Right to Receive an Accounting of Disclosures: You have the right to receive an accounting of certain disclosures of your protected health information that we made. Any accounting will not include all disclosures that we make. For example, an accounting will not include disclosures:

- pursuant to your written authorization
- to a family member, other relative, or personal friend involved in your care or payment for your care when you have given us permission to do so
- to law enforcement officials

To request an accounting of disclosures, you must submit your request in writing to our privacy contact person identified on the first page of this notice. Your request must state a time period, which may not be more than six (6) years prior to the date of your request. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will provide you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list. This date will not exceed 60 days from the date you made the request.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit or restriction on the health information we have been previously authorized to disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you may request that we do not disclose information about you to a certain doctor or other health care professional, or that we not disclose information to your spouse about certain care that you received.

We are not required to agree to your request for restrictions if it is not feasible for us to comply with your request or if we believe that it will negatively impact our ability to care for you. If we agree, however, we will comply with your request unless the information is needed to provide emergency treatment. We must agree to your request to limit disclosure of protected health information about you to a health plan if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law and the protected health information pertains solely to a healthcare activity we care for or to someone other than the health plan has paid us in full. To request a restriction, you must make your request in writing to our privacy contact person identified on the first page of this notice. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

Right to Receive Confidential Communications: you have the right to request that we communicate with you about health matters in a certain way. For example, you can ask that we only contact you at work or by mail to a specified address.

To request we communicate with you in a certain way, you must make your request in writing to our privacy contact person identified on the first page of this notice. We will not ask you the reason for your request. Your request must specify how or in what form you wish to be contacted. We will accommodate all reasonable requests.

Right to Direct Access to Your Lab Results: You have the right to receive a copy of any laboratory results pertaining to you.

Right to Opt Out of Fundraising Requests: You have the right to notify us if you would prefer not to receive fundraising requests.

Right to Restrict for Out-of-Pocket Care: You have the right to restrict information from being sent to or accessed by Medicare or your private insurance health plan if you pay your bill out of pocket and in full for services rendered. This rule does not apply to Medicaid patients.

Right to Paper Copy of this Notice: You have the right to receive a paper copy of this notice at any time. To receive a copy, please request it from our privacy contact person identified on the first page of this notice. You may also obtain a copy of this notice at our website: www.cornellscott.org.

Changes to this Notice: We reserve the right to change this notice and to make the changed notice effective for all of the health information that we maintain about you, whether it is information that we previously received about you or information we may receive about you in the future. Our notice will indicate the effective date on the last page. We will also give you a copy of our current notice upon request. Any revised notice may also be obtained by visiting our website: www.cornellscott.org.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Service for Civil Rights by sending a letter 200 Independence Avenue, S.W., Washington, D.C. 20201 or by calling 1-877-696-6775 or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

You may file a complaint by mailing us a written description of your complaint or by telling us about your complaint in person or over the telephone:

Director of Health Information/Privacy Officer: 203-503-3153
Cornell Scott-Hill Health Center - 400 Columbus Ave, New Haven, CT 06519

Please describe what happened and give us the dates and names of anyone involved. Please also let us know how to contact you so that we can respond to your complaint. You will not be penalized for filing a complaint.

Other Uses and Disclosures of Your Protected Health Information

Other uses and disclosures of protected health information not covered by this notice or applicable law will be made only with your written authorization. If you give us your written authorization to use or disclose your protected health information, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. You understand that we are unable to take back any uses and disclosures that we have already made with your authorization, and that we are required to retain our records of the care we provided to you.

Substance Use Disorder Programs: The confidentiality of substance use disorder patient records maintained by CS-HHC is protected by federal regulations.

Substance Use Disorder Programs: The confidentiality of substance use disorder patient records maintained by CS-HHC is protected by federal regulations. Generally, CS-HHC may not acknowledge the presence of an identified patient in a CS-HHC facility or component of a CS-HHC facility which is publicly identified as a place where only substance use disorder diagnosis, treatment, or referral for treatment is provided unless the patient consents to the disclosure in writing, or the disclosure is authorized by a court order.

Any answer to a request for disclosure of patient substance abuse disorder treatment records which is not permissible under the federal regulations must be made in a way that will not affirmatively reveal that an identified individual has been, or is being, diagnosed or treated for a substance use disorder.

There are limited situations in which the federal regulation permits the disclosure of patient substance abuse disorder treatment information without your authorization. These include:

- to medical personnel to the extent necessary to meet a bona fide medical emergency in which the patient's prior informed consent cannot be obtained;
- for the purpose of conducting scientific research, with certain confidentiality protections as specified by regulations; and
- in the course of a review of records on the substance abuse disorder program premises for an audit or evaluation, with certain confidentiality protections as specified by regulations.

Violation of the federal regulations governing confidentiality of substance use disorder information is a crime. Suspected violations may be reported to the United States Attorney for the judicial district in which the violation occurs and, if applicable, to the Substance Abuse and Mental Health Services Administration (SAMHSA) office responsible for opioid treatment program oversight.

United States Attorney's Office
157 Church Street, 25th Floor, New Haven, Connecticut 06510
(203) 821-3700 Fax (203) 773-5376 E-Mail: USACT.Citizenscomplaint.usdoj.gov
SAMHSA Center for Substance Abuse Treatment
5600 Fishers Lane, Rockville, MD 20857
Phone: 240-276-1600

Information related to a patient’s commission of a crime on the premises of a substance use disorder treatment program or against personnel of such a program is not protected. Reports of suspected child abuse and neglect made under state law to appropriate state or local authorities are not protected. The federal regulations do not prohibit CS-HHC from giving a patient access to their own records, including the opportunity to inspect and copy any records that a substance use disorder program maintains about the patient. The federal regulations governing substance use disorder treatment information are set forth at 42 C.F.R. § 2.1 et seq.
This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

For More Information, please Contact: Deidre Moody, Privacy Officer Cornell Scott-Hill Health Corporation 400 Columbus Avenue, New Haven, CT 06519 203-503-3153

Who We Are: This Notice describes the privacy practices of the Cornell Scott-Hill Health Corporation (CS-HHC), which includes the privacy practice of:

• all of our doctors, nurses and other health care professionals authorized to enter information about you in your medical chart
• all of our departments, including our medical records and billing departments
• all of our health center sites, outreach programs, patient care facilities or programs operated by CS-HHC and
• all of our employees, staff, volunteers and other personnel who work for us or on our behalf.

Our Pledge: We understand that health information about you and the healthcare you receive is personal. We are committed to protecting your personal health information. When you receive treatment and other health care services from us, we create a record of the services that you received. We need this record to provide quality care and to comply with legal requirements. This notice applies to all of our records of your health information, regardless of how it was collected or whether it is computerized, paper, or on any other medium. We use or disclose your health information as described in the categories listed below.

For our day-to-day operations, we may use and disclose your health information as described in the table below. When we use or disclose your health information, you have certain rights about how we use or disclose that information.

Health-related Services and Treatment Alternatives: To tell you about health-related services or recommended treatment options or other alternatives that may be of interest to you. Please let us know if you do not wish us to contact you with this information, or if you wish to have us use a different address when sending this information to you.

Individuals Involved in Your Care or Payment for Your Care: Unless you direct us otherwise, we may release health information about you to a friend or family member who is involved in your health care or the person who helps pay for your care with written authorization, in emergency situations or otherwise authorized by law.

Research: Under certain circumstances, we may use and disclose health information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another medication for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a research project if we believe you will use health information that we disclose to balance the research needs with a patient’s need for privacy. Before we use or disclose health information for research, the project will be approved through this special approval process, although we disclose health information about you to people preparing to conduct a research project. For example, we may help potential researchers look for patients with specific health needs, as long as the health information they review does not leave our facility. We will always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are or will be involved in your care.

Organ or Tissue Donation: If you are an organ donor, we may disclose your health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

As Required by Law: When required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety: When necessary to prevent a serious threat to your safety or the health and safety of the public or another person. Any disclosure, however, would only be one to be able to help the imminent threat.

Military and Veterans: If you are a member of the armed forces or separated/discharged from military services, we may release health information as required by military command authorities or the Department of Veteran Affairs as applicable. We may also release information about foreign military personnel to the appropriate foreign military authorities.

Workers’ Compensation: For workers’ compensation or similar programs. These disclosures are made to the workers’ compensation program or the insurance company that handles claims for your workplace injury.

Coroners, Health Examiners and Funeral Directors: This may be necessary, for example, to identify a deceased person or determine the cause of death. Funeral directors may need information to carry out their duties.

National Security and Intelligence Activities: To authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Protective Services for the President and Others: To authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Disclosures Where Authorization Required: Except as permitted by law, your authorization is required prior to any disclosure of protected health information for marketing or sales purposes or prior to any disclosure of psychotherapy notes.

Your Rights: You have certain rights with respect to your protected health information. This section describes your rights and how to exercise them.

Right to Inspect and Copy: You have the right to inspect and copy the protected health information in your medical and billing records, or in any group of records that we maintain and use to make health care decisions about you. To inspect and copy your protected health information, you must submit your request in writing to our privacy contact person identified on the first page of this notice. If you request a copy of the information, we may charge a fee for the copying and mailing costs, and for any other costs associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If your request is denied, you may request that the denial be reviewed. We will designate a licensed health care professional to review our decision to deny your request. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of the review.

Right to Amend: If you feel that the health information we maintain about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for any information we maintain about you. To request an amendment, you must submit a written request to our privacy contact person identified on the first page of this notice. If your request is denied, you may request that the denial be reviewed. We will provide a written notice of the denial to you. To request an amendment, you must submit a written request to our privacy contact person identified on the first page of this notice. If your request is denied, you may request that the denial be reviewed. We will provide a written notice of the denial to you.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

• was not created by us, unless the person or organization that created the information is no longer available to make the amendment;
• is part of the health information kept by or for the Cornell Scott-Hill Health Corporation;
• is not part of the information which you would be permitted to inspect or copy;
• we believe is accurate and complete.

Any amendment we make to your protected health information will be disclosed to the health care professionals involved in your care and to others to carry out payment and healthcare operations, as we previously described in this notice.

We may use and disclose your health information as described in the table below. When we use or disclose your health information, you have certain rights about how we use or disclose that information.

Health Oversight Activities: For activities authorized by law, which include audits, investigations, inspections and licensure. These activities are necessary for