures to Federal officials for protective services to the President or other governmental authorities;
- Disclosures to correctional institutions for the purpose of providing services to you or for the health and safety of the inmates or employees of the correctional institution; and
- Disclosures to comply with workers’ compensation or other programs that provide benefits for work-related injuries without regard to fault.

**Marketing and Fundraising.** The Hospital may make disclosures of your PHI to provide follow up contact to you regarding upcoming appointments, treatment alternatives, health-related benefits, programs, services, events and functions which may be of interest to you, and to conduct fundraising by and for the Hospital.

**All other uses or disclosures will only be made with your specific written authorization, which may be revoked, except to the extent it has already been relied upon.**

**Special rules for Psychiatric, Drug and Alcohol and HIV-related protected information:**  
**Protected Psychiatric Information:** State law