



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.

PURPOSE OF THIS NOTICE

Saint Mary's Hospital understands that medical information about you is personal, and protecting that information is important. We create records of the care and services you receive here so that we can continue to provide you with quality care and to comply with certain legal requirements.

We are required by law to keep your medical information private. We must give you this notice of our legal duties and privacy practices. And we must follow the terms of this notice that is currently in effect.

WHO WILL FOLLOW THIS NOTICE

Saint Mary's Hospital provides healthcare to our patients, residents, and clients in partnership with physicians and other professionals and organizations. The information privacy practices in this notice will be followed by:

- ▶ Any healthcare professional who treats you at any of our locations.
- ▶ All departments and units of our organization including Saint Mary's Hospital Satellite Services as well as their affiliates (including but not limited to Franklin Medical Group, P.C., Scovill Medical Group, P.C., Naugatuck Valley Surgery Center, Naugatuck Valley MRI, Diagnostic Imaging of Southbury, Harold Leever Regional Cancer Center and Saint Mary's Hospital Medical Staff).
- ▶ It applies to our entire workforce including our physicians, employees, students, and volunteers.

While each of our facilities and affiliates operates independently, they may share your health information for coordination of care, treatment, payment and healthcare operations purposes.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

Your health information will not be used or disclosed for purposes other than those described in this notice without your authorization. We may use and disclose your medical information in the following ways:

For Treatment: Your health information may be used or released to other healthcare professionals to provide you with medical treatment or services, as well as emergency care provided in another facility. We may share information about you with doctors, nurses, technologists, or other healthcare professionals involved in taking care of you, such as sending your medical information to a specialist as part of a referral. Other health care professionals may need to share your information to coordinate your care with people outside the Hospital such as for prescriptions, lab work, and x-rays. Also, we may disclose information about you to people outside the Hospital who may be involved in your medical care after you leave the Hospital.

For Payment: Your health information may be used and disclosed by the Hospital so that the Hospital can receive payment from you, your insurance company, or a third party, for providing you with needed healthcare services.

For Hospital Functions Other than Treatment and Payment: Your health information may be used or disclosed for a variety of healthcare-related purposes, which are necessary for the Hospital to function. For example, we may include your health information, along with that of other patients, in order to perform a review to ensure that all our patients receive quality care.

Other examples of such uses and disclosures include contacting you for **appointment reminders**, providing you with **treatment options and alternative health-related services** that may be of interest to you. We may also contact you for **fundraising purposes** in an effort to raise money for the Hospital. All fundraising communications will include information about how you may opt out of future fundraising communications.

We may use or disclose medical information about you without your consent for several other reasons:

- ▶ **Hospital patient directory:** If admitted as a patient, unless you tell us not to, we may list limited information about you (name, room number, general condition such as "fair") in our patient directory. We will give this information to anyone who asks for you by name. We may also disclose all directory information to members of the clergy.
- ▶ **Individuals involved in your care:** We may disclose to your relatives or close personal friends, whom you designate, any health information that is directly related to that person's involvement in your care or payment for services. We may also disclose information to disaster relief agencies so that your family can be notified of your location and condition.
- ▶ **Research:** We may use and disclose health information about you for officially-approved research as permitted by law, when a waiver of authorization is obtained from an Institutional Review Board or a Privacy Board, or through a limited set of information. Otherwise, we will only use or disclose your information for research with your specific authorization.

Special Situations: In addition to the above, there may be times when we may use or disclose your health information for the following reasons: **as required by federal, state or local law; to avert a serious threat to health or safety of the public or another person; to facilitate organ and tissue donation;** as required by **Military Command authorities;** for **workers' compensation purposes;** for **public health purposes**, such as to prevent or control disease; to disclose information about victims of **abuse, neglect or**

domestic violence; for **health oversight activities, such as audits, investigations, or inspections;** for **judicial, administrative or legal process** such as in response to a subpoena; for **law enforcement purposes;** to assist **coroners, medical examiners or funeral directors;** for specialized governmental functions such as **national security and criminal corrections.**

OTHER USES OF MEDICAL INFORMATION

Except as described above, disclosures of your health information will be made only with your written permission. You may revoke your permission at any time, in writing.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding the health information about you:

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, health care operations, or for notification to others such as family or friends. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency care. To request a restriction, you must make your request in writing to the contact listed on the final page of this notice.

Right to Request Confidential Communications. You have the right to request that we communicate with you about your medical information in a certain way or at a certain location. For instance, you can ask that we contact you only at work or by mail. To request confidential communications, you must do so in writing to the contact listed on the final page of this notice. All reasonable requests will be granted.

Right to Inspect and Copy. You may inspect and copy medical information that may be used by the Hospital to make decisions about you. Usually, this includes medical and billing records, but it does not include psychotherapy notes. You must make this request in writing to the contact listed on the final page of this notice. If you request a copy of your medical information, you will be charged a fee for copying and mailing the requested information.

We may deny your request to inspect and copy your information in certain very limited circumstances. If so, we will inform you of the denial, the reason for it, and how to request a review of the denial, if review is permitted by law. A licensed health care professional not involved with the denial will review your request and the denial. We will comply with the outcome of the review.

Right to Request Amendment: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. Your

request may be denied if we did not create the information or if we determine that your record is accurate. If your request to amend your health information is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosures. To request an amendment, your request must be made in writing to the contact listed on the final page of this notice.

Right to an Accounting of Disclosures: You have the right to a listing of any disclosures of your health information we have made for which you did not sign an authorization, except for uses regarding your care, payment, and other Hospital purposes. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), a brief description of the information disclosed and the purpose of the disclosure.

To request this list of accounting of disclosures, you must submit your request in writing to the contact listed on the back page. Your request must state a time period that may not be longer than six years prior to the request date and may not include dates before April 14, 2003.

Right to a Paper Copy of This Notice: You have the right to a paper 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.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice. Changes to this notice will be posted on our website and at our facility, and will be available from us upon request.

COMPLAINTS

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Patient Relations Office (listed below). If you are not satisfied with our response, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Patient Relations Office can provide you the address. Under no circumstances will you be penalized or retaliated against for filing a complaint.

DESIGNATED CONTACT

Patient Relations
Saint Mary's Hospital
56 Franklin Street,
Waterbury, CT 06706
(203) 709-6286