

JOINT NOTICE OF PRIVACY PRACTICES

MIDDLESEX HEALTH SYSTEM
Middletown, Connecticut

At Middlesex Health System, we respect
the privacy and confidentiality of your health information.
**THIS JOINT NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND
HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please call the HIPAA Privacy Office
at (860) 358-4630.

The effective date of this privacy notice is April 1, 2020.

This Joint Notice explains how your health information may be used or released by Middlesex Health System, including all Middlesex Health System locations (Middlesex Health): Middlesex Hospital, Middlesex Health Cancer Center, Middlesex Health Outpatient Center, Middlesex Health Physical Medicine & Rehabilitation, Middlesex Health Marlborough Medical Center, Middlesex Health Shoreline Medical Center, Middlesex Health Family Medicine, Middlesex Healthcare at Home, Middlesex Health Primary Care, Middlesex Health Surgical Alliance, Middlesex Health Urgent Care, Middlesex Health Multispecialty Group, The Center for Chronic Care Management, and One MacDonough Place. For an updated list of entities to which this Joint Notice applies, go to our website at www.middlesexhealth.org.

This Joint Notice also applies to the medical staff of Middlesex Health who have agreed to participate in the Organized Health Care Arrangement and to abide by the terms of the Joint Notice with respect to the services they provide within or on behalf of the entities listed above. Members of the medical staff, including your personal physician, may have different privacy policies or practices relating to their use or disclosure of protected health information created or maintained in their clinic or office. The persons and facilities listed above may share your medical information as necessary to coordinate your care, to carry out treatment, payment or health care operations and for other purposes described in this Notice. Middlesex Health and its medical staff are independent contractors and are acting as an Organized Health Care Arrangement only for purposes of complying with the laws governing the privacy of your medical information. The existence of the Organized Health Care Arrangement does not create a partnership, joint venture or agency relationship between or among Middlesex Health and its medical staff.

I. OUR RESPONSIBILITIES TO YOU

We are required by law to:

1. Maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices.
2. Comply with the terms of our Notice currently in effect.

We may change our practices and apply the new practices to health information we maintain, including health information we already have and health information we create or receive in the future. Should we make material changes, we will make the revised Joint Notice available to you by posting it in a publicly accessible area and by posting it on the internet at www.middlesexhealth.org.

II. SPECIAL REGULATIONS REGARDING DISCLOSURE OF PSYCHIATRIC, DRUG AND ALCOHOL ABUSE AND HIV-RELATED INFORMATION

Special restrictions apply to the release of health information concerning psychiatric conditions, drug and alcohol abuse and HIV-related information. Generally, your specific permission to release this information will be required.

III. HOW WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION

A. For Treatment, Payment, or Health Care Operations. We may use and disclose your health information as described below without your Authorization or permission.

1. **For Treatment.** We may use and disclose your health information to provide you with treatment and services and to coordinate your continuing care. Your health information may be used by doctors and nurses, as well as by lab technicians, dietitians, physical therapists or other personnel involved in your care, both within Middlesex Health and with other health care providers, including but not limited to your primary care provider, involved in your care outside Middlesex Health. We may also disclose your health information to persons or facilities that will be involved in your care after you leave Middlesex Health.
2. **For Payment.** We may use and disclose your health information so that we can bill and receive payment for the treatment and services you receive. For billing and payment purposes, we may disclose your health information to Medicare, Medicaid, managed care companies or other insurance companies. For example, we may contact Medicare or your health plan to confirm your coverage or to request approval for a proposed treatment or service.
3. **For Health Care Operations.** We may use and disclose your health information to review the care you received at Middlesex Health or for our own administrative purposes. For example, we may use your information to train our staff or to improve the services we provide.

B. Other uses and disclosures we may make without your written Authorization or Permission.

1. **As Required By Law.** We may disclose your health information when the law requires us to do so.
2. **Middlesex Health Directory.** Unless you disagree, information may include your name, your location in Middlesex Health, your general condition and your religious affiliation (only to clergy). Our directory does not include specific medical information about you.
3. **Persons Involved in Your Care or Payment for Your Care.** Unless you disagree, we may disclose health information about you to a family member, close personal friend or other person you identify (including clergy) who is involved in your care.
4. **Health Oversight Activities and Public Health Activities.** We may disclose your health information for public health activities authorized by law or to a state or federal agency responsible for overseeing the health care system.

5. **Reporting Victims of Abuse or Neglect.** If we believe that you have been a victim of abuse or neglect, we may use and disclose your health information to notify a government authority, if authorized by law or if you agree to the report.
6. **Judicial and Administrative Proceedings.** We may disclose your health information in response to a court or administrative order.
7. **Law Enforcement.** We may disclose your health information to a law enforcement officer under limited circumstances.
8. **Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations.** We may release your health information to a coroner, medical examiner, funeral director and, if you are an organ donor, to an organization involved in the donation of organs and tissue.
9. **Research.** Your health information may be used for research purposes without your authorization, but only after review and approval by a special Privacy Board and/or Institutional Review Board. In addition, Middlesex Health may share de-identified information for research purposes in accordance with law.
10. **To Avert a Serious Threat to Health or Safety.** When necessary to prevent a serious threat to health or safety, we may use or disclose your health information to someone who can help lessen or prevent the threatened harm.
11. **Military and Veterans.** If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities.
12. **National Security and Intelligence Activities; Protective Services for the President and Others.** We may use and disclose certain limited information about you to persons who ask for you by name while you are a patient. This may disclose health information to authorized federal officials conducting national security and intelligence activities.
13. **Inmates/Law Enforcement Custody.** If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your health information to the institution or official for certain purposes, including for your own health and safety as well as that of others.
14. **Workers' Compensation.** We may use or disclose your health information to comply with laws relating to workers' compensation or similar programs.
15. **Disaster Relief.** We may disclose health information about you to an organization assisting in a disaster relief effort.
16. **Fundraising Activities.** We may use and disclose limited health information such as your name, address, the department where you received services and the dates you received treatment or services to contact you in an effort to raise money for Middlesex Health. You have the right to opt out of receiving such communications.
17. **Appointment Reminders.** We may use or disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at Middlesex Health.
18. **Treatment Alternatives and Health-Related Benefits and Services.** We may use or disclose your health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.
19. **Business Associates.** We may disclose your health information to a person or company that provides services on our behalf and who has agreed to abide by this Notice.
20. **Student Immunization Records.** We may disclose a student's immunization record to his/her school with oral or written permission from the student's parent or other legal representative.
21. **Health Information Exchange.** Your information may be maintained in an electronic health information exchange network.

IV. YOUR WRITTEN AUTHORIZATION/PERMISSION IS REQUIRED FOR ALL OTHER USES OR DISCLOSURES OF YOUR HEALTH INFORMATION

1. We will obtain your written Authorization/Permission prior to making any use or release of your information other than as described above. Most uses and disclosures of your protected health information that are made for marketing purposes, sale of your protected health information and disclosures of psychotherapy notes require your written authorization.
2. If you choose to give your permission to disclose your health information, you can later take back your permission in writing to stop any uses and releases after that time, except where we have already made uses and disclosures based upon your earlier permission.

V. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information:

1. **Right to Request Restrictions.** You have the right to request that we limit the way we use or disclose your health information for treatment, payment or health care operations. However, we are not legally required to agree to your request except under limited circumstances. For example, we must agree to your request to restrict disclosures about you to your health plan for purposes of payment or healthcare operations, that are not required by law, if the information pertains solely to a health care item or service for which you have paid us in full out of pocket.
2. **Right to Request Confidential Communications.** You have the right to request that we communicate with you concerning your health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. We will make every effort to accommodate your reasonable requests.
3. **Right of Access to Personal Health Information.** You have the right to review and, upon request, obtain a copy of your health information except under certain limited circumstances. Middlesex Health will provide you with a copy of your medical record at no charge, and, in most cases such copy will be provided within thirty (30) days following your request. In addition, there will be no fees charged to you if the medical record is required for a Social Security claim/appeal, Worker's Compensation, or if the information is sent directly to a health care provider. You may also have the ability to obtain certain health information through your patient portal account.
4. **Right to Request Amendment.** You have the right to request that we make changes to existing health information or add missing information. Your request must be made in writing and must state the reason for the requested change. We may deny your request under certain circumstances. If we deny your request to make changes, we will give you written notice, including the reasons for the refusal. In that event, you have the right to submit a written statement disagreeing with the denial. Your letter of disagreement will be attached to your medical record.
5. **Right to an Accounting of Disclosures.** You have the right to request an "accounting" of your health information. This is a listing of releases of your health information made by us or by others on our behalf. There may be a fee for the accounting.
6. **Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of this Notice at any time or you may get a copy of the Notice at our website, www.middlesexhealth.org
7. **Notification of Breaches of Your Health Information.** You have the right to receive written notification of any breach of your unsecured protected health information as that term is defined under the law.

VI. FOR INFORMATION ABOUT THIS NOTICE OR TO REPORT A CONCERN REGARDING OUR PRIVACY PRACTICES

1. Our duties and your rights are set forth more fully at 45 C.F.R. part 164.
2. We will not retaliate against you in any way for filing a complaint against Middlesex Health.
3. If you believe that your privacy rights have been violated, you may contact us or the Office of Civil Rights in the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Room 509 F, HHH Building, Washington, D.C. 20201; <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>; (800) 368-1019.
4. If you have any questions or want to file a complaint with us, you can:
Call: HIPAA Privacy Officer at (860) 358-4630
Write to: Middlesex Health System
HIPAA Privacy Officer
28 Crescent Street
Middletown, CT 06457
Email: HIPAA_Privacy_Office@midhosp.org