

## **II. How We May Use or Disclose Your Protected Health Information.**

The Center will ask you to sign a consent form that allows the Center to use and disclose your protected health information for treatment, payment and health care operations. You will also be asked to acknowledge receipt of this Notice.

The following categories describe some of the different ways that we may use or disclose your protected health information. Even if not specifically listed below, the Center may use and disclose your protected health information as permitted or required by law or as authorized by you. We will make reasonable efforts to limit access to your protected health information to those persons or classes of persons, as appropriate, in our workforce who needs access to carry out their duties. In addition, if required, we will make reasonable efforts to limit the protected health information to the minimum amount necessary to accomplish the intended purpose of any use or disclosure and to the extent such use or disclosure is limited by law.

- **For Treatment** - We may use and disclose your protected health information to provide you with medical treatment and related services. Your protected health information may be used to refer you to other providers or to send your records to another treating health care professional. If we are permitted to do so, we may also disclose your protected health information to individuals or facilities that will be involved with your care after you leave the Center and for other treatment reasons. We may also use or disclose your protected health information in an emergency situation.

● **For Payment** - We may use and disclose your protected health information so that we can bill and receive payment for the treatment and related services you receive. For billing and payment purposes, we may disclose your health information to your payment source, including an insurance or managed care company, Medicare, Medicaid, or another third party payor. For example, we may need to give your health plan information about the treatment you received so your health plan will pay us or reimburse us for the treatment, or we may contact your health plan to confirm your coverage or to request prior authorization for a proposed treatment.

● **For Health Care Operations** - We may use and disclose your health information as necessary for operations of the Center, such as quality assurance and improvement activities, reviewing the competence and qualifications of health care professionals, medical review, legal services and auditing functions, and general administrative activities of the Center. For example, we may use your health care information to work to improve the quality of the services we provide.

● **Business Associates** - There may be some services provided by our business associates, such as a billing service, transcription company or legal or accounting consultants. 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 health 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 at the Center.

● **Treatment Alternatives and Other Health-Related Benefits and Services** - We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives and to tell you about health related benefits, services, or medical education classes that may be of interest to you.

### **• Individuals Involved in Your Care or Payment of Your Care**

- Unless you object, we may disclose your protected health information to a family member, a relative, a close friend or any other person you identify, if the information relates to the person's involvement in your health care to notify the person of your location or general condition or payment related to your health care. In addition, we may disclose your protected health information to a public or private entity authorized by law to assist in a disaster relief effort. If you are unable to agree or object to such a disclosure, we may disclose such information if we determine that it is in your best interest based on our professional judgment or if we reasonably infer that you would not object.

- **Public Health Activities** - We may disclose your protected health information to a public health authority that is authorized by law to collect or receive such information, such as for the purpose of preventing or controlling disease, injury, or disability; reporting births, deaths or other vital statistics; reporting child abuse or neglect; notifying individuals of recalls of products they may be using; notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.

- **Health Oversight Activities** - We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, accreditation, licensure and disciplinary actions.

● **Judicial and Administrative Proceedings** - If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to your authorization or a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process if such disclosure is permitted by law.

● **Law Enforcement** - We may disclose your protected health information for certain law enforcement purposes if permitted or required by law. For example, to report gunshot wounds; to report emergencies or suspicious deaths; to comply with a court order, warrant, or similar legal process; or to answer certain requests for information concerning crimes.

● **Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations** - We may release your protected health information to a coroner, medical examiner, funeral director, or, if you are an organ donor, to an organization involved in the donation of organs and tissues.

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

● **Military and National Security** - If required by law, if you are a member of the armed forces, we may use and disclose your protected health information as required by military command authorities or the Department of Veterans Affairs. If required by law, we may disclose your protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by law. If required by law, we may disclose your protected health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

● **Workers' Compensation** - We may use or disclose your protected health information as permitted by laws relating to workers' compensation or related programs.

● **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 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 emancipated 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.

● **Fundraising Activities** - We may use certain protected health information, such as your name, address and phone number and other contact information, age, gender, date of birth, the dates you received treatment or services, department of service, treating physician, outcome information, and health insurance status to contact you in an effort to raise money for the Center. We may also disclose contact information for fundraising purposes to a foundation related to the Center. If you do not want to be contacted for this purpose, you have the right to opt out of receiving such communications by contacting the Center at the contact information below. Even if you opt out, we may provide you with a method to opt back in to receive such communications.

● **Other Uses of Medical Information** - You may elect to describe more limited uses or disclosures, provided that you do not include a limitation affecting the right to make a use or disclosure that is required by law or a limitation in violation of law.

## **III. When We May Not Use or Disclose Your Protected Health Information.**

Except as described in this Notice, or as permitted by State or Federal law, we will not use or disclose your protected health information without your written authorization. Your written authorization will specify particular uses or disclosures that you choose to allow. Under certain limited circumstances, the Center may condition treatment on the provision of an authorization, such as for research related to treatment. If you do authorize us to use or disclose your protected health information for reasons other than treatment, payment or health care operations, you may revoke your authorization in writing at any time by contacting the Center's Privacy Officer. If you revoke your authorization, we will no longer use or disclose your protected health information for the purposes covered by the authorization, except where we have already relied on the authorization.

### **Examples of Uses and Disclosures that Require Your Prior Authorization**

● **Psychotherapy Notes** - A signed authorization is required for the use or disclosure of psychotherapy notes except for our own use to treat you, for our training programs and 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 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.

**The Center must consider all of its uses and disclosure to ensure that all uses and disclosures are described in the Notice**

## **IV. Your Health Information Rights.**

You have the following rights with respect to your protected health information. The following briefly describes how you may exercise these rights.

● **Right to Request Restrictions of Your Protected Health Information** - You have the right to request certain restrictions or limitations on the protected health information we use or disclose about you. You may request a restriction or revise a restriction on the use or disclosure of your protected health information by providing a written request stating the specific restriction requested. You can obtain a Request for Restriction form from the Center. You may require a restriction on disclosure of your protected health information to a health plan (other than Medicare or other federal health care program that requires the Center to submit information) and the Center must agree (unless otherwise required by law) to your request, if it is for purposes of payment or other health care operations (but not treatment) if you paid out of pocket, in full, for the item or service to which the protected health information pertains. Otherwise, we are not required to agree to your requested restriction. If or when we agree to accept your requested restriction, we will comply with your request except as needed to provide you with emergency treatment. If restricted protected health information is disclosed to a health care provider for emergency treatment, we will request that such health care provider not further use or disclose the

information. In addition, you and the Center may terminate the restriction (other than a restriction to a health plan for purposes of payment) if the other party is notified in writing of the termination. Unless you agree, the termination of the restriction is only effective with respect to protected health information created or received after we have informed you of the termination.

● **Receive Confidential Communications** - You have the right to request a reasonable accommodation regarding how you receive communications of protected health information. You have the right to request an alternative means of communication or an alternative location where you would like to receive communications. You may submit a request in writing to the Center requesting confidential communications. You can obtain a Request for Confidential Communications form from the Center.

● **Right to Access, Inspect and Copy Your Protected Health Information** - You have the right to access, inspect and obtain a copy of your protected health information that is used to make decisions about your care for as long as the protected health information is maintained by the Center. You also have the right to obtain an electronic copy of any of your protected health information that we maintain in electronic format. You also have the right to request that the Center transmit a copy of your protected health information directly to another person designated by you. To access, inspect and copy your protected health information that may be used to make decisions about you, you must submit your request in writing to the Center. If you request a copy of the information, we may charge a fee for the costs of preparing, copying, mailing or other supplies associated with your request. We may deny, in whole or in part, your request to access, inspect and copy your protected health information under certain limited circumstances. If we deny your request, we will provide you with a written explanation of the reason for the denial. You may have the right to have this denial reviewed by an independent health care professional designated by us to act as a reviewing official. This individual will not have participated in the original decision to deny your request. You may also have the right to request a review of our denial of access through a court of law. All requirements, court costs and attorney's fees associated with a review of denial by a court are your responsibility. You should seek legal advice if you are interested in pursuing such rights.

● **Right to Amend Your Protected Health Information** - You have the right to request an amendment to your protected health information for as long as the information is maintained by or for the Center. Your request must be made in writing to the Center and must state the reason for the requested amendment. You can obtain a Request for Amendment form from the Center. 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. We may rebut your statement of disagreement. If you do not wish to submit a written statement disagreeing with the denial, you may request that your request for amendment and your denial be disclosed with any future disclosure of your relevant information.

● **Right to Receive An Accounting of Disclosures of Protected Health Information** - You have the right to request an accounting of certain disclosures of your protected health information by the Center or by others on our behalf. We are not required to account for all disclosures, including disclosures for treatment, payment or health care operations. However, effective January 1, 2014, if we have made any disclosures for treatment, payment or operations through an electronic health record, we are required to include those disclosures that occurred within three (3) years of the date of your request. To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning on or after April 14, 2003 that is within six (6)

years (or on or after January 1, 2014 that is within three (3) years for disclosures of protected health information through an electronic health record) from the date of your request. The first accounting provided within a twelve-month period will be free. We may charge you a reasonable, cost-based fee for each future request for an accounting within a single twelve-month period. However, you will be given the opportunity to withdraw or modify your request for an accounting of disclosures in order to avoid or reduce the fee. 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 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.

● **Right to Obtain A Paper Copy of 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 by contacting the Center. In addition, you may obtain a copy of this Notice at our web site <http://www.firstchc.org>.

● **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 to the Center.

● **Right to Complain** - You may file a complaint with us or the Secretary of Health and Human Services and the Joint Commission Office if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. You will not be penalized for filing a complaint and we will make every reasonable effort to resolve your complaint with you.

First Choice Health Centers, Inc.  
Stephanie Scafidi, Health Information Supervisor  
(860)-610-6127

Joint Commission Office of Quality Monitoring  
(800) 944-6610  
[complaint@jointcommission.org](mailto:complaint@jointcommission.org)

Department of Health and Human Services  
[OCTComplaint@hhs.gov](mailto:OCTComplaint@hhs.gov)

#### **Patients' Bill of Rights and Responsibilities**

##### **YOU HAVE THE RIGHT TO:**

- ❖ Expect quality care and service from a provider within the primary care medical home.
- ❖ Seek specialty care.
- ❖ Receive considerate, respectful, and nondiscriminatory care.
- ❖ Receive a full explanation of your diagnosis, treatment plan, and prognosis in terms you can understand in advance.
- ❖ Receive all necessary information to participate in decisions about your care and to give your informed consent before any diagnostic or therapeutic procedure is performed.
- ❖ Be informed about unanticipated outcomes of care, treatment, or services that relate to sentinel events as defined by The Joint Commission.
- ❖ Refuse treatment, except as prohibited by law, and to be informed of the consequences of your decision.
- ❖ Participate in the consideration of ethical issues that arise in your care.
- ❖ Care which takes into consideration your psychosocial, spiritual, and cultural values in a language you understand.
- ❖ Expect that your personal privacy will be respected by all staff members.
- ❖ Talk in confidence with health care providers and to have your health care information protected in accordance with the requirements of state and federal law.
- ❖ Know the names and positions of people involved in your care by official nametag or personal introduction.
- ❖ Ask and receive an explanation of any services, unit charges and billing processes used by the Center even if they are covered by insurance. Receive a copy of the Center's Sliding Fee Scale Policy.
- ❖ Obtain another clinical opinion prior to any procedure.
- ❖ Request a copy of your medical records. A written authorization may be required and there may be a charge for the copies in accordance with Center's policies and procedures and Connecticut law. The Center has up to 30 days to comply with an authorization.
- ❖ Review under supervision by a Center staff member any medical records created and maintained by the Center regarding your care and treatment.
- ❖ Have your guardian, next of kin or legally authorized responsible person exercise your rights for you if you have been medically or legally determined to be unable to participate yourself.
- ❖ Involve the family in care, treatment, or services decisions to the extent permitted by the patient or surrogate decision-maker.
- ❖ Be made aware of advance directives and to know how the Center will respond to such advance directives.
- ❖ Refuse to participate in research.
- ❖ Submit complaints or offer suggestions to improve services without discrimination or reprisal to the Center, The Joint Commission ([patientsafetyreport@jointcommission.com](mailto:patientsafetyreport@jointcommission.com)), or the Commissioner of the Connecticut Department of Public Health (860.509.7100).
- ❖ Expect reasonable notice if the Center's relationship with you is to be altered or terminated.

##### **YOU ARE RESPONSIBLE FOR:**

- ❖ Treating staff and other patients with respect and consideration.
- ❖ Providing accurate and complete information about yourself and your health history, and regarding your relationship to the patient, if you are not the patient.
- ❖ Providing the necessary information to complete your health file.
- ❖ Maintaining optimal health and following treatment plans and instructions for care as agreed to with your health care provider.
- ❖ Asking questions if you do not understand the explanation of your diagnosis, treatment, prognosis or any instructions provided to you.
- ❖ Payment of any charges billed to you by the Center.
- ❖ Following the policies and rules of the Center that are posted in and/or distributed to you by Center.
- ❖ Providing your provider with at least 24 hours notice when you or your family is in need of medications or a prescription.
- ❖ Arriving on time for appointments. If you are fifteen (15) minutes or more late for an appointment, we cannot guarantee your appointment.
- ❖ Calling at least 24 hours in advance of your appointment to cancel and/or reschedule.
- ❖ Supervising and maintaining the safety of your children or other minors who accompany you to the Center.

#### **First Choice Health Centers**

**Notice of Privacy Practices Effective Date: 4/14/2003; revised 2/06/2016**  
**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.**

##### **Who We Are:**

This notice describes the privacy practices of First Choice Health Centers ("we" or "the Center") and the privacy practices of:

- All of our doctors, nurses, and other health care professionals authorized to enter information (including dental and behavioral health) about you into your medical chart.
- All of our departments, including, e.g., our medical records and billing departments.
- All of our health center sites.
- All of our employees, staff, volunteers, and other personnel who work for us on our behalf.

##### **Our Pledge:**

We understand that health information about you and the health care you receive is personal. We are committed to protecting your personal health information. When you receive treatment and other healthcare services from us, we create a record of the services that you received. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of our records about your care, whether made by our health professionals or others working in this office, and tells you about the ways in which we may use and disclose your personal health information. This notice also describes your rights with respect to the health information we keep about you and obligations that have when we use and disclose your health information.

##### **We are required by law to:**

- make sure that health information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to your personal health information.
- Follow the terms of the notice that is currently in effect for all of your personal health information.

##### **L Purpose of the Notice of Privacy Practices.**

This Notice of Privacy Practices (the "Notice") is meant to inform you of the ways we may use or disclose your protected health information. It also describes your rights to access and control your protected health information and certain obligations we have regarding the use and disclosure of your protected health information.

Your "protected health information" is information about you created and received by us, including demographic information, that may reasonably identify you and that relates to your past, present or future physical or mental health or condition, or payment for the provision of your health care. We are required by law to maintain the privacy of your protected health information and you have the right to and will receive notification from us of a breach of your unsecured protected health information, if such a breach occurs. We are also required by law to provide you with this Notice of our legal duties and privacy practices with respect to your protected health information and to abide by the terms of the Notice that is currently in effect. However, we may change our notice at any time. The new revised Notice will apply to all of your protected health information maintained by us. You will not automatically receive a revised Notice. If you would like to receive a copy of any revised Notice, you should access our web site at <http://www.firstchc.org>, contact First Choice Health Centers Inc., ("Center") or ask for a copy at your next appointment.