

COMMUNITY HEALTH CENTER OF BURLINGTON

Notice of Right To Privacy

Effective Date: 04/14/03

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Our Pledge:

We understand that health information about you and the health care you receive is personal. We are committed to protecting your personal health information. When you receive treatment and other health care services from us, we create a record of the services that you received. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of our records about your care, whether made by our health care professionals or others working for the Community Health Center of Burlington (CHCB), and tells you about the ways in which we may use and disclose your personal health information. This notice also describes your rights about the health information that we keep about you and the obligations that we have when we use and disclose your health information.

We are required by law to:

- make sure that health information that identifies you is kept private,
- give you this notice of our legal duties and privacy practices about your personal health information
- follow the terms of this notice

Glossary of Terms:

Accounting of Disclosures – a record of whom CHCB have given your protected health information.

Amend - to add comments to your medical record. You can add comments to your medical record (except to psychotherapy notes). However, your amendments do not replace what has been noted in your record. These are strictly additions.

Disclosure - sharing of information

Revoke - to take back or take away

For More Information, Please Contact:

Marie Meiman, Medical Records Coordinator & Assistant Privacy Officer
Community Health Center of Burlington, 617 Riverside Avenue, Burlington, VT 05401
Phone, (802) 864-6309 ext. 133

Who We Are:

This Notice describes the privacy practices of CHCB and the privacy practices of:

- all of our doctors, nurses, and other health care professionals authorized to enter information about you into your medical chart
- all of our departments, including, e.g., our medical records and billing departments
- all of our health center sites.
- all of our employees, staff, volunteers and other personnel who work for us or on our behalf

How We May Use and Disclose Your

Health Information: We may use and disclose your personal health information for these purposes:

For Treatment. When you consent to services from CHCB, we may use health information about you to provide you with health care treatment or services. When you begin to receive services at CHCB we will obtain a consent from you to receive treatment. This consent will be used when we need to disclose health information about you to the medical providers, nurses, technicians, students and residents, volunteers and others who are involved in your care at CHCB. This consent will be used where treatment requires use or disclosure of health information about you to third parties, we will request written consent from you or your personal representative (if you have one). With your consent, we may disclose your health information to help others who are involved in your care. These other persons may work at the hospital if you are hospitalized under our supervision, or at another doctor's office, lab, pharmacy or other health care provider to whom we may refer you for treatment, consultation, x-rays, lab tests, prescriptions or other health care service. They may also include doctors and other health care professionals who work at CHCB or elsewhere whom we consult about your care. For example, we may disclose to an emergency room doctor who is treating you for a broken leg that you have diabetes, because diabetes may affect your body's healing process.

For Payment. When you consent to services from CHCB, we may use and disclose health information about you to bill and collect payment from you. This consent will be used where payment requires use or disclosure of health information about you to third parties, such as a health insurance company or a government agency. We will also use this consent and disclose health information about you to your insurance company, including Medicaid and Medicare, or other third party that may be available to reimburse us for some or all of your health care. We may also disclose health information about you to other health care providers or to your health plan so that they can arrange for payment relating to your care. For example, if you have health insurance, we may need to share information about your office visit with your

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health plan in order for your health plan to pay us or reimburse you for the visit. We may also tell your health plan about treatment that you need to obtain your health plan's prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. When you consent to services from CHCB, we may use and disclose health information about you for our day-to-day operations, including our auditors, attorneys and other business associates who assist with our operations and with whom we have a business associate confidentiality agreement. This consent will be used for health care operations that involve disclosure of health information to third parties. With this consent we may disclose information about you to other health care providers involved in your care or to your health plan for use in their day-to-day operations. These uses and disclosures are necessary to run CHCB and to make sure that all of our patients receive quality care, and to assist other providers and health plans in doing so as well. For example, we may use health information to review the services that we provide and to evaluate the performance of our staff in caring for you. We may also combine health information about our patients with health information from other health care providers to decide what additional services CHCB should offer, what services are not needed, whether new treatments are effective or to compare how we are doing with others and to see where we can make improvements. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who our patients are.

As Required By Law. We will disclose health information about you without your authorization when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you without your authorization when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Military and Veterans. If you are a member of the armed forces or separated/ discharged from military services, we may release health information about you without your authorization if required by law, by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities, if required by law.

Health Oversight Activities. We may disclose health information about you without your authorization to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes. We may disclose health information about you without your authorization in response to a court or administrative order.

Law Enforcement. We may release health information about you without your authorization if asked to do so by a law enforcement official:

- in response to a court order
- under certain limited circumstances, about the victim of a crime
- to the extent required by law, including disclosures of treatment for gunshot wounds and disclosures of lost, destroyed or stolen regulated drugs
- for identification of a patient by a CHCB dentist
- to prevent injury to an identifiable person or his/her property

Coroners, Health Examiners and Funeral Directors. With the authorization of your personal representative or as required by law, we may release health information about our patients to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as may be necessary for them to carry out their duties with the consent of the personal representative of the patient or as authorized by law.

National Security and Intelligence Activities. We may release health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities to the extent required by law.

Protective Services for the President and Others. We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations, to the extent required by law.

Appointment Reminders. We may use health information about you to contact you as a reminder that you have an appointment at CHCB.

Treatment Alternatives. We may use health information to contact you about treatment alternatives or other health related benefits and services that may be of interest to you

Fundraising Activities. We may use health information about you to contact you in an effort to raise money for our not-for-profit operations. We may disclose health information about you to a Business Associate with whom CHCB has a business associate confidentiality agreement who may contact you in raising money for CHCB. We will only release contact information, such as your name, address and phone number and the dates you received treatment or services from us. Please let us know if you do not want us to contact you for fundraising efforts.

Individuals Involved in Your Care or Payment for Your Care. With your authorization, we may release health information about you to a friend or family member who is involved in your health care or the person who helps pay for your care.

Research. With your authorization we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the

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same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with a patient's need for privacy. Before we use or disclose health information for research, the project will have been approved through this special approval process, although we may disclose health information about you to people preparing to conduct a research project. For example, we may help potential researchers look for patients with specific health needs, so long as the health information they review does not leave our facility. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are or will be involved in your care.

Organ and Tissue Donation. If you are an organ donor, we may disclose health information about you with your or your representatives authorization to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Workers' Compensation. With your authorization or to the extent required by law, we may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Activities. We may disclose certain health information about you without your authorization to the extent required by law for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability
- to report abuse or neglect of children or vulnerable adults (for example certain elderly persons or adults with disabilities)
- to notify a person who may have been exposed to certain diseases or may be at risk for contracting or spreading certain diseases or conditions
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the corrections institution or law enforcement official with your authorization or as required by law. This release would be necessary (1) for the institution to provide you with health care, (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

Your Rights: You have certain rights with respect to your personal health information. This section of our notice describes your rights and how to exercise them:

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you may request that we not disclose information about you to a certain doctor or other health care professional, or that we not disclose information to your spouse about certain care that you received.

We are not required to agree to your request for restrictions if it is not feasible for us to comply with your request or if we believe that it will negatively impact our ability to care for you. If we do agree, however, we will comply with your request unless the information is needed to provide emergency treatment. To request a restriction, you must make your request in writing to our privacy contact person identified on the first page of this notice. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

Right to Receive Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way. For example, you can ask that we only contact you at work or by mail to a specified address.

To request that we communicate with you in a certain way, you must make your request in writing to our privacy contact person identified on the first page of this notice. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Inspect and Copy: You have the right to inspect and have copies made of the personal health information in your medical and billing records, or in any other group of records that we maintain and use to make health care decisions about you. This right does not include the right to inspect and copy psychotherapy notes and certain other very limited types of health information, although we may, at your request and on payment of the applicable fee, provide you with a summary of these notes or other restricted types of health information.

To inspect and have copies made of your personal health information, you must submit your request in writing to our privacy contact person identified on the first page of this notice. If you request a copy of the information, we may charge a fee for the copying and mailing costs, and for any other costs associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If your request is denied, you may request that the denial be reviewed. We will designate a licensed health care professional to review our decision to deny your request. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of this review. Certain denials, such as those relating to psychotherapy notes, however, will not be reviewed.

Right to Amend: If you feel that the health information we maintain about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for any information that we maintain about you. To request an amendment, your request must be made in writing, submitted to our privacy contact person identified on the second page of this notice, and must be contained on one piece of paper legibly handwritten or typed. In addition, you must provide a reason that supports your request for an amendment.

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We may deny your request for an amendment if it is not in writing or does not include a reason to support the 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 organization that created the information is no longer available to make the amendment,
- is not part of the health information kept by or for CHCB,
- is not part of the information which you would be permitted to inspect and copy, or
- is accurate and complete.

Any amendment we make to your health information will be disclosed to the health care professionals involved in your care and to others to carry out payment and health care operations, as previously described in this notice.

Right to Receive an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your health information that we have made. Any accounting will not include all disclosures that we make. For example, an accounting will not include disclosures:

- to carry out treatment, payment and health care operations as previously described in this notice
- that you authorized in writing
- to a family member, other relative, or personal friend involved in your care or payment for your care when you have given us permission to do so
- to law enforcement officials

To request an accounting of disclosures, you must submit your request in writing to our privacy contact person identified on the second page of this notice. Your request must state a time period which may not be more than six (6) years in the past and may not include dates before April 14, 2003. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list; this date will not exceed 60 days from the date you made the request.

Consent for Use and Disclosure of Health Information for Treatment, Payment and Health Care Operations. Subject to your right to request restrictions on disclosure of health information, and our right not to agree to those restrictions under the circumstances described above, we will need your written consent in order for us to provide treatment, payment and health care operations. The reason for this is that the provision of health care typically involved contact with other persons and organizations (for example, other doctors, pharmacists, insurance companies and government agencies). Accordingly, we will not be able to serve you unless we receive the consent that we need to provide you with services, get paid for those services, and for us to carry out health care operations. You may revoke your consent, except to the extent that we have taken action for the time period before you revoked your consent or for billing of services received within that time period. In cases in which we need an authorization from you to use or disclose protected health information we will not condition the provision of treatment services to you on receipt of an authorization, except if the provision of health care is solely for the purpose of creating protected health information for disclosure to a third party.

Changes to this Notice:

We reserve the right to change this notice and to make the changed notice effective for all of the health information that we maintain about you, whether it is information that we previously received about you or information we may receive about you in the future. We will post a copy of our current notice in our facility. Our notice will indicate the effective date on the first page, in the top right-hand corner. We will also give you a copy of our current notice upon request.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. You may file a complaint by mailing, faxing or e-mailing us a written description of your complaint or by telling us about your complaint in person or over the telephone:

Marie Meiman, Medical Records Coordinator & Privacy Officer
Community Health Center of Burlington, 617 Riverside Avenue, Burlington, VT 05401
(802) 864-6309 ext. 133 – telephone (802) 860-4324 – fax mmeiman@chcb.org, email

Please describe what happened and give us the dates and names of anyone involved. Please also let us know how to contact you so that we can respond to your complaint. You will not be penalized for filing a complaint.

Other Uses and Disclosures of Your Protected Health Information:

Other uses and disclosures of personal health information not covered by this notice or applicable law will be made only with your written authorization. If you give us your written authorization to use or disclose your personal health information, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your personal health information for the reasons covered by your written authorization. You understand that we are unable to take back any uses and disclosures that we have already made with your authorization, and that we are required to retain our records of the care that we have provided to you.

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