

# 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.

## **Our pledge to you:**

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care generated by any of our facilities and providers. We are required by law to:

- Keep medical information about you private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

## **How we may use and disclose medical information about you:**

We may use and disclose medical information about you without your prior authorization for treatment, such as sending medical information about you to a specialist as part of a referral (this includes psychiatric or HIV information if needed for purposes of your diagnosis and treatment); to obtain payment for treatment, such as sending billing information to your insurance company; and to support our healthcare operations, such as general administrative activities and quality improvement programs. (Note: only limited psychiatric or HIV information may be disclosed for billing purposes without your authorization.) If you are treated in a specialized substance abuse program, your special authorization is required for most disclosures other than emergencies.

Other examples of such uses and disclosures include contacting you for appointment reminders and telling you about or recommending possible treatment options, alternatives, health-related benefits or services that may be of interest to you. We may also contact you to support our fundraising efforts. It is always your choice to opt out of receiving fundraising communications from us.

We may use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give our medical information about you, without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, medical examiners, funeral arrangements and organ donation, workers' compensation purposes, emergencies, national security and other specialized government functions, and for members of the Armed Forces as required by Military Command authorities. We also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders or other legal process. We may disclose your protected health information to our business associates under Business Associate Agreements.

Under certain circumstances, we may use and disclose health information about you for research purposes, subject to a review and approval from an institutional review board. The board must have established procedures to ensure that your protected health information remains confidential.

We may disclose medical information about you to a friend or family member whom you designate or in appropriate circumstances, unless you request a restriction. We may also disclose information to disaster relief authorities so that your family can be notified of your location and condition.

## **Other uses of Medical Information:**

In any other situation not covered by this notice, including the use or disclosure of psychotherapy notes, we will ask for your written authorization before using or disclosing medical information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

## **Right to Be Notified of a Breach:**

We will notify you in the event that the confidentiality of your information has been breached.

## **Right to Access and or Amend Your Records:**

In most cases, you have the right to look at or get a copy of medical information that we use to make decisions about your care. All requests for copies or access must be submitted in advance, in writing. We are required to respond to your request within 30 days. If your request for inspection is granted, we will arrange for a convenient time and place for you to look at your record. If you request copies, we may charge a fee for the cost of copying, mailing, or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

If you believe that information in your record is incorrect or that important information is missing, you have the right to request that we correct the records, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information is not maintained by us; or if we determine that your record is accurate. You may submit a written statement of disagreement with a decision by us not to amend a record.

## **Right to an Accounting:**

You have the right to request a list accounting for any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and healthcare operations, circumstances in which you have specifically authorized such disclosure and certain other exceptions, as required by law.

To request this list of disclosures, indicate the relevant period which must be within the past six (6) years. You must submit your request in writing to the Medical Record or Billing Department as appropriate.

**Right to Request Restrictions:**

You may request, in writing, that we not use or disclose medical information about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request and work to accommodate it when possible, but we are not legally required to accept it unless the conditions below are met:

- You request that your information is not shared with an insurer for purposes of payment or other purposes unrelated to your treatment;
- You pay for charges associated with the services you received out-of-pocket;
- We are not required by law to release your information to the insurer.

We will inform you of our decision on your request. All written requests or appeals should be submitted to our Privacy Officer listed below.

**Requests for Confidential Communications:**

You have the right to request that medical information about you be communicated to you in a confidential manner, such as requesting that we contact you only at a certain phone number or specific address, by notifying us in writing of the specific way or location for us to use to communicate with you.

**Right to request a paper copy of this Notice:**

You may receive a paper copy of this Notice from us upon request, even if you have agreed to receive this notice electronically.

**Changes to this Notice:**

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in waiting areas and on our Web site at fhchc.org. You can receive a copy of the current notice at any time. The effective date is listed at the end. Copies of the current notice will be available each time you come to our facility for treatment. You will be asked to acknowledge in writing your receipt of this notice.

**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 have the right to contact our Privacy Officer or U.S. Department of Health and Human Services Office of Civil Rights.

Rose Beatriz Pudlin, Privacy Officer  
Fair Haven Community Health Clinic, Inc.  
374 Grand Avenue, New Haven, CT 06513  
203.777.7411. ext. 5113  
privacyofficer@fhchc.org

Regional Manager Office for Civil Rights  
U.S. Department of Health and Human Services  
Government Center  
John F. Kennedy Federal Building  
Room 1875, Boston, MA 02203  
800.368.1019  
TDD: 800.537.7697  
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/>

**Nondiscrimination Statement**

Fair Haven Community Health Clinic, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex or gender.

Español (Spanish)	العربية (Arabic)	پښتو (Pashto)	Português (Portuguese)	English
<p>ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 203-974-0111 (TTY: 711).</p>	<p>ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 203-974-0111 (رقم هاتف الصم والبكم: 711).</p>	<p>پام وکړئ: د ژبې مرستندويه خدمات، ستاسو لپلغا اړیکې ونیسئ پدې لپاره وړیا موجود دي. 203-974-0111 (TTY: 711).</p>	<p>ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 203-974-0111 (TTY: 711).</p>	<p>ATTENTION: Language assistance services, free of charge, are available to you. Please call 203-974-0111 (TTY: 711).</p>