

NOTICE

USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION

Prospect Waterbury Home Health, Inc. d/b/a VNA Health at Home 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 VNA Health at Home's employees, volunteers and contracted entities who have access to medical records as part of their responsibility, as well as affiliates of VNA Health at Home, 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).

VNA Health at Home. must abide by the terms of the notice currently in effect, but VNA Health at Home reserves the right to change the Notice.

CONSENT IS NOT REQUIRED FOR VNA HEALTH AT HOME TO DISCLOSE INFORMATION ABOUT YOU FOR THE PURPOSES OF TREATMENT, PAYMENT AND OVERALL HEALTH CARE OPERATIONS

CONSENT IS ALSO **NOT REQUIRED FOR VNA HEALTH AT HOME TO DISCLOSE INFORMATION ABOUT YOU, UNDER THE FOLLOWING CIRCUMSTANCES:**

- In an emergency situation, so long as VNA Health at Home 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 VNA Health at Home is required by law to disclose information
- For certain public health activities and for health care oversight activities
- When VNA Health at Home 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 VNA Health at Home
- For appointment reminders, fundraising or marketing activities. However, you can opt out of receiving fundraising communications.
- 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
- Most uses and disclosures of psychotherapy notes and PHI for marketing purposes and the sale of PHI require your consent.

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 VNA Health at Home 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 in any format you choose, as long as producible in that format, for which we may charge you a reasonable cost-based fee.
- 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
- Receive notice of an unauthorized disclosure of your unsecured PHI, in accordance with our obligations under the law.

COMPLAINTS

If you believe your privacy rights have been violated, you may complain to **VNA Health at Home** 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
VNA Health at Home
27 Siemon Company Drive, Watertown, CT 06795
860-274-7531
- 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)