

**HOSPITAL FOR SPECIAL CARE**  
**NOTICE OF PRIVACY PRACTICES**

**Effective 2/1/2018**

**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.**

Hospital for Special Care (HSC) is required by law to maintain the privacy of your personal health information. This Notice describes the ways in which we may use and disclose your personal health information, and also describes your rights and certain obligations we have regarding the use and disclosure of your personal health information. We must provide you with this Notice of our legal duties and privacy practices.

**If you have questions about this Notice, you may contact the HSC Privacy Officer at (860) 827-4822, by email at [PrivacySecurityOffice@hfsc.org](mailto:PrivacySecurityOffice@hfsc.org), or by mail at 2150 Corbin Avenue, New Britain, CT 06053.**

**Who Will Follow This Notice**

**This Notice will be followed by all employees, medical staff, students, volunteers and health care professionals at the Hospital for Special Care (including the New Britain and Hartford locations).**

HSC and its affiliates are permitted by law to share, use and disclose patients' personal health information for treatment, payment and healthcare operations, as described below. HSC Medical Staff members and other health care professionals may use and share your personal health information for the delivery of care to you. In addition, HSC arranges for other health care providers to provide services for our patients, such as on-site laboratory testing, radiology services and specialized services (such as dialysis) at both HSC locations. These providers are separate legal entities, but operate in a "clinically integrated care setting" where more than one health care provider is typically involved in a patient's care. This means that your health information may be shared and used to provide and coordinate your treatment, to obtain payment for that treatment, and for related health care operations. Together, HSC, its Medical Staff members, and these other health care providers are considered to be an "organized health care arrangement" (OHCA). Each provider participating in the OHCA is required by federal law to protect the privacy of your health information.

This Notice does not apply to CSI Residential, Inc., certain Research activities conducted in the interest of public health, the Veterans Outreach Program, HSC Child Care Center, sports and community programs of HSC Community Services, Inc., or information about community and employee members of the Aquatic Rehabilitation and Fitness Center who are not receiving health care services from HSC.

**How We May Use and Disclose Your Personal Health Information**

We are permitted by law to use and disclose your personal health information with others for purposes of treatment, payment and health care operations:

**For Treatment**

We may use your personal health information to provide you with medical treatment or services. We may give your medical information to doctors, nurses, technicians, health care students, clergy, or others who care for you. For example, a doctor treating you for a broken bone may need to know if you have diabetes because diabetes may slow the healing process. The doctor may tell the dietitian if you have diabetes so that we can give you the proper meals. Other departments of the facility also may share information about you in order to coordinate the different services you need such as medication, medical supplies, and x-rays. We also may disclose information about you to people outside the facility who may be involved in your medical care during or after you leave the facility, such as community physicians and specialists, home care agencies, or other providers that are part of your care.

**For Payment**

We may use and disclose your personal health information to submit a bill to an insurance company, third party payer or the person responsible for paying for your care. For example, we may need to give your health plan information about physical therapy you receive so your health plan will pay us or reimburse you for the therapy. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also share your personal health information with other providers, such as ambulance companies, so that they can obtain payment for services provided to you.

**For Health Care Operations**

We may use and disclose your personal health information for our own internal operations, as necessary and as permitted by law. For example, patient information is needed for activities such as business management, quality improvement, information technology management, financial and billing services, insurance, and risk management. You may be asked to

**HOSPITAL FOR SPECIAL CARE**  
**NOTICE OF PRIVACY PRACTICES**

**Effective 2/1/2018**

complete a patient satisfaction survey that helps us to review our services and to evaluate the performance of our staff in caring for you. We may combine medical information about many patients to decide what additional services are needed, and whether certain new treatments are effective. We may share personal health information during accreditation and licensing inspections. We may also combine the medical information we have with medical information from other facilities to compare how we are doing and see where we can make improvements. We may also share your personal health information with other health care providers or your health plan if they have a patient relationship with you, for purposes such as case management, discharge planning or quality assurance.

**We may also use or share your personal health information for the following reasons:**

**Patient Directory**

While you are a patient at HSC, we will include information about you in the Patient Directory, limited to your name, location (such as room or phone number), and your general condition (fair, stable, etc.). This Directory gives basic information for your family, friends, and clergy so they can visit you and know how you are doing. This information will only be given to callers and visitors that ask for you by name. A member of the clergy, such as a priest or rabbi, may also be given your religious affiliation, even if they do not ask for you by name. You may object to this Directory information being given to callers or visitors by notifying the Admissions staff, and may restrict what information is provided and to whom. However, please keep in mind that if your name is not in the Directory, we cannot tell family members, friends, or others, such as florists and deliverymen, where your room is, or that you are even here. Flowers and other packages will be returned to the sender.

**Family and Friends Involved In Your Care**

Unless you object, we may also share your personal health information with family, friends, and others who are involved in your care or in payment of your care. If there is a family member or another individual that you do not want to receive your personal health information, you must tell a member of your health care team, or may indicate your objection in writing to the attention of the HSC Privacy Officer. We often need to share information to facilitate another person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that sharing information may be in your best interest, we may share limited personal health information with such individuals without your approval. In a disaster, we may also disclose limited personal health information to a public or private entity (such as the Red Cross) that is authorized to assist in disaster relief efforts so that entity can locate your family members or other persons involved in your care.

**Business Associates**

Certain services are performed through contracts with outside persons or organizations, such as auditing, billing, accreditation and legal services. At times it may be necessary for us to provide certain of your personal health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, these business associates are required to appropriately safeguard the privacy of your information.

**Appointments and Services**

We may contact you to provide appointment reminders or test results. You have the right to request that we communicate with you by alternate means or at a different address. For example, you may request that appointment reminders not be left on your home answering machine, or that we do not mail information to home or any other particular address. We will accommodate reasonable requests by you. You must request such confidential communication in writing to the attention of the HSC Privacy Officer. **Your request must specify how or where you do wish to be contacted.**

**Fundraising**

We may share limited information about you with the Hospital for Special Care Foundation for fundraising efforts on behalf of the Hospital and its affiliates. If you do not want to be contacted for fundraising purposes, you may opt out by sending a written request to the Hospital for Special Care Foundation at 2150 Corbin Avenue, New Britain, CT 06053, by emailing [giving@hfsc.org](mailto:giving@hfsc.org), by calling (860) 832-6257, or by calling 1-800-220-7723 and asking to speak with the Foundation.

**Research**

In limited circumstances, we may use and disclose your personal health information for research purposes. For example, a research organization may wish to compare outcomes of all patients that received a particular drug. In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidentiality requirements under federal law.

**HOSPITAL FOR SPECIAL CARE**  
**NOTICE OF PRIVACY PRACTICES**

**Effective 2/1/2018**

**In addition, we are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization. We may use or release your personal health information:**

- for any purpose required by law;
- for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- as required by law if we suspect child abuse or neglect, or if we believe you to be a victim of abuse, neglect, or domestic violence;
- to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
- to your employer when we have provided health care to you at the request of your employer to determine workplace-related illness or injury;
- if required by law to a government oversight agency conducting audits, investigations, licensure process or civil or criminal proceedings (for example, for the federal and state government to monitor compliance with healthcare regulations or civil rights laws);
- if required to do so as part of a lawsuit or by subpoena, court order or other legal process;
- to law enforcement officials as required by law, such as to report gunshot wounds and information about crimes, or in response to a court order, subpoena, warrant, summons or similar process;
- to coroners and/or funeral directors consistent with law;
- to arrange organ or tissue donation ;
- for certain research purposes when such research is approved by an institutional review board with established rules;
- in limited instances if we suspect a serious threat to a person's health or safety;
- for special government functions such as military, national security, and presidential protective services
- to workers' compensation agencies if necessary for your workers' compensation benefit determination, and
- to release immunization records to a student's school, but only if parents/guardians agree orally or in writing. (If the student is not a minor, he/she may give permission.)

**Special Restrictions under State or Federal Law**

Special protections may also apply under state or federal law to further protect your personal health information. Information in your medical record that includes HIV-related information, substance abuse treatment or certain records regarding psychiatric care may require your specific written authorization to release that information.

**Minors**

We will comply with Connecticut law when releasing a minor's records containing personal health information. A parent's access to records of emancipated minors and children of a minor may be restricted unless the minor consents to such access.

**Use and Disclosure with your Written Authorization**

We may make certain uses and disclosures of your personal health information on rare occasions, but for which we will always obtain your prior authorization. These include:

**Marketing communications** (unless the communication is made directly to you in person, is simply a promotional gift of nominal value, is a prescription refill reminder, general health or wellness information, or a communication about health related products or services that we offer or that are directly related to your treatment).

**Most sales** of your health information (unless for treatment or payment purposes or as required by law).

**Psychotherapy notes** (unless otherwise permitted or required by law).

Any other uses and disclosures of your personal health information that are not covered by this Notice or permitted by law will be made only with your written permission. Your written permission tells us what health information you want to disclose, the reason for its disclosure, and to whom you are asking the information be sent. Your permission will have an expiration date, and you may revoke that permission at any time, by writing to the HSC Privacy Officer. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written permission. You understand that we are unable to take back any disclosures we have already made before you revoked your permission, and that we are required to retain our records of the care that we provided to you.

**HOSPITAL FOR SPECIAL CARE**  
**NOTICE OF PRIVACY PRACTICES**

**Effective 2/1/2018**

**Your Rights Regarding Your Personal Health Information**

You have the following rights regarding personal health information that we maintain about you.

**Right to Inspect and Copy**

You have the right to inspect and copy your personal health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. Your request must be submitted in writing to the HSC Health Information Management department and signed by you or your personal representative. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

If we maintain any of your personal health information in an electronic format, you may obtain an electronic copy of that information. You may direct that a copy be transmitted directly to an entity or person designated by you, provided that any such designation is clear, conspicuous, and specific with complete name and mailing address or other information that is needed to be sure we are sending your records to the correct person/address. We may charge you a fee for our labor and supplies in preparing the copy.

**Right to Amend**

If you feel that medical information in your record is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for HSC/HSC. We are not obligated to make all requested amendments, but each request will be given careful consideration. Your request must be made in writing, signed by you or your personal representative, and submitted to the HSC Privacy Officer. You must provide a reason that supports your request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the personal health information kept by or for HSC/HSC;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

If an amendment or correction is made, we may also notify others that may have copies of the uncorrected record if we believe such notification is necessary.

**Right to an Accounting of Disclosures**

You have the right to request an accounting of disclosures made by us of your medical information. This list will not include disclosures made for purposes of treatment, payment or operations, and certain other disclosures (such as any you asked us to make).. You (or your legal representative) must sign and send your written request to the HSC Privacy Officer, and must state a time period, which may not be for a period longer than six years prior to the date of your request. The first accounting of disclosures that you receive within a 12-month period will be provided free of charge. For additional requests in the same 12-month period, we may charge you a reasonable cost-based fee for the accounting. We will notify you in advance of the cost involved, and you may choose to withdraw or modify your request at that time.

When you request an accounting of disclosures of personal health information that is stored in an electronic health record, the accounting will be for three years prior to the date of the request.

**Right to Request Restrictions**

You have the right to request a restriction on the use or disclosure of your personal health information by us for purposes of treatment, payment or health care operations by submitting a signed written request to the HSC Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use or disclosure to others, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. In most cases, we are not required to agree to your request, but will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate a restriction to which we have agreed if we believe such termination is appropriate; you will be notified in the case of such termination. You also have the right to terminate a restriction by notifying the HSC Privacy Officer in writing or orally. Except for disclosures that are otherwise required by law, we will honor any request to restrict disclosures to your health plan if the information to be disclosed pertains solely to a health care item or service for which you, or another person on your behalf (other than the health plan), has paid in full.

# HOSPITAL FOR SPECIAL CARE NOTICE OF PRIVACY PRACTICES

Effective 2/1/2018

## 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 may obtain a copy of this notice at our website, [www.hfsc.org](http://www.hfsc.org), or by contacting the HSC Privacy Officer at (860) 827-4822 or by sending an email to [PrivacySecurityOffice@hfsc.org](mailto:PrivacySecurityOffice@hfsc.org).

## Changes to This Notice

We are required to follow the terms of the Notice that is currently in effect, but reserve the right to change the terms of the Notice and to make the new Notice effective for all of the personal health information we already have about you, as well as any information we receive after the new Notice becomes effective.

## Breach Notification

In the unlikely event that there is a security breach related to your "unsecured protected health information" (as defined in federal law), we will notify you and provide information on steps you may take to protect yourself from harm that might occur due to unauthorized use of your personal information.

## Complaints

If you believe your privacy rights have been violated, you may file a complaint by sending a letter to the attention of the HSC Privacy Officer at 2150 Corbin Avenue, New Britain, CT 06053, by telephone at (860) 827-4822, or by email to [PrivacySecurityOffice@hfsc.org](mailto:PrivacySecurityOffice@hfsc.org). You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

**You will not be retaliated against for filing a complaint.**

**This Notice of Privacy Practices will be effective February 1, 2018.**

Date of first publication: 4/14/2003 Revised: 9/1/2003; 2/7/2007; 9/9/2009; 7/22/2013; 9/6/2013; 8/5/2016; 2/1/2018

## Language Assistance is Available:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 860-989-9717 (TTY:711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 860-989-9717 (TTY: 711). UWAGA:

Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 860-989-9717 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電860-989-9717（TTY：711）。

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 860-989-9717 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 860-989-9717 (ATS : 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 860-989-9717 (ATS : 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 860-989-9717 (телетайп: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 860-989-9717 (TTY: 711)

اذا كنت تتحدث [عربياً]، فستتاح لك خدمات مجانية للمساعدة اللغوية، على رقم 860-989-9717 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 860-989-9717 (TTY: 711)

बनो चर्चा के लिए। ध्यान दें: यदद आप [सम्मिलित करें भाषा] बोलते, भाषा सहायता सेवाओं, नन: शुल्क, आप के लिए उपलब्ध हैं। कॉल करें 860-989-9717 (TTY: 711)

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 860-989-9717 (TTY: 711).

OBVAJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 860-989-9717 (TTY- Telefon za osobu sa oštećenim govorom ili sluhom: 711). 860-989-9717

השירותים: אם אתם מדברים עברית, יש לך שירותי תרגום חינם. ייתוריש עוים הפש, אלל מולשת, מינימז ררובע. רשקתה (TTY: 711).