

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

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 is effective beginning April 14, 2003.

Harbor Health Services, Inc. (HHSI) is required by law to maintain the privacy of protected health information and to provide you with notice of its legal duties and privacy practices with respect to such information. HHSI will abide by the terms of the notice currently in effect; however, HHSI reserves the right to change the terms of this notice as well as make the new provisions effective for all protected health information maintained. If there is a change, HHSI will inform you of this change at your next scheduled appointment or upon your request. In addition, a copy of the effective notice will be posted at all times in the office, with a date notifying you of the most recent update.

As a client of HHSI, information about you must be used and disclosed to other parties for purposes of treatment, payment, and health care operations. These uses and disclosures do not require your consent, and include, but are not limited to, a release of information contained in financial records, medical records, laboratory test results, medical history, treatment progress or any other related information to:

1. Your insurance company, self-funded or third-party health plan, Medicare, Medicaid, or any other person or entity that may be responsible for paying or processing for payment any portion of your bill for services;
2. Any person or entity affiliated with or representing for purposes of administration, billing, and quality and risk management;
3. Any hospital, nursing home, or other health care facility to which you may be admitted;
4. Any assisted living or personal care facility of which you are a resident;
5. Any physician providing you care;
6. Any business associate of HHSI that agrees to abide by the privacy requirements regarding your protected health information; and
7. Licensing and accrediting bodies, including the information contained in the OASIS Data Set to the State agency acting as a representative of the Medicare/Medicaid program.

In addition, HHSI may contact you:

1. To provide appointment reminders or information about other health activities we provide; and
2. To raise funds for HHSI.

HHSI is also permitted to use or disclose information about you without consent or authorization in the following circumstances;

1. Where the use or disclosure is required by another law, but only to the extent that it is required and complies with such other law;
2. For certain public health activities;
3. Where HHSI reasonably believes you are a victim of abuse, neglect, or domestic violence, but only to a government authority authorized to receive abuse, neglect or domestic violence information;
4. Health care oversight activities;
5. Certain judicial and administrative proceedings;
6. Certain law enforcement purposes;
7. To coroners, medical examiners and funeral directors, in certain circumstances;
8. For certain research purposes;
9. To avert a serious threat to health and safety;
10. For specialized government functions, including military and veterans' activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institution and custodial situations; and
11. For workers' compensation purposes.

HHSI is permitted to use or disclose information about you without consent or authorization provided you are informed in advance and given the opportunity to agree to or prohibit or restrict the disclosure in the following circumstances:

1. For use in a directory of individuals served by HHSI (such information is limited to the individual's name, location within the facility, condition in general terms, and religious affiliation);
2. To a public or private entity authorized by law or charter to assist in disaster relief efforts, but only for the purpose of coordinating with such entities.

Other uses and disclosures not specifically addressed earlier in this notice will be made only with your written authorization. In addition, Connecticut law requires an authorization to disclose highly sensitive information, including communicable diseases such as Human Immune Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), drug/alcohol abuse, psychiatric diagnosis and treatment records, and genetic testing information. Examples of when authorization is required for HHSI to use or disclose your protected health information include:

1. Psychotherapy notes (notwithstanding the provisions that allow the use and disclosure of protected health information without consent and authorization for treatment, payment and healthcare operations, the law specifically requires an authorization to use or disclose psychotherapy notes); and
2. Marketing, except if the communication is in the form of a face-to-face communication made by HHSI to you or a promotional gift of nominal value provided by HHSI;

These authorizations may be revoked, in writing, at any time, except in limited situations.

YOUR RIGHTS

The Health Insurance Portability Accountability Act gives you certain rights with regard to your protected health information. Any of these rights may be exercised by contacting HHSI and in some situations, may require you to fill out a written request. You have the right, subject to certain conditions, to:

1. Request restrictions on the use and disclosure of information about you for treatment, payment and healthcare operations. However, the HHSI is not required to agree to the requested restriction;
2. Receive confidential communication of protected health information;
3. Inspect and copy protected health information;
4. Amend protected health information;
5. Receive an accounting of disclosures of protected health information; and
6. Obtain a paper copy of this notice, even if you agreed to receive this notice electronically.

In addition, Connecticut state law may provide you with greater protection than the Health Insurance Portability Accountability Act. In situations where this is the case, HHSI will be in compliance with the applicable Connecticut law.

COMPLAINTS

If you believe that your privacy rights have been violated, you may complain to both HHSI and the Office of the Secretary at the U.S. Department of Health and Human Services. There will be no retaliation against you for filing a complaint. Complaints may be made to the Privacy Officer at HHSI at (203) 483-2630. We recommend that complaints be given to the Privacy Officer in writing, stating the specific incident(s) in terms of subject, date, and other relevant matters. Complaints to the Office of the Secretary may be made in writing to the following address: The U.S. Department of Health and Human Services, Office of the Secretary, 200 Independence Avenue, S.W., Washington, D.C. 20201. Complaints may also be made by phone to: (202) 619-0257 or Toll Free: 1-877-696-6775.