



## PRIVACY NOTICE

**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 Privacy Notice concerns the practices of Naugatuck Valley Surgical Center ( NVSC ) and SurgiCenter Anesthesiologists, P.C. ( SCA ). NVSC and SCA strongly believe in protecting the confidentiality and security of information we collect about you. This Notice refers to NVSC and SCA by using the terms us, we, or our. NVSC and SCA have an organized health care arrangement for purposes of sharing protected health information only and are otherwise independent of one another. Nothing in this Notice should be construed to create or imply any agency, partnership or joint venture between the entities.**

**This Privacy Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act ( HIPAA ). This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your protected health information is information, including demographic data, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.**

### **I. Uses and Disclosures of Protected Health Information**

NVSC and SCA may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless we have obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA privacy regulations or state law. Disclosures of your protected health information for the purposes described in this Privacy Notice may be made in writing, orally, by electronic transmission or by facsimile.

**A. Treatment.** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your protected health information to a pharmacy to fill a prescription or to a laboratory to order a blood test. We may also disclose protected health information to physicians who may be treating you or consulting with the facility with respect to your care. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.

**B. Payment.** Your protected health information will be used, as needed, to obtain payment for the services that we provide. This may include certain communications to your health insurance company to get approval for the procedure that we have scheduled. For

example, we may need to disclose information to your health insurance company to get prior approval for surgery. We may also disclose protected health information to your health insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for the services we provide to you, we may also need to disclose your protected health information to your health insurance company to demonstrate the medical necessity of the services or, as required, by your insurance company, for utilization review. We may also disclose patient information to another provider involved in your care for the other provider's payment activities.

**C. Operations.** We may use or disclose your protected health information, as necessary, for our own health care operations to facilitate our functions and to provide quality care to all patients. Health care operations include but are not limited to such activities as: quality assessment and improvement activities, employee review activities, training programs including those in which students, trainees, or practitioners in health care learn under supervision, accreditation, certification, licensing or credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs, and business management and general administrative activities.

In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.

**D. Other Uses and Disclosures.** As part of treatment, payment and health care operations, we may also use or disclose your protected health information for the following purposes: to remind you of your surgery date or other appointments for treatment or care, to inform you of potential treatment alternatives or options, or to inform you of health-related benefits or services that may be of interest to you.

### **II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object**

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

**A. When Legally Required.** We will use or disclose your protected health information when we are required to do so by any federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**B. Public Health Activities.** We may disclose your protected health information for public health activities and purposes, including the following:

- To prevent, control, or report disease, injury or disability as permitted by law.
- To report vital events such as birth or death as permitted or required by law.

- To conduct public health surveillance, investigations and interventions as permitted or required by law.
- To collect or report adverse events and product defects to the Food and Drug Administration ( FDA ).
- To notify a person who may have been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
- To report to an employer information about an individual who is a member of the workforce as legally permitted or required.

**C. To Report Suspected Abuse, Neglect Or Domestic Violence.** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we reasonably believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. The disclosure will be made consistent with the requirements of applicable federal and state laws.

**D. To Conduct Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for activities as authorized by law, including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

**E. In Connection With Judicial And Administrative Proceedings.** We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal (as expressly authorized by such order). In certain circumstances, we may disclose your protected health information in response to a subpoena, discovery request or other lawful process to the extent authorized by state law if we receive satisfactory assurances that you have been notified of the request or that an effort was made to secure a protective order.

**F. For Law Enforcement Purposes.** We may disclose your protected health information, so long as applicable legal requirements are met, for law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries.
- Pursuant to court order, court-ordered warrant, subpoena, summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- To answer certain requests for information concerning crimes.

**G. To Coroners, Funeral Directors, and for Organ Donation.** We may disclose protected health information to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**H. For Research Purposes.** We may use or disclose your protected health information for research when the use or disclosure for research has been approved by an institutional review board that has reviewed the research proposal and research protocols to address the privacy of your protected health information.

**I. In the Event of a Serious Threat to Health or Safety.** We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of another person or the public.

**J. For Specified Government Functions.** In certain circumstances, federal regulations authorize us to use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and other legally authorized persons, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

**K. For Worker’s Compensation.** The facility may release your health information to comply with worker’s compensation laws or similar programs.

**L. Business Associates.** We may disclose protected health information to other persons or organizations known as business associates who provide services to us under contract. To protect your protected health information, we require our business associates to appropriately safeguard the protected health information disclosed to them.

### **III. Uses and Disclosures Permitted without Authorization but with Opportunity to Object**

We may disclose your protected health information to your family member or a close personal friend or any other person you identify if it is directly relevant to the person’s involvement in your surgery or payment related to your surgery. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described.

Your name, location and general condition may be put into our patient directory for use by callers or visitors who ask for you by name, provided we inform you about the disclosure in advance and you do not object.

#### IV. Uses and Disclosures Which You Authorize

Other than as stated above, we will not disclose your protected health information other than with your written Authorization. A written Authorization is designed to inform you of a specific use or disclosure, other than those set forth above, that we plan to make of your health information. The Authorization describes that particular health information to be used or disclosed and the purpose of the use or disclosure. Where applicable, the written Authorization will also specify the name of the person to whom we are disclosing the health information. The Authorization will also contain an expiration date or event. You may revoke an Authorization in writing at any time except to the extent that we have taken action in reliance upon the Authorization.

#### V. Your Rights

You have the following rights regarding your protected health information:

**A. The right to inspect and copy your protected health information.** You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that your surgeon and that we use for making decisions about you. Under federal law, however, you may not inspect or copy psychotherapy notes that may be contained in the records we maintain.

We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision. This review would be performed by a licensed health care professional designated by us who did not participate in the decision to deny such access.

To inspect and copy your medical information, you must submit a written request to the Privacy Officer whose contact information is listed on the last page of this Privacy Notice. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request. Under Connecticut law, if we make a copy of your medical record, we will not charge more than 65 cents per page, plus postage, plus a reasonable fee if you want x-ray films or tissue samples.

Please contact our Privacy Officer if you have questions about access to your medical record.

**B. The right to request a restriction on uses and disclosures of your protected health information.** You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Privacy Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. We will notify you if we deny your request to a restriction. If the facility does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting the Privacy Officer.

**C. The right to request to receive confidential communications from us by alternative means or at an alternative location.** As part of our operations, we may choose to contact you by phone or by leaving a message on your answering machine or voicemail. However, you have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request. Requests must be made in writing to our Privacy Officer.

**D. The right to request amendments to your protected health information.** If you feel that your medical information is incorrect or incomplete, you have the right to request that we amend your health information. Your request must be made in a writing directed to our Privacy Officer and must state the reason for the requested amendment. We may deny your request for amendment if the information: (i) was not created by us, unless you provide reasonable information that the originator of the information is no longer available to act on your request; (ii) is not part of the health information maintained by us; (iii) is information to which you do not have a right of access; or (iv) is already accurate and complete, as determined by us.

If we deny your request for amendment, we will give you a written denial notice, including the reasons for the denial. In that event, you have the right to submit a written statement disagreeing with the denial. Your letter of disagreement will be attached to your medical record.

**E. The right to receive an accounting.** You have the right to request an accounting of certain disclosures of your protected health information made by us. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Privacy Notice. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a facility directory, to friends or family members involved in your care, or certain other disclosures we are

permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

**F. The right to obtain a paper copy of this Notice.** Upon request, we will provide a separate paper copy of this Notice even if you have already received a copy of the Notice or have agreed to accept this Notice electronically. In addition, you may obtain a copy of this Notice at our website, [www.nvsc.org](http://www.nvsc.org).

**VI. Special Regulations Regarding Disclosure of Psychiatric and HIV-Related Information**

For disclosures concerning health information relating to care for psychiatric conditions or HIV-related information, special restrictions may apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign a special Authorization or a court orders the disclosure. A general release of your health information will not be sufficient for purposes of disclosing psychiatric or HIV-related information.

- We will not disclose records relating to a diagnosis or treatment of your mental condition between the patient and psychiatrist, or which are prepared at a mental health facility, without specific written Authorization or as required or permitted by law.
- HIV-related information will not be disclosed, except under limited circumstances set forth under state or federal law, without your specific written Authorization. A general authorization for release of medical or other information will not be sufficient for purposes of releasing HIV-related information. As required by Connecticut law, if we make a lawful disclosure of HIV-related information, we will enclose a statement that notifies the recipient of the information that they are prohibited from further disclosing the information.

**VII. Our Duties**

We are required by law to maintain the privacy of your protected health information and to provide you with this Privacy Notice of our duties and privacy practices. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. We will post a copy of the current Notice in our facility with a provision concerning its effective date. We will also post a copy of the revised Notice on our website. In addition, each time you register at or are admitted to the facility for treatment or health care services, we will offer you a copy of the current Notice in effect.

**VIII. Complaints**

You have the right to express complaints to the facility and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated by us. You may complain to us by contacting our Privacy Officer verbally or in writing, using the contact information below. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

**IX. Contact Person**

The facility's contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. If you feel that your privacy rights have been violated by this facility you may submit a complaint to our Privacy Officer by sending it to:

Naugatuck Valley Surgical Center  
160 Robbins Street  
Waterbury, CT 06708  
ATTN: Privacy Officer

The Privacy Officer can be contacted by telephone at 203-755-6663.

**X. Effective Date**

This Notice is effective April 14, 2003.