

HIPAA Compliance Officer Contact - Telephone Number: 1-800-219-1226;  
Email: [HIPAAOFFICE@PHC.com](mailto:HIPAAOFFICE@PHC.com)

**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.**

We at PHC understand that your medical/health information is personal and private, and we are committed to protecting your information. In order to provide you with quality care and to comply with certain legal requirements, we create a record of the care and services you receive from us. We respect the privacy and confidentiality of your PHI ("PHI") which is information that identifies or reasonably can be used to identify you and relates to: your past, present, and future medical/health information, information about health care provided to you, and information about payments for health care provided to you. PHI also includes demographic information and information that relates to your present, past or future physical or mental health and related health care services.

This Notice of Privacy Practices ("Notice") describes the ways in which we may use and disclose your PHI. It also describes your rights and our legal obligations with respect to your PHI. This Notice applies to uses and disclosures we may make of all your PHI, whether created by us, or received by us from another health care provider or business associate. Should you have any questions about our privacy practices, you may contact our Privacy Officer using the information provided at the end of this Notice.

**A. OUR LEGAL DUTY TO PROTECT YOUR HEALTH INFORMATION**

Federal and tribal laws require PHC to:

- Ensure and maintain the privacy of your PHI, which we have either created in our practice or received from another health care provider or business associate, whether it is about your past, present, or future health care condition, services provided to you, or payment for such services;
- Explain the manner in which we may use and disclose your PHI;
- Abide by the terms of this Notice, as currently in effect, and give you a copy upon request;
- Obtain your written authorization to use or disclose your PHI for reasons other than those listed below or permitted by law, and cease using or disclosing your PHI if you withdraw your authorization in writing; and
- Promptly notify you if a breach occurs that may have compromised the privacy or security of your PHI.

**CHANGES TO THE NOTICE.** We reserve the right to amend this Notice at any time in the future, and make the new provisions effective for all PHI we maintain, regardless of when it was created or received. If the Notice is amended, we will:

- Post the revised Notice, with the new effective date, at our service locations;
- Post the revised Notice on our website: [www.pequothealthcare.com](http://www.pequothealthcare.com); and
- Make copies of the revised Notice available to you upon request.

**INCIDENTAL DISCLOSURES**

In the process of using or disclosing your PHI for an authorized use, we may make incidental disclosures—these are disclosures that are limited in nature, cannot reasonably be prevented, and occur as a result of a permitted use. We will take reasonable steps to limit incidental disclosures.

**B. HOW WE TYPICALLY USE AND DISCLOSE YOUR PHI**

**1. For Treatment:** We may use and disclose your PHI to provide you with medical treatment and services, and to coordinate or manage your health care and related services with other providers. *A specific example:* We may disclose information about your health condition to your referring physician to dispense your prescription.

**2. For Payment:** We may use and disclose your PHI to bill and receive payment for the treatment and services we provide. We may also provide PHI to collection departments, consumer reporting agencies or other health care provider who requests information necessary for them to collect payment. *A specific example:* We may verify that a prescription drug treatment that we intend to provide is covered under your health benefit plan.

**3. For Health Care Operations:** We may use and disclose your PHI as necessary for us to operate our businesses. We may use and disclose your PHI for internal operations, such as general administrative activities and quality assurance programs.

*Specific Examples* of when we may use and disclose your PHI in a health care operation include:

- To review and improve the quality of care you receive;
- To train and educate students, volunteers or other medical staff;
- For procedures involving health care fraud and abuse detection and compliance; and
- To develop internal protocols.

**C. WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION IN CERTAIN SITUATIONS**

The following are situations in which we may use or disclose your PHI without your written authorization. If you have a clear preference for how we use or disclose your PHI, contact our Privacy Officer using the contact information in Section H.

**1. Required by Law:** We may disclose your PHI when required to do so by federal, tribal, or other applicable law.

**2. Emergencies:** We may use or disclose PHI as necessary in emergency treatment situations.

**3. Public Health Risk:** We may disclose your PHI for public health activities. For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of spreading a disease. Other examples may include reports about injuries or disability, adverse reactions to medication, reports of births and deaths, and reports regarding the recall of products.

**4. At Our Service Location(s):** *Unless you object*, we may use and disclose certain limited information about you on our sign-in sheet while you are in our Notice effective as of September 1, 2022

service location(s). This information may include your name, but will not include information about your condition. We may also call your name to notify you that your prescription is ready, or that we need to discuss something with you.

**5. Individuals Involved in Your Care or Payment for Your Care:** *Unless you object*, we may disclose PHI about you to a family member, other relative, close personal friend or any other person you identify who is involved in your care or payment for your care. These disclosures are limited to information relevant to the person's involvement in your care or payment for your care. If you have given someone medical power of attorney or if someone is your legal guardian, we may disclose PHI to that person and they may make decisions about your PHI on your behalf. If you are incapacitated, not present, or in emergency circumstances, we may share information with family members or other persons if we determine, based on our professional judgment, that the disclosure is in your best interests.

**6. Disaster Relief:** *Unless you object*, we may disclose PHI about you to an organization assisting in disaster relief efforts to assist in notifying a family member or other person responsible for your care about your location, general condition, or death. Even if you object, or if you are incapacitated or not present, we may still share information about you if necessary to respond to emergency circumstances.

**7. Reporting Victims of Abuse or Neglect:** When authorized by Tribal or federal law, or other applicable law, or if you agree to the report, and if we believe that you have been a victim of abuse or neglect, we may use and disclose your PHI to notify a government authority.

**8. Health Oversight Activities:** When authorized by law, we may disclose your PHI to a health oversight agency for activities such as audits, investigations, inspections, licensure actions or other legal proceedings. A health oversight agency is a tribal or federal agency that oversees the health care system.

**9. Judicial and Administrative Proceedings:** We may disclose your PHI in response to a court or an administrative order. In certain circumstances, we also may disclose PHI in response to a subpoena, a discovery request, or any other lawful process by another party involved in the action. The party requesting your PHI must make reasonable effort to inform you about the request, give you an opportunity to object, and secure a protective order.

**10. Law Enforcement:** We may disclose your PHI for certain law enforcement purposes, including, but not limited to:

- Reporting certain types of physical injuries;
- Reporting emergencies or suspicious deaths;
- Complying with a warrant or other legal process;
- Identifying or locating a suspect or missing person, material witness or fugitive;
- Answering certain requests for information concerning crimes, about the victim of crimes;
- Reporting and/or answering requests about a death we believe may be the result of a crime;
- Reporting criminal conduct that took place on our premises; and
- In emergency situations to report a crime, the location of the crime or victim or the identity, description and/or location of a person involved in the crime.

**11. Coroners, Medical Examiners, Funeral Directors:** We may disclose information about deceased patients to funeral directors if necessary to allow them to carry out their duties, including prior to your death. We may disclose PHI about you to a coroner or medical examiner for the purposes of identifying you, determining a cause of death, or other duties authorized by laws.

**12. Organ/Tissue Donation Organizations:** If you are an organ donor, we may disclose your PHI to an organization involved in the procurement, banking, transplantation, or donation of organs and tissue to enable them to carry out their lawful duties.

**13. Research:** In some situations, your PHI may be used for research purposes, provided that the privacy and safety aspects of the research have been reviewed and approved by an institutional review board or a privacy board. The board must have established procedures to ensure that your PHI remains confidential.

**14. To Avert a Serious Threat to Health or Safety:** We may use or disclose your PHI if we believe it is necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. We may only make the disclosure to a person or entity that would be able to help lessen or prevent the threatened harm.

**15. Military and Veterans:** If you are a member of the armed forces, we may use and disclose your PHI as required by military command authorities. We may also disclose your PHI to the appropriate foreign military authority if you are a member of a foreign military.

**16. National Security and Intelligence Activities:** We may disclose PHI to authorized federal officials conducting national security, counterintelligence, presidential protective services, intelligence activities, and other national security activities authorized by the National Security Act.

**17. Inmates/Law Enforcement Custody:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official for the following purposes:

- To enable the correctional institution or law enforcement official to provide you with necessary health care services;
- To protect the health and safety of you and others; and/or
- For the safety, security, and good order of the correctional institution.

**18. Workers' Compensation:** We may use or disclose your PHI to comply with applicable Tribal or other laws and regulations relating to workers' compensation or similar programs established by law that provide benefits for work-related injuries and/or illnesses without regard to fault.

**19. Treatment Alternatives and Health-Related Benefits and Services:** We may use or disclose your PHI to inform you about treatment alternatives and health-related benefits and services that may be of interest to you. This may include telling you about: treatments; services; products; other health care providers; special programs (e.g., third-party diabetes program); or nutritional services.

**20. Business Associates:** We may disclose your PHI to our business associates under Business Associate Agreements. Business associates are

people or companies who perform functions or provide services on our behalf, such as: answering services and billing/coding services.

#### **D. YOUR AUTHORIZATION IS REQUIRED FOR ALL OTHER USES AND DISCLOSURES OF YOUR PHI.**

Except for those circumstances listed above or as required by law, we will use and disclose your PHI only with your written authorization. You may revoke your authorization, in writing, at any time. 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.

#### **E. YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding your PHI that we maintain. To exercise these rights, send a written request to the Privacy Officer listed at the bottom of this Notice. If you have given someone medical power of attorney or if you have a legal guardian, that person can exercise these rights on your behalf.

**1. The Right to Access Your PHI:** Except under limited circumstances, you have the right to inspect and obtain an electronic and/or paper copy of your PHI. Unless prohibited by law, we may charge you a reasonable amount to make copies of your medical records or other documents. To inspect and request a copy of your PHI, you should submit your written request to our Privacy Officer. We will respond to your request within thirty (30) days of receipt, by either supplying the records or sending a written notification of denial. If we cannot provide access in that timeframe, we will notify you in writing of the reasons for the delay and the date by which we will provide access (which date will be no more than sixty (60) days from receipt of your original request). We may deny your request to inspect or receive copies of your PHI in the following circumstances:

- The information requested is not part of a designated record set;
- The information was compiled in anticipation of or for use in a criminal, civil or administrative proceeding;
- You are a correctional institution inmate and the correctional administrators have provided reasons for denying access;
- The information is for a research study not yet complete, if you consented to giving up such right (you will regain access when the research is completed);
- The Privacy Act (5 U.S.C. §552a) prohibits access;
- The information was obtained by a person other than a health care provider upon our promise to keep the information confidential, and access would reveal the informant's identity;
- We determine access is likely to endanger the life or safety of the patient or others;

We may also deny your request to inspect or receive copies of your PHI in the following circumstances as long as we provide you with the right to request a review of this denial:

- The information references another person and we determine that access is likely to cause substantial harm to that person;
- The request for access is made by the patient's personal representative and we believe access is likely to cause substantial harm to the patient or others.
- The request is otherwise prohibited by applicable laws or regulations.

Requests to review a denial should be made to the Privacy Officer. The review will be performed by a licensed health care professional designated by us, who did not participate in the original decision to deny access.

**2. The Right to Request Restrictions:** You have the right to request a restriction on the way we use or disclose your PHI for treatment, payment or health care operations. If you wish to request such a restriction, you should submit your written request to our Privacy Officer. You must tell us what information you want restricted, to whom you want the information restricted, and whether you want to limit our use, disclosure or both. Except in limited circumstances, *we are not required to agree to such a restriction*. If we do agree to the restriction, we will honor that restriction except as needed to provide you with emergency treatment or as otherwise required by law. Any restrictions we agree to may later be terminated by your request or upon your approval, or if we notify you we are terminating that restriction (but such termination will only be effective for PHI created or received after we have notified you we are terminating the restriction).

**3. The Right to Request Confidential Communications:** You have the right to request that we communicate with you concerning your health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number or a specific address. You should submit your written request for confidential communications to us. You must tell us how and where you want to be contacted. We will accommodate your reasonable requests, but may deny the request if you are unable to provide us with appropriate methods of contacting you.

**4. The Right to Request an Amendment:** You have the right to request that we amend any incomplete or inaccurate PHI maintained by us. Your request must be made in writing to the Privacy Officer, and must explain the reasons for the requested amendment.

We may deny your request for amendment if the information:

- was not created by us (unless you prove the creator of the information is no longer available to amend the record);
- is not part of the records maintained by us;
- in our opinion, is accurate and complete;
- is information to which you do not have a right of access.

We must respond to your request in writing within 60 days of receiving the request. If we agree to the amendment, we will notify you and amend the relevant portions of your medical record. We will also make a reasonable effort to inform business associates and other individuals known to us, or identified by you, as having the PHI being amended.

If we deny your request for amendment, we will give you a written denial notice, including the reasons for the denial and explain to you that you have the right to submit a written statement disagreeing with the denial. Your statement of disagreement will be attached to your medical record. If you should submit a statement of disagreement, we have the right to insert a rebuttal statement into the medical record. We will provide you with a copy of the rebuttal statement. If you do not wish to submit a statement of disagreement, you may request that a copy of the amendment request and a copy of our denial be included with all future disclosures.

Should we deny your request for an amendment, you have the right to pursue a complaint process by contacting our Privacy Officer or the U.S. Secretary of

Health and Human Services to lodge your complaint.

**5. The Right to An Accounting of Disclosures:** You have the right to request an accounting of certain disclosures of your PHI. You may request an accounting of disclosures made up to six (6) years before the date of your request, except that an accounting for PHI held in an electronic health record may only be requested for up to three (3) years prior to your request. An accounting is a listing of disclosures made by us or by others on our behalf, but does **not** include:

- our use of PHI, meaning the sharing, employment, application, utilization, examination, or analysis of information within PHC
- disclosures made for treatment, payment and health care operations;
- disclosures made directly to you, that you authorized, or those which are made to individuals involved in your care;
- disclosures made to correctional institutions or law enforcement officials about an inmate in custody;
- disclosures made for national security or intelligence purposes;
- disclosures of a limited data set;
- incidental to a permitted use or disclosure; or
- disclosures during a temporary suspension requested by a health oversight agency or law enforcement official.

You must submit your request for an accounting of disclosures to us in writing. You must state the time period for which you would like the accounting. We must respond to you within 60 days after receipt of your request. The accounting will include the disclosure date, the name, address (if known) of the person or entity that received the information, a brief description of the information disclosed, and a brief statement of the purpose of the disclosure. If you request a listing of disclosures more than once within a 12-month period, we will charge you a reasonable fee for the accounting. The first accounting, within a 12-month period, is provided to you at no charge.

**6. The Right to Receive a Copy of this Notice:** You have the right to request a paper copy of this Notice at any time, even if you have agreed to receive the notice electronically.

**7. The Right to Appoint a Representative to Act on Your Behalf.** You have the right to appoint a personal representative to act on your behalf. If you appoint a personal representative, they will have the same rights with respect to your PHI that you have. However, we will not recognize your personal representative if:

- You are a minor who has consented to treatment
- We have a reasonable belief you have been subjected to domestic violence, abuse, or neglect by your personal representative; or
- We have a reasonable belief that treating this person as your personal representative could endanger you

**F. SPECIAL RULES REGARDING THE DISCLOSURE OF MENTAL HEALTH CONDITIONS, SUBSTANCE ABUSE, AND HIV-RELATED INFORMATION.** For uses and disclosures of your PHI related to substance abuse, special restrictions may apply.

**Psychotherapy Notes:** A special authorization from you is required for the disclosure of psychotherapy notes, and special rules may apply which limit the information which is disclosed. However, we do not need your authorization for:

- Disclosures required by government order or applicable law, such as mandatory reporting of abuse and mandatory duty to warn about threats of serious and imminent harm made by you.
- For treatment, training programs in mental health, or to defend ourselves in a legal action or other proceeding brought by you;
- For health oversight activities
- Disclosures to coroners, medical examiners, and funeral directors in accordance with this Notice
- Disclosure to avert a serious threat to health or safety

**G. STATE/TRIBAL LAW.** In the event a more stringent privacy standard is required under applicable state or tribal law, and such law is not preempted by applicable federal law, we will comply with the state or tribal law.

#### **H. COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint in writing with us or with the United States Department of Health and Human Services ("HHS"). 1. To file a complaint with HHS, you may contact:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(877) 696-6775  
[www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

2. To request additional information, to request that we respond to questions, or to file a complaint, you should contact the Privacy Officer. Address your correspondence to:

HIPAA Compliance Officer  
Pequot Health Care  
One Annie George Drive, Building Three  
P.O. Box 3559  
Mashantucket, CT 06338-3559  
1-800-219-1226  
[HIPAAOFFICE@PHC.com](mailto:HIPAAOFFICE@PHC.com)

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