

NOTICE

USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION

Visiting Nurse & Hospice of Litchfield County, Inc. 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. Parties who will follow this Notice include Visiting Nurse & Hospice of Litchfield County employees, volunteers and contracted entities who have access to medical records as part of their responsibility, as well as affiliates of Visiting Nurse & Hospice of Litchfield County, if they provide treatment, are referred to for treatment, it relates to payment or is allowed by law.

Please read the following notice to understand your rights regarding the use and disclosure of protected health information (PHI).

Visiting Nurse & Hospice of Litchfield County, Inc. must abide by the terms of the notice currently in effect, but Visiting Nurse & Hospice of Litchfield County, Inc. reserves the right to change the Notice.

CONSENT IS NOT REQUIRED FOR VISITING NURSE & HOSPICE OF LITCHFIELD COUNTY, INC. TO DISCLOSE INFORMATION ABOUT YOU FOR THE PURPOSES OF TREATMENT, PAYMENT AND OVERALL HEALTH CARE OPERATIONS

CONSENT IS ALSO **NOT** REQUIRED FOR VISITING NURSE & HOSPICE OF LITCHFIELD COUNTY, INC. TO DISCLOSE INFORMATION ABOUT YOU, UNDER THE FOLLOWING CIRCUMSTANCES:

- In an emergency situation, so long as Visiting Nurse & Hospice of Litchfield County, Inc. attempts to obtain consent as soon as practicable after treatment, OR to avert a serious threat to health and safety
- When there are barriers in communicating with you and your consent is clearly inferred from the circumstances
- When Visiting Nurse & Hospice of Litchfield County, Inc. is required by law to disclose information
- For certain public health activities and for health care oversight activities
- When Visiting Nurse & Hospice of Litchfield County, Inc. reasonably believes that you are a victim of abuse, neglect or domestic violence (but disclosure can only be made to a government authority authorized to receive such reports)
- In certain judicial administrative hearings
- In certain circumstances, to coroners, medical examiners and funeral directors
- For certain law enforcement or disaster relief purposes
- For Workers' Compensation purposes
- For specialized government functions, including military and veterans' activities, national security and intelligence activities, protective services for the President and others
- For medical suitability determinations, correctional institution or custodial situations
- For use in the facility directory
- To individuals involved in payment and/or with your care
- In accordance with Connecticut law concerning minors
- To certain business associates of Visiting Nurse & Hospice of Litchfield County, Inc.
- For appointment reminders, fundraising or marketing activities
- For limited treatment and health-related benefit services and for limited research purposes.

CONSENT IS REQUIRED FOR THE FOLLOWING TYPES OF HEALTH INFORMATION USE AND DISCLOSURE:

- Release of information contained in financial and medical records, including but not limited to information regarding communicable diseases such as Human Immune Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), genetic testing, drug and alcohol abuse, psychiatric diagnosis, treatment records, laboratory test results, medical history, treatment progress and any other related information, to:
 - Your insurance company, Medicare, Medicaid, etc
 - Any person or entity affiliated with billing and quality and risk management.
 - Any hospital, nursing home, or other health care facility in which you may be admitted
 - Any assisted living or personal care facility
 - Any attending physician

YOUR RIGHTS

Subject to certain conditions, you have the right under the law, to:

- Request restrictions on certain uses and disclosure of information about you (although Visiting Nurse & Hospice of Litchfield County, Inc. is not required to agree with the request, except in situations where you paid out of pocket in full for the item or service)
- Receive access to your PHI
- Inspect and obtain a copy of your PHI
- Request an amendment to your PHI
- Receive an accounting of disclosures
- Request how we contact you concerning health matters
- Obtain a paper copy of this notice

COMPLAINTS

If you believe your privacy rights have been violated, you may complain to Visiting Nurse & Hospice of Litchfield County, Inc. and the Office of Civil Rights of U.S. Department of Health and Human Services. There will be no retaliation for complaints filed.

For further information or to make a complaint, contact:

Privacy Officer

Visiting Nurse & Hospice of Litchfield County, Inc.
32 Union Street Winsted, CT 06098
860-379-8561

-OR-

Office of Civil Rights Region I
U.S. Department of Health & Human Services
J.F. Kennedy Federal Building, Rm 1875
Boston, MA 02202
(617) 565-1340
(617) 565-3809 (fax)