

NOTICE OF PRIVACY PRACTICES FOR
CHOATE ROSEMARY HALL HEALTH SERVICES
(CHOATE HEALTH SERVICES)
EFFECTIVE DATE: August 1, 2017

THIS 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.

CHOATE HEALTH SERVICES

Choate Health Services is an integrated wellness department that provides medical care, mental health treatment and support to members of the community but with an emphasis on students. Choate Health Services also promotes and assists with the development and implementation of wellness education programming and curriculum across the campus. All licensed professionals work together, but each operates under their appropriate professional guidelines and pertinent legal statutes and requirements. As appropriate and necessary for an individual's best care, they may share health information for coordination of care, treatment, payment, healthcare operations, including quality assurance and improvement activities.

CHOATE HEALTH SERVICES AND YOUR PROTECTED HEALTH INFORMATION

This notice describes how we may use and disclose protected health information (PHI), and how you can get access to this information. We are required by law to maintain the privacy of your health information; to provide you this detailed notice of our legal duties and privacy practices relating to your health information; to notify you following a breach of unsecured health information; and to abide by the terms of the notice that are currently in effect. Your PHI consists of your individually identifiable health information held or transmitted by Choate Health Services and those businesses that support our operations such as for billing, insurance, and management of our electronic records. This information may exist in any form or media, whether electronic, paper, or oral.

PROTECTING YOUR PERSONAL HEALTH INFORMATION (PHI) IS ESSENTIAL TO THE TRUST NECESSARY TO PROVIDE THE BEST POSSIBLE CARE

It is our legal duty to provide this notice of our privacy practices and to follow those practices per the most current update. We believe that trust must exist between any person and their health or mental health providers. Each person for whom we care must trust that we will protect their PHI.

WHO IS INVOLVED IN THE MAINTENANCE AND PROTECTION OF YOUR PHI?

All healthcare professionals and employees who work with Choate Health Services are required to follow our privacy policy and procedures. These include nurses, nurse practitioners, physicians, psychologists, social workers, other licensed mental health care workers, non-clinical medical staff, trainees, graduate students on rotations, volunteers, consultants and support staff such as from information technology services.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED MEDICAL INFORMATION

To meet our responsibilities to provide you with high quality care and to protect the public's health and wellbeing, we may use and disclose your PHI without your prior authorization in the following situations:

- We may use and disclose your PHI in providing you with treatment and services and coordinating your care and may disclose your PHI to other providers involved in your care. Your PHI may be used by doctors involved in your care and by other persons involved in your care. For example, we may contact your physician to discuss your plan of care.

- We may use and disclose your PHI for billing and payment purposes. We may disclose your PHI to an insurance or company or another third party payor. For example, we may contact your health plan to confirm your coverage or to request prior approval for services that will be provided to you.
- We may use and disclose your PHI as necessary for health care operations, such as management, personnel evaluation, education and training and to monitor our quality of care. We may disclose your PHI to another entity with which you have or had a relationship if that entity requests your information for certain of its health care operations or health care fraud and abuse detection or compliance activities. For example, PHI of many patients may be combined and analyzed for purposes such as evaluating and improving quality of care and planning for services. We may disclose your PHI to a disaster relief organization.
- Unless you object, we may disclose PHI about you to a family member, close personal friend or other person you identify, including clergy, who is involved in your care.
- We may use and disclose your PHI as necessary in emergency treatment situations.
- We may use and disclose your PHI when required by law to do so.
- We may disclose your PHI for public health activities. These activities may include, for example, reporting to a public health authority for preventing or controlling disease, injury or disability; reporting elder abuse or neglect; or reporting deaths.
- If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your PHI to notify a government authority, if authorized by law or if you agree to the report.
- We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure actions or for activities involving government oversight of the health care system.
- When necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person, we may use and disclose your PHI, limiting disclosures to someone able to help lessen or prevent the threatened harm. We may disclose your PHI in response to a court or administrative order. We also may disclose your PHI in response to a subpoena, discovery request, or other lawful process, provided certain conditions are met. These conditions including making efforts to contact you about the request or to obtain an order or agreement protecting the PHI.
- We may contact you for appointment reminders.
- We may disclose your PHI for certain law enforcement purposes, including, for example, to comply with reporting requirements; to comply with a court order, warrant, or similar legal process; or to respond to certain requests for information concerning crimes.

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. We will obtain your authorization for: (1) most uses and disclosures of psychotherapy notes (as defined by HIPAA); (2) uses and disclosures of your health information for marketing purposes; and (3) disclosures that constitute a sale of your health information. You can later revoke that authorization by notifying us in writing of your decision. If you revoke an authorization, we will no longer use or disclose your PHI for the purposes covered by that authorization, except where we have already relied on the authorization. In some cases, minors may provide authorization for health care services, without parental involvement. In all cases, Choate Health Services will seek authorization from the appropriate party as legally required on a case-by-case basis.

REQUESTING ACCESS TO AND AMENDMENT OF YOUR PROTECTED MEDICAL INFORMATION

You have the right to request access to your medical or billing records or other information that may be used to make decisions about your care (“your designated record set”), subject to some exceptions. We ask that you complete a written request to inspect or receive a copy of your PHI that is stored in our designated record. In rare cases, such as where the disclosure may cause harm, we may deny this request. If this occurs, you have the right to submit a written request for a review of that decision.

To the extent we maintain an electronic health record with respect to your PHI, you also have the right to receive an electronic copy of such information. You may also direct us to transmit an electronic copy directly to a third-party designated by you. We may charge a fee, consistent with applicable law, for our labor costs in responding to your request. Parents and legal guardians will need to obtain written consent for access once their child reaches the age of 18.

You have the right to request amendment of your PHI for as long as the information is kept by or for Choate Health Services. Your request must be made in writing and must state the reason for the requested amendment. We may deny your request for amendment if the information (a) was not created by Choate Health Services, unless the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by or for Choate Health Services; (c) is not part of the information to which you have a right of access; or (d) is already accurate and complete, as determined by Choate Health Services. If we deny your request for amendment, we will give you a written denial including the reasons for the denial and an explanation of your right to submit a written statement disagreeing with the denial.

REQUESTING AN ACCOUNTING OF HOW YOUR PROTECTED MEDICAL INFORMATION HAS BEEN USED OR DISCLOSED

You may request in writing a list of certain disclosures of your PHI made by our office. This list does not include uses and disclosures we made for treatment, payment, healthcare operations, circumstances in which you have specifically authorized such disclosure, and certain other situations. To request this list of disclosures, indicate the relevant period, which must be for no more than the last six years, and submit your request in writing to our Privacy Officer Claudia Molinari at the following address: 333 Christian Street, Wallingford, CT 06492. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

REQUESTING AN RESTRICTION HOW YOUR PROTECTED MEDICAL INFORMATION HAS BEEN USED OR DISCLOSED

You have the right to request restrictions on our use and disclosure of your PHI for treatment, payment, or health care operations. You have the right to request restrictions on the PHI we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care. We are not required to agree to your requested restriction (except that if you are competent, you may restrict disclosures to family members and friends). If you paid out-of-pocket in full for a health care item or service, and you do not want us to disclose PHI about that item or service to your health plan for purposes of payment or health care operations, we must comply with your request. In addition, we may not release your PHI to an individual outside Choate Health Services without your permission unless you are being transferred to another health care institution, or the release is required by law, for third-party payment or to provide you with emergency care.

REQUEST A PAPER COPY OF THIS 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.

REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you concerning your health matters in a certain manner. We will accommodate your reasonable requests.

SPECIAL RULES REGARDING DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION

Under Connecticut or federal law, additional restrictions may apply to disclosures of health information that relates to care for psychiatric conditions, substance abuse or HIV-related testing and treatment. This information may not be disclosed without your specific written permission, except as may be specifically required or permitted by Connecticut or federal law. The following are examples of disclosures that may be made without your specific written permission:

- Psychiatric information. We may disclose psychiatric information to a mental health program if needed for your diagnosis or treatment. We may also disclose every limited psychiatric information for payment purposes.
- HIV-related information. We may disclose HIV-related information for purposes of treatment or payment.
- Substance abuse treatment. We may disclose information obtained from a substance abuse program in an emergency.

CHANGES TO THIS NOTICE

We may change our policies at any time. Changes will apply to PHI we already hold, as well as new PHI that we receive after the change occurs. We will post the current notice on our Parents and Student Portals. You may receive a copy of the current notice at any time either from our website or by calling the Pratt Health Center. The effective date of the notice is listed under the title. Copies of the current notice will be available each time you come for treatment.

COMPLAINTS

If you have any questions about this notice, would like further information concerning your privacy rights, 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 Privacy Officer at (203) 697-2203. To file a complaint with the Office for Civil Rights, send your written complaint to the OCR Regional Manager by mail to Office for Civil Rights--Region I, U.S. Department of Health and Human Services, J.F. Kennedy Federal Building - Room 1875, Boston, MA 02203, by fax to (617) 565-3809 or by email to OCRCComplaint@hhs.gov. Under no circumstances will you be penalized or retaliated against for filing a complaint.

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