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 healthcare 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. We will not use or disclose your protected health information without your authorization. We may use reasonable efforts to limit access to your protected health information to those persons or classes of persons, as appropriate, in our workforce who need access to carry out their duties. In addition, if required, we will make reasonable efforts to limit the disclosure of your 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 for treatment of the services provided in the office. Your protected health information may be used to pay 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, or another third party payer. 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 treatment. 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 received. For billing and payment purposes, we may disclose your health information to your payment source, including an insurance or managed care company, Medicare, or another third party payer. 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 treatment.

- **For Health Care Operations** - We may use and disclose your health information as necessary for operations of the Center, such as quality assurance activities, to monitor the performance of our personnel, to review the competence and qualifications of health care professionals, medical review, legal services and auditing functions, and general administrative activities of the Center. We may also use or disclose your health care information 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 health information to a business associate under a written contract that requires them to appropriately safeguard your information. If you have a business associate contract, you can contact us as a reminder that you have an appointment at the Center.

- **Treatment Alternatives and Other Health-Related Beneficiaries** - We may use and disclose your 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 or other person who is involved in your care or payment, such as your next of kin. We may also disclose your health information to another person who you identify, if the information relates to the person’s involvement in your health care, or to inform the person of your location or condition. This may be necessary to your safety or the safety of another person.

- **Public Health Activities** - We may disclose your protected health information to a public or private entity authorized by law to collect such information in order to prevent or control disease, injury, or disability; report births, deaths, or other vital statistics; report child abuse or neglect; report certain communicable diseases; report certain health care events; and to notify 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 an organization oversight activities authorized by law, such as audits, investigations, inspections, accreditation, licensure, or certification, to ensure compliance with health care laws.

- **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 request for the information, or as required by law.

- **Law Enforcement** - We may disclose your protected health information in response to a request by law enforcement authorities for purposes of an investigation, after requesting a warrant or other required legal process, or if we receive a court order. We may also disclose your protected health information, such as your name, address and phone number and any other personally identifiable information that we receive in a report of a death to the coroner's office, medical examiner, funeral director, organ procurement organization or other person as required by law.

- **Procurement** - We may disclose your protected health information to another person be treated as a personal representative, you may have to consent in writing to a disclosure to the person or we may disclose your health information when necessary to prevent a serious threat to your health or safety or the health or safety of another person. If 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.

- **Substance Abuse Program** - We may disclose your protected health information to another 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 a crime committed by a patient other than 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.

- **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 to public health authorities for research purposes, 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). We may disclose HIV-related information for the purposes covered by the authorization, except where we have already relied on the authorization.

- **Minors.** - We will comply with State law when using or disclosing HIV-related information.

- **Disclosures of Protected Health Information** - Unless you object, we may disclose your protected health information when necessary to provide you with medical treatment and related services, including treatment in an emergency situation. We may also disclose your protected health information as necessary for operations of the Center, such as quality assurance activities, to monitor the performance of our personnel, to review the competence and qualifications of health care professionals, medical review, legal services and auditing functions, and general administrative activities of the Center. We may also disclose your health care information to improve the quality of the services we provide.

- **Legal or Accounting Consultants** - We may use and disclose your protected health information to legal or accounting consultants. We may provide information to a billing service, legal or accounting consultants. We may also provide information pertaining to the provision of authorization, such as for research related to treatment. If you do authorize us to use or disclose your protected health information without your written authorization, we will not 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 Authorizations:

- **Psychotherapy Notes** - A signed authorization is required for the use or disclosure of psychotherapy notes for treatment purposes.

- **Marketing** - Consent is required for the use or disclosure of protected health information for the purposes covered by the authorization, except where we have already relied on the authorization.

- **Sale of Protected Health Information** - Except as described in this Notice, or as permitted by State or Federal law, we will not sell your protected health information unless we receive a signed authorization.

- **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 to public health authorities for research purposes, 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).

- **Other Uses of Medical Information** - You may elect to disclose your protected health information for the purposes covered by the authorization, except where we have already relied on the authorization.

- **Fundraising Activities** - We may use and disclose your protected health information for fundraising activities by the Center. You may provide protection to the Center from any marketing communication that is face-to-face or when marketing includes the distribution of a promotional gift of nominal value provided by the Center.

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

- **Right to Request Restrictions of Your Protected Health Information** - You have the right to request certain restrictions or limitations on disclosures of your protected health information that are not described in this Notice. We are not required to agree to your request.

- **Right to Request Amendments to Your Protected Health Information** - You have the right to request that certain health care provider not further use or disclose the protected health information that are not described in this Notice. If you are an unaccompanied minor consentling to a health care service related to HIV/AIDS, venereal disease, abortion, outpatient mental health treatment, alcohol or 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.

- **Right to Request Copy of Notice** - You may request a copy of this Notice at any time. We will provide you with a copy of this Notice without charge. If you request a copy of this Notice more than once, we may charge you a reasonable cost-based fee for the copies. If you request a copy of this Notice in a particular format (e.g., hardcopy), we may charge you a fee for the costs of copying the requested format. We will also provide you with a method to opt back in to receive such communications.

- **Right to Request Restrictions of Your Protected Health Information** - You have the right to request certain restrictions or limitations on disclosure of your protected health information that are not described in this Notice. If you request that such health care provider not further use or disclose the protected health information that are not described in this Notice, we will not further use or disclose the protected health information that are not described in this Notice without your written authorization. We will notify you if we are unable to honor your request.

You consent in writing;
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.

This Notice of Privacy Practices (the "Notice") is meant to inform you of the ways that we use and disclose your personal health information. This notice applies to all of our records relating to health care services that we have provided to you. This notice applies to all of your protected health information that we maintain in any form, whether or not we created the record of which we are a recipient. We will abide by the notice in effect when we receive your protected health information. Access to electronic protected health information is provided in a compliant electronic format to an individual or entity you authorize in writing.

We will not change our practices to which you have already given written notice, unless you are notified of the change and, if applicable, you do not object to the changed practice.

Right to Amend Your Protected Health Information - You have the right to request an amendment to your protected health information that is accurate or complete. You may request an amendment if you believe that there is information in your record that is incorrect or inappropriate. To request an amendment, you must file a written request with your Privacy Officer. In addition, a right to amend does not apply to protected health information that was created by another entity or that was not maintained by the Center.

- 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.
- Receive a copy of your medical record.
- Receive a copy of a Notice to your legal representative
- Have access to any past, present, or future records that may apply to your care.
- Request confidentiality restrictions. We may not agree to the restriction if it would violate any law or legal requirement.
- Be informed about unanticipated outcomes of care, treatment, or services that relate to sentinel events as defined by The Joint Commission.
- Receive treatment, prognosis or any instructions provided to you. Asking questions if you do not understand the explanation of your diagnosis, treatment plan, and prognosis or any instructions provided to you.
- Be informed about any future disclosure of your relevant information.
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- Receive all necessary information to participate in decisions about your care and to give your informed consent before any diagnostic or therapeutic procedure.
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