

**INTERNAL MEDICINE OF GREATER NEW HAVEN, LLC
NOTICE OF PRIVACY PRACTICES**

Effective September 1, 2013

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

Internal Medicine of Greater New Haven, LLC is required by law to maintain the privacy of your health information and to provide you with this detailed Notice of our legal duties and privacy practice relating to you health information. Internal Medicine of Greater New Haven, LLC shall abide by the terms of the Notice that are currently in effect. However, Internal Medicine of Greater New Haven, LLC reserves the right to change the terms of this Notice and to make the new provisions effective for all personal health information received and maintained by Internal Medicine of Greater New Haven, LLC now and in the future. We will provide you with a copy of the revised Notice upon request. In addition, a copy of the effective Notice will be posted at all times in the office with a date notifying you of the most recent update.

I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

As a patient of Internal Medicine of Greater New Haven, LLC, information about you must be used and disclosed to other parties for purposes of treatment, payment, and health care operations. These uses and disclosures do not require your consent:

For Treatment. We will use and disclose your health information in providing you with treatment and services and coordinating your care and may disclose information to other providers involved in your care. Your health information may be used by our doctors and nurses as well as to any other health care provider involved in your care, either within our practice (**facility**) or an outside healthcare provider (**or facility**). For example, we disclose information about your health condition to a referring physician, a pharmacist who needs the information to dispense a prescription or a laboratory that requires it to perform testing (**or to the Department of Social Services or the Department of Developmental Services to coordinate or arrange for additional care**).

For Payment. We may use and disclose your health information for billing and payment purposes. We may disclose your health information to your representative, or to an insurance or managed care company, Medicare, Medicaid or another third-party payor. For example, we may contact Medicare (**or the Department of Social Services or the Department of Developmental Services**) or your health plan to confirm you coverage or to request approval for services that will be provided to you.

For Health Care Operations. We may use or disclose your health information as necessary for health care operations, such as management, personnel evaluation, education and training and to monitor our quality of care. We may disclose your health information to past, present or future medical providers for the same purpose, for health care fraud and abuse detection or compliance activities. For example, health information of many patients may be combined and analyzed for purposes such as evaluating and improving quality of care and planning for services.

II. SPECIFIC USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

The following lists various ways in which we may use or disclose your health information for which you are consenting or as required by law or as allowed by HIPAA.

Individuals Involved in Your Care or Payment of Your Care. Unless you object, we may disclose health information about you to a family member, close personal friend or other person you identify, including clergy, who is involved in your care.

Emergencies. We may use or disclose your health information as necessary in emergency treatment situations.

As Required by Law. We may use or disclose your health information when required by law to do so.

Business Associate. We may disclose your personal health information to a contractor or business associate who needs the information to perform services for Internal Medicine of Greater New Haven, LLC. To protect your health information, we have our business associates sign written contracts that require them to keep your information confidential. For example, our computer consultant may have access to certain health information, but is required by law and our contract with them to keep the information confidential and not use it.

Public Health Activities. We may disclose your health information for public health activities. These activities may include, for example, reporting to a public health authority for preventing or controlling disease, injury or disability; reporting to the Federal Food and Drug Administration issues concerning problems with products or product recalls, or reporting births and deaths.

Reporting Victims of Abuse, Neglect, or Domestic Violence. If we believe that you may have been a victim of abuse, neglect, or domestic violence, we may use or disclose your health information to notify a government authority, if authorized by law, or if you agree to the report.

Health Oversight Activities. We may disclose your health information to a health oversight care for activities authorized by law, such as audits, investigations, inspections and licensure actions or for activities involving government oversight of the health care system.

To Avert a Serious Threat to Health or Safety. We may use or disclose health information to prevent a serious threat to your health or safety or the health or safety of others limiting disclosures to someone able to help lessen or prevent the threatened harm.

Judicial and Administrative Proceedings. We may disclose your health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process if we are authorized to do so under the law.

Law Enforcement. We may disclose your health information for certain law enforcement purposes including, for example, to comply with reporting requirements; to comply with a court order, warrant, or similar legal process; or to answer certain request for information concerning crimes.

Listed below are your rights regarding your health information. Each of these rights is subject to certain requirements, limitations and exceptions. Exercise of these rights may require submitting a written request to Internal Medicine of Greater New Haven, LLC by you. At your request, we will supply you with the appropriate form to complete, if you wish.

Request Restrictions. You have the right to request restrictions on our use or disclosure of your health information for treatment, payment or health care operations. You also have the right to request restrictions on the health information we disclose about you to a family member, friend, or other person who is involved in your care or the payment of your care. We are not required to agree to your requested restriction (except if you restrict disclosures to family members or friends other than a conservator or listed health care agent). If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment or in accordance with applicable law. However, you have the right to restrict certain disclosures of personal health information to a health insurance payor where the disclosure is for payment or health care operations and pertains to a health care item or service for which you (or any person other than the health insurance payor) have paid for the treatment in full.

Access to Personal Health Information. You have the right to request copies of our personal health information in any form you choose, provided that the personal health information is readily producible in that format. You have the right to request your personal health information electronically or have it directly transmitted to a third party specified by you per our capabilities. Your request must be made in writing. In most cases we may charge a reasonable, cost-based fee for preparing the copy, which will not exceed our labor costs in responding to your request and postage, if applicable.

We may deny your request to inspect or receive copies in certain circumstances. If you are denied access to health information, in some cases you have a right to request review of the denial. This review would be performed by a licensed health care professional designated by Internal Medicine of Greater New Haven, LLC who did not participate in the decision to deny.

Request Amendment. You have the right to request amendment of your health information maintained by Internal Medicine of Greater New Haven, LLC for as long as the information is kept by or for Internal Medicine of Greater New Haven, LLC. Your request must be made in writing and must state the reason for the requested amendment.

We may deny your request for amendment if the information (a) was not created by Internal Medicine of Greater New Haven, LLC unless the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by or for Internal Medicine of Greater New Haven, LLC; (c) is not part of the information to which you have a right of access; or (d) is already accurate and complete, as determined by Internal Medicine of Greater New Haven, LLC.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

Request an Accounting of Disclosures. You have the right to request and “accounting” or certain disclosures of your health information. This is a listing of disclosures made by Internal Medicine of Greater New Haven, LLC or by others on your behalf. This includes disclosures made for treatment, payment and health care operations if the disclosures are made through an electronic health record.

Research. We may use or disclose your health information for research purposes if the privacy aspects of the research have been reviewed and approved, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may release your health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

Disaster Relief. We may disclose health information about you to a disaster relief organization.

Military, Veterans, and other Specific Government Functions. If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities or for the purpose of determining your eligibility for benefits by the Department of Veterans Affairs. We may disclose health information for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.

Benefit Programs. We may use or disclose your health information to comply with laws and obligations relating to workers' compensation or other similar State or Federal benefit Programs.

Inmates/Law Enforcement Custody. If you are under the custody of a law enforcement official or a correctional institution, we may disclose your health information to the institution or official for certain purposes including the health and safety of you and others.

Fundraising Activities. We may use certain limited information to contact you in an effort to raise funds for Internal Medicine of Greater New Haven, LLC and its operations. However, you may opt-out from receiving such communications.

Treatment Alternatives and Health-Related Benefits and Services. We may use or disclose your health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.

Appointment Reminders. We may use or disclose health information to remind you about appointments within our practice and appointments we have scheduled for you with other providers.

III. USES AND DISCLOSURES WITH YOUR AUTHORIZATION

The law requires us to state that most uses and disclosures of psychotherapy notes and of personal health information for marketing purposes and the sale of personal health information require an individual's authorization. HOWEVER, INTERNAL MEDICINE OF GREATER NEW HAVEN, LLC WILL NOT BE SELLING YOUR PERSONAL HEALTH INFORMATION AT ANY TIME. Uses and disclosures not described in this Notice will be made ONLY with your Authorization. You may revoke an Authorization in writing at any time. If you revoke an Authorization, we will not longer use or disclose your health information for the purposes covered by that Authorization, except where we have already relied on the Authorization.

IV. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

To request an accounting of disclosures, you must submit a request in writing, stating a time period that is within six years from the date of your request. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

Request a Paper Copy of this Notice. You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. In Addition, you may obtain a copy of this Notice on our website, when it becomes available.

Request Confidential Communication. You have the right to request that we communicate with you concerning your health matters in a certain manner. We will accommodate your reasonable requests.

Notification of Breach of Security. You have the right to be notified of an authorized disclosure of your unsecured personal health information and we will notify you of such a breach in accordance with our obligation under the law.

Connecticut Only Requirement

V. **SPECIAL RULES REGARDING DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION**

For disclosures concerning health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment, special restrictions may apply. Except as provided below and as specifically permitted or required under state and federal law, health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment may not be disclosed without your special authorization.

- **Psychiatric information.** If needed for your diagnosis or treatment in a mental health program (**or facility**), psychiatric information may be disclosed between your treatment team members. Certain limited information may be disclosed for payment purposes.
- **HIV related information.** Under limited circumstances, HIV-related information may be disclosed for purposes or treatment or payment.
- **Substance abuse treatment.** If you are treated in a specialized substance abuse program, your special authorization will be needed for most disclosures, not including emergencies.

VI. **FOR FURTHER INFORMATION OR TO FILE A COMPLAINT**

If you have any questions about this Notice or would like further information concerning your privacy rights or wish to make any requests, opt-out of receiving certain communications or object to a disclosure, please submit a formal request to management: Internal Medicine of Greater New Haven, LLC 1952 Whitney Avenue, Hamden, CT 06517.

If you believe that your privacy rights have been violated, you may file a complaint in writing with Internal Medicine of Greater New Haven, LLC 1952 Whitney Avenue, Hamden, CT 06517 or with the Office for Civil Rights in the U.S. Department of Health and Human Services at 200 Independent Avenue, S.W. Washington, D.C. 20201. Complaint may also be made by phone to 1-877-696-6775. We will not retaliate against you if you file a complaint.