



New Milford Hospital

Member
NewYork-Presbyterian Healthcare System
Affiliate: Columbia University College of Physicians & Surgeons

NEW MILFORD HOSPITAL NOTICE OF PRIVACY PRACTICES (Effective 4/14/03 - Revised 2/12/09)

**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.

How Medical Information About You (“Protected Health Information”) May Be Used And Disclosed By New Milford Hospital:

- New Milford Hospital receives and generates certain Protected Health Information about you that is stored in a medical record especially for you.
- Federal and State law requires that we maintain the privacy of your Protected Health Information.
- Federal law requires that New Milford Hospital provides you with this written Notice regarding its duties and practices in using your Protected Health Information.
- New Milford Hospital is required to abide by the terms of this Notice.
- New Milford Hospital is required to notify you if it can’t abide by a requested restriction on how your information is used or disclosed.
- New Milford Hospital must accommodate reasonable requests that you make for it to communicate your Protected Health Information by alternative means or locations.
- New Milford Hospital reserves the right to change this Notice and have the changes apply not only to Protected Health Information acquired after the change in Notice, but have it also apply to Protected Health Information received before the change in Notice. Should our Notice be revised, we will post the revised Notice on our web-site.

New Milford Hospital May Use Your Protected Health Information (except as it relates to Psychotherapy Notes described below) For The Following Purposes Without Obtaining Your Written Consent:

- To provide **treatment** (e.g. discussions between caregivers for coordination and planning of your care). Treatment means the provision of health care and related services, including coordinating and managing your health care with a third party, consulting between health care providers; and referring you to another health care provider to receive care; and

- To conduct our administrative and business **operations** (e.g. activities relating to improving quality of care and/or evaluating our staff). Health care operations includes, but is not limited to, conducting quality improvement activities, reviewing the competence or qualifications of health care professionals, case management and care coordination, contacting of health care providers and patients with information regarding treatment alternatives, conducting or arranging for legal counsel, medical review and auditing functions, including fraud and abuse detection, business planning and development, management activities relating to compliance with State and Federal laws, resolution of internal grievances, and activities in connection with a sale of assets.

Federal law allows New Milford Hospital to use and disclose your Protected Health Information (except Psychotherapy Notes described below) for treatment, payment and health care operations without your consent. However, since State law continue to require that we obtain your consent for disclosure of Protected Health Information for **payment** purposes (e.g., your insurer will require certain information to support our claim for payment), coordination of care with other providers (e.g. discharge planning and referrals), and the disclosure of certain sensitive information protected under State law, we will request your consent for disclosure of Protected Health Information upon admission or intake.

Unless you object or specifically request to restrict use, some of the other ways in which we will use your Protected Health Information are:

Patient Directory: New Milford Hospital may place certain information such as your name, location (the location of patients receiving services on our behavioral health unit(s) is not disclosed), and general condition (e.g., stable, fair or critical, religious affiliation) in its Patient Directory, for access by clergy and persons who specifically inquire about you by name. If you are incapacitated, in emergency treatment, or circumstances limiting your ability to object, some or all of the above information may be used in the Patient Directory if such use is not inconsistent with any of your prior expressed preferences, or it is believed by us to be in your best interests. In which case, when it becomes practicable to do so, we will provide you with the opportunity to object to the use described.

Acknowledging your presence: Since we are publicly identified as a provider for the treatment of psychiatric disorders and/or alcohol or drug abuse, we will not acknowledge your presence in our facility or the fact that you receive treatment from us without your specific written authorization. If we receive a request for disclosure of your patient records, we will not reveal that you are being diagnosed and/or treated for psychiatric or drug/alcohol problems without your specific written authorization or unless otherwise permitted under the law.

Notification and involvement in your care: We may communicate Protective Health Information: (a) to your family member(s), legally authorized representative(s), and any other person identified by you, which is directly relevant to such person's involvement in your care or payment for your care; and (b) to notify or assist in the notification of a family member, a personal representative, or any other person responsible for you. Such notification may include your location, general condition, or death, but will not include confidential HIV-related, drug and alcohol or psychiatric information. If you are able, we will provide you with the opportunity to consent or object to such disclosure. If you are unable to object due to your incapacity or an emergency circumstance, New Milford Hospital, based upon its professional judgment, will make such disclosure if it determines that it is in your best interest to do so. Such disclosure of Protected Health Information will be limited to information that is directly relevant to the recipient's involvement with your health care. We may make disclosures of your Protected Health Information to a public or private entity charged by law or a private entity charged by its charter to assist in disaster relief efforts for the purposes of coordinating the disclosures described in (a) and (b) of the above paragraph.

Unless the Protected Health Information is protected by Federal and/or State, drug, alcohol, psychiatric or HIV-related information confidentiality laws, we may use and disclose your Protected Health Information without your consent or without providing you the opportunity to object as follows:

- If the use or disclosure of Protected Health Information is required by law and is limited to the relevant requirements of the law (e.g. reporting an adverse incident in Our facility,);
- Disclosures made by law to state and federal public health authorities (e.g., to report a defective medical device to the FDA);
- Disclosures made to government authorities for the purpose of reporting suspected abuse and neglect of children, the elderly, and the mentally retarded;
- Disclosures to health oversight agencies authorized by law, in connection with audits, civil, administrative, or criminal investigations, licensure or disciplinary actions; or for monitoring compliance and quality, and program eligibility (e.g., Medicare, Medicaid, and State of Connecticut Department of Public Health);
- Disclosures to persons exposed to a communicable disease if authorized by law to make such disclosure.
- Disclosures in connection with judicial and administrative proceedings in response to an order of the court or administrative tribunal, or in response to a lawfully issued subpoena;
- Disclosures to law enforcement if mandated by law (e.g., reporting gunshot wounds);
- Disclosures to law enforcement in the event of your death if it is suspected that your death was the result of criminal conduct;
- Disclosures to law enforcement if there is evidence of criminal conduct that occurred on New Milford Hospital premises;
- Disclosures to the Office of the State Medical Examiner as mandated by law (e.g., the occurrence of a suspicious death, contagious disease, and cremation);
- Disclosures to funeral directors as permitted by law;
- Disclosures to organ procurement organizations (“organ banks”) in connection with organ donation and transplantation;
- Limited disclosures made in connection with record reviews in preparation for conducting research;
- Disclosures to persons reasonably able to prevent or lessen serious and imminent threat to the health or safety of a person or the public; or if necessary to apprehend an individual in a violent crime that we believe may have caused serious physical harm to you;

- Disclosures regarding armed forces personnel to appropriate military command authorities to assure proper execution of the military mission;
- Disclosures to Federal officials for protective services to the President or other governmental authorities;
- Disclosures to correctional institutions for the purpose of providing services to you or for the health and safety of the inmates or employees of the correctional institution;
- Disclosures to comply with workers' compensation or other programs that provide benefits for work-related injuries without regard to fault; and
- Disclosures that are otherwise permitted or required by law.

Marketing and fundraising: New Milford Hospital may make disclosures of your Protected Health Information to provide follow up contact to you regarding upcoming appointments, treatment alternatives, health-related benefits, programs, services, events, and functions which may be of interest to you, and to conduct fundraising by and for New Milford Hospital.

All other uses or disclosures will only be made with your specific written authorization, which may be revoked, except to the extent it has already been relied upon.

Special Rules For Psychiatric, Drug and Alcohol and HIV-related Protected Information:

Protected psychiatric information: State law provides special protections when it comes to psychiatric information (e.g., communications between a psychiatrist, psychologist, licensed professional counselor, and licensed social worker, and those working under their supervision, and his or her patient.) Except for treatment or business and administrative operations, psychiatric communications will not be disclosed, without your specific written consent, unless the disclosure is made: (i) to another health care provider for the purpose of treatment and diagnosis (with notice to you); (ii) when there is substantial risk of imminent physical injury to you or others and the disclosure is necessary to place you in a treatment facility; (iii) to a court as part of a court ordered psychiatric examination; (iv) in a civil court proceeding if you introduce your mental condition as an element of a claim or defense; (v) after your death, when your condition is introduced by a party claiming or defending through or as a beneficiary of yours and a court finds it to be in the interests of justice to disclose such psychiatric information; (vi); to the Commissioner of the State Public Health or Department of Mental Health & Addiction Services in connection with an inspection or investigation; (vii) to the family or legal representative of a victim of homicide committed by you; (viii) to individuals or agencies involved in the collection of fees for psychiatric services; and (ix) to researchers who meet strict confidentiality standards; and (x) to the State Department of Mental Health and Addiction Services in connection with New Milford Hospital receiving payment for services funded by such agency (with notice to you.) You will not have access to any psychotherapy notes, as they are not part of the medical record.

Psychotherapy Notes are notes recorded by a mental health professional documenting or analyzing communications within a counseling session. Federal law treats Psychotherapy Notes differently than other psychiatric information by prohibiting disclosure without authorization, unless it is disclosed for the reasons in (ii), (iii), (vi), (x) above, and (iv) to the extent that the disclosure is made to defend a legal action against us brought by you. You may have access to the following psychiatric information: medication orders, treatment type and frequency, clinical test results, summaries of diagnoses, functional status, treatment plan symptoms, prognosis and progress to date.

Protected HIV-related information: Special rules under State law also limit the disclosure of HIV-related information. According to the rules, New Milford Hospital may not disclose such information without your specific written authorization, unless such disclosure is: (i) made to a public health official as required or allowed by State or Federal law; (ii) a health care provider for the purpose of treatment; (iii) a medical examiner to determine the cause of death; (iv) to a provider committee or another organization for the purpose of oversight or monitoring of New Milford Hospital; (v) to a health care worker experiencing a significant occupational exposure to HIV infection; (vi) pursuant to a court order; (v) life and health insurers; (vi) to your partner by a physician caring for you and your partner if it is believed by the physician that your partner is at significant risk for transmission; and (v) if you are a minor, to your parents or legal guardian, unless the physician determines there is cause (as defined by law) not to disclose to them.

Protected Drug and Alcohol Information: Federal law establishes certain protections for any patient identifiable information relating to drug and alcohol treatment, treatment referral, research and/or rehabilitation, (but excludes protection for a diagnosis of drug overdose or alcohol intoxication or a diagnosis made solely for the purpose of providing evidence for use by law enforcement authorities). As a general rule, protected drug and alcohol information is confidential and may not be disclosed without your authorization or pursuant to Federal law. Exceptions for disclosure of protected drug and alcohol information without your authorization are as follows: (i) to medical personnel to the extent necessary to meet a bona fide medical emergency; (ii) to qualified personnel for the purpose of conducting research, managements audits, program evaluation, provided you are not identified in any report; (iii) pursuant to a court order where good cause for such disclosure has been established; (iv) communications between a program and an entity and an affiliated covered entity having direct administrative control over our program; (v) to a business associate performing services on New Milford Hospital's behalf; (vi) limited communication with law enforcement regarding a crime committed or threatened by you on our premises; (vii) the reporting of incidents of suspected child abuse and neglect to the appropriate state authorities; and (viii) to the FDA when they assert that your health may be threatened by an error in manufacture, labeling, or sale of a product under FDA jurisdiction; and (ix) communications for the reporting of vital statistics, to authorized agencies investigating an individual's cause of death, and to prevent multiple enrollments in certain programs as permitted or required by law. Please note that the exceptions do not apply to Psychotherapy Notes, unless one of the drug/alcohol exceptions also satisfies one of the exceptions for disclosure of Psychotherapy Notes without authorization.

Organized Health Care Arrangement (OHCA)

The Hospital and its medical staff operate as an organized health care arrangement, which means that for purposes of compliance with the Federal Privacy Standards you will be receiving a joint Notice of Privacy Practices from the Hospital and its medical staff. This applies only to services provided at the Hospital.

Your Rights Relating To Your Protected Health Information.

- The right to request certain restrictions on the use of your Protected Health Information for treatment, payment, and operations, disclosures to notify family and friends of your location, general condition and/or death, and disclosures to notify others involved in your care or payment of your care. However, New Milford Hospital is not required to honor such restrictions.
- The right to receive communications of Protected Health Information from New Milford Hospital by other means or locations

- The right to inspect and copy Protected Health Information, except psychotherapy notes, information collected for use in a court proceeding, or certain other information protected by Federal law governing clinical laboratories
- The right to request to amend Protected Health Information so long as the amendment is accurate and complete
- The right to revoke your Authorization and Consent except to the extent relied upon by notifying the New Milford Hospital's Privacy Officer, and
- You have the right to receive an accounting of certain disclosures for a period of six years prior to the date of the request within 60 - 90 days of your request (but not including disclosures that occurred prior to April 14, 2003; and
- You have the right to request a paper copy of this Notice of Privacy Practices.

Information and Complaints: For more information on how to exercise any of your rights regarding your Protected Health Information, please contact New Milford Hospital's Privacy Officer, Linda Vryhof. You have the right to complain to us or the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. To bring a complaint with us, or to obtain contact information for the Secretary of HHS, you may contact our Privacy Officer at 21 Elm Street, New Milford, CT 06776 or call (860) 355-2611, extension 7276. **You will not be retaliated against for bringing a complaint.**

Privacy Protection Policy

It is the policy of New Milford Hospital to protect and safeguard the privacy of any and all personal information including social security numbers of our patients, employees and staff members.

“Personal Information” means information that can be associated with a particular individual through one or more identifiers, including, but not limited to: *a social security number, a driver’s license number, a state identification card, an account number, a credit or debit card number, an alien registration number, a passport number or a health insurance identification number.* This does not include publicly available information that is lawfully made available to the general public from federal, state or local government records or widely distributed media.

Collection and Use of Personal Information & Social Security Numbers: The hospital collects and uses personal information and social security numbers for: *the proper identification of patients and patient related health care operations as well as personnel related health care operations.*

Storage of Personal Information & Social Security Numbers: All documents containing personal information and social security numbers will be stored in a locked or secured area. All electronic documents containing personal information and social security numbers will only be maintained on secured, authorized-access computer stations. All staff members will take all necessary precautions to protect and secure documents containing personal information and social security numbers when not in use.

Access to Personal Information & Social Security Numbers: Only staff members who have a legitimate business reason will have access to any documents containing personal information and social security numbers. Access to this information will be granted to staff members by Department Managers having responsibility for the gathering, use, storage, transporting or transmission of such data information. All staff members will be vigilant in safeguarding personal information and social security numbers. Any and all personal information or social security numbers transmitted electronically for business or health care operations purposes will be sent through a secure connection or with the data encrypted.

Destruction of Personal Information & Social Security Numbers: Records that contain personal information and social security numbers will be maintained in accordance with federal and state laws. Any and all documents containing personal information and social security numbers will be destroyed as follows: paper documents will be shredded and electronic documents will be erased or made unreadable, computer equipment that contains such information will have all such information erased or made unreadable prior to that equipment being used for another purpose or another person without authorized access to such information or destroyed in such a manner that none of this information remains or is readable.

Policy Violation: Any individual who, upon investigation, has improperly used or failed to properly protect and safeguard the privacy of any patient’s, employee’s or staff member’s personal information or social security number is subject to corrective or disciplinary action, including termination. The improper use of personal information or social security numbers may also result in civil penalties or criminal prosecution under State law.

**New Milford Hospital
New Milford, Ct.**

Addressograph Imprint Here

**NEW MILFORD HOSPITAL NOTICE OF PRIVACY PRACTICES &
PRIVACY PROTECTION POLICY ACKNOWLEDGMENT OF RECEIPT**

I hereby acknowledge that:

- I have received a copy of the Privacy Protection Policy
- I have been provided a copy of this Notice of Privacy Rights prior to consenting to the use and disclosure of my Protected Health Information for treatment, payment and operations;
- I have had the opportunity to ask any questions regarding my rights relating to the use and disclosure of my Protected Health Information; and
- I have been told that I may request restrictions on the use and disclosure of my Protected Health Information.

Signature

Print Name

Date & Time

If signature is someone other than the patient, state relationship to patient

Reason for signature if other than patient

Witness to Signature

Print Name

Date & Time