

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.

This Notice applies to all locations of the Hospital for Special Care, including the main campus located in New Britain, CT, all outpatient services and clinics, and the inpatient satellite unit located in Hartford, CT.

HFSC is permitted by law to use and disclose your personal health information for treatment, payment and healthcare operations, as described below. HFSC may use and share your information to provide care to you, to coordinate with your other providers, and to seek reimbursement for our services. In addition, HFSC 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). 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, HFSC, 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.

How We May Use and Disclose Your Health Information

For Treatment

We may use your health information to provide you with medical treatment or services. Your medical information is shared with doctors, nurses, technicians, health care students, clergy, and others who care for you. For example, the dietitian will need to know if you have diabetes so that we can give you proper meals. We also may disclose information about you to people outside the facility who may be involved in your medical care after you leave the hospital, such as community physicians and specialists, home care agencies, or other providers.

For Payment

We may use and disclose your health information to submit a bill to an insurance company, Medicare, Medicaid, or another 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 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 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 health information for our own internal operations. For example, patient information is needed for activities such as, quality improvement, financial and billing services, and risk management. You may be asked to complete a patient satisfaction survey that helps us to review our services and to evaluate the performance of our staff caring for you. We may share health information during accreditation and licensing inspections. We may also share your health information with your other health care providers or your health plan for purposes such as case management, discharge planning or quality assurance.

Patient Directory

While you are a patient at HFSC, 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 information being shared with callers or visitors by notifying the Admissions staff. However, 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 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 health information, you must tell a member of your health care team, or may indicate your objection in writing to the attention of the HFSC Privacy Officer. We often need to share information to facilitate another person's involvement in caring for you, preparing for discharge, 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 health information with such individuals without your approval. In a disaster, we may also disclose limited health information to public or private disaster relief organizations (such as the Red Cross).

Business Associates

Certain services are performed through contracts with outside persons or organizations, such as auditing, billing, accreditation and legal services. At times those outside persons and organizations may view or need to use your health information in order to carry out their services. 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 or phone number. 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. You must request such confidential communication in writing to the attention of the HFSC Privacy Officer. **Your request must specify how or where you do wish to be contacted so that we can reach you to set up appointments and coordinate your care and services.**

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, by calling (860) 832-6257 or toll-free 1-800-220-7723.

Research

In limited circumstances, we may use and disclose your 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.

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

- for any purpose required by law
- for public health activities, such as required reporting of disease, injury, 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
- to release immunization records to a minor's school, but only if parents/guardians agree.

Special Restrictions under State or Federal Law

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

HFSC does not provide services as a substance use disorder (SUD) program; however, HFSC may receive records from another provider related to diagnosis, treatment or referral for treatment of a SUD that are protected by federal law (42 CFR Part 2 or "Part 2"). If you provided a general consent to the Part 2 program, we may use and disclose your SUD records for treatment, payment and healthcare operations as permitted by law. We will not use or share SUD information for marketing, fundraising or sell that information unless you specifically agree in writing and/or as permitted by Part 2. We are prohibited from using or disclosing SUD records that we receive (and testimony regarding such records) in connection with civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order that meets certain requirements.

Minors

We will comply with special protections under Connecticut law when releasing a minor's records related to specific categories where the minor may consent to treatment without parental consent (for example, treatment related to birth control or mental health). A parent's access to these sensitive records may be restricted unless the minor consents to such access, including but not limited to access in the patient portal.

Use and Disclosure with your Written Authorization

We may make certain uses and disclosures of your 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 health information that are not covered by this Notice or permitted by law will be made only with your written permission. Your written permission specifies 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 HFSC 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.

Your Rights Regarding Your Health Information

Right to Inspect and Copy

You have the right to inspect and receive a copy your medical and billing records that are used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. 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 health information in an electronic format, you may obtain an electronic copy of that information in a timely manner, to the extent we are able to produce the information in the manner requested. You may direct that a copy be sent directly to another entity or person, provided that you submit a written request telling HFSC the specific 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.

HFSC also offers a patient portal [FollowMyHealth® Portal](#) where you can view, print and download recent information that is contained in your medical record. Because some of our services are provided by outside entities (such as lab and radiology), not all of your records are available in the portal at this time. The HFSC Health Information Management (HIM) department can assist with setting up your portal account or any questions related to accessing your information. See <https://hfsc.org/for-patients/medical-records/>.

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 HFSC. 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 HFSC 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 health information kept by or for HFSC;
- 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 know who we have disclosed your medical information to. 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 HFSC Privacy Officer, and must state a time period (up to 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.

Right to Request Restrictions

You have the right to request a restriction on the use or disclosure of your health information by us for purposes of treatment, payment or health care operations by submitting a signed written request to the HFSC 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 limit disclosure to others, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse or another family member, etc. In most cases, we are not required to agree to your request, but will attempt to accommodate reasonable requests. 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 HFSC Privacy Officer. Except for disclosures that are otherwise required by law, we will honor a request to restrict disclosures to your health plan for information that relates solely to health care items or services that you choose to pay in full rather than submit to your health plan.

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, <https://hfsc.org/for-patients/policy-practices/> or by calling (860) 827-4822 or emailing 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 health information we already have about you, as well as any information we receive after the new Notice becomes effective.

Breach Notification

In the event that there is a security breach of 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 health 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 HFSC Privacy Officer at 2150 Corbin Avenue, New Britain, CT 06053, by telephone at (860) 827-4822, or by email to PrivacySecurityOffice@hfsc.org. You have the right to 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, SW, Washington, D.C. 20201, calling 1-877-696-6775, or at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

We will not retaliate against you for filing a complaint.

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