

## NOTICE OF VISITING NURSE SERVICES OF CONNECTICUT, INC. PRIVACY PRACTICES (AD020)

**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.**

**Visiting Nurse Services of Connecticut, Inc. (Agency)** provides health care to its patients in partnership with other health care professionals and organizations. We understand that health information about you is personal and we are committed to protecting that information as required by law. The Agency has established the Privacy Practices in this Notice to guard against unnecessary use and disclosure of your health information. Except as otherwise provided by law, the Agency will make reasonable efforts to ensure that it uses, discloses and requests only the minimum amount of your health information to accomplish the intended purpose of the use, disclosure or request. This Notice of Privacy Practices applies to all your health information generated, maintained or received by the Agency. The entire Agency workforce including, but not limited to, nurses, nurses' aides, physical, occupational and speech therapists, medical social workers, home health aides, other employees, personnel, staff, students, trainees and volunteers, temporary employees and other persons whose conduct, in the performance of work for the Agency, is under the direct control of the Agency, must abide by these Privacy Practices.

### **Section I: Use and disclosure of health information**

As a patient of the Agency, the Agency may use and disclose your health information to other parties without your prior authorization or consent for purposes of providing your treatment, obtaining payment for your care, and conducting health care operations.

The following disclosures will be made without your prior consent or authorization:

**To provide treatment.** The Agency may use and disclose your health information (this includes information relating to alcohol or drug abuse or HIV, if needed for purposes of your diagnosis and treatment) without your prior consent or authorization for purposes of providing, coordinating or managing your health care and related services, consultation between health care providers relating to your health care or a referral for health care from one health care provider to another. Treatment includes such activities as:

- Obtaining necessary health information about you from our referral sources such as hospitals and physicians.
- Communicating with your primary physician to coordinate care and develop an appropriate plan of care to treat you.
- Meeting on a regular basis to discuss how to coordinate care to patients and schedule visits.

## **NOTICE OF VISITING NURSE SERVICES OF CONNECTICUT, INC. PRIVACY PRACTICES (AD020)**

- Obtaining prior authorization from, and verifying your coverage with, your insurance company, Medicare, Medicaid or other third party payer prior to providing treatment.
- Sending your health information to a specialist as part of a referral.
- In order to treat and care for you, the Agency must leave certain health information about you in a place in your home that both you and the agency deem secure and private. The Agency will use safeguards to protect the privacy of your health information, but is not responsible for subsequent uses and disclosures made by you of information that has been left in your home for the purposes of your care and treatment.

**To obtain payment.** The Agency may use and disclose your health information without your prior consent or authorization in order to receive payment for the treatment and related services provided to you. Payment related activities includes such things as:

- Including your health information on an invoice used to obtain payment from your insurance company, Medicare, Medicaid or other third party payer.
- Responding to your health insurer's requests for information regarding your health care status so that the insurer will reimburse you or the Agency.
- Obtaining prior approval from your health insurer and explaining to your health insurer your need for Agency care and the services that will be provided to you.

(Only limited psychiatric or HIV information may be disclosed without your authorization for billing purposes.)

**To conduct health care operations.** The Agency may use and disclose your health information without your prior consent or authorization for its own health care operations in order to facilitate the function of the Agency and as necessary to provide quality care to all of the Agency's patients. For example, the Agency may use your health information to evaluate staff performance, combine your health information with other Agency patients in evaluating how to more effectively serve all Agency patients, and it may disclose your health information to Agency staff and contracted personnel for training purposes. Health care operations also includes such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers with information about treatment alternatives.
- Other related functions that do not include treatment.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development, including cost management and planning related analyses, formulary development, and administration, development or improvement of methods of payment.

## **NOTICE OF VISITING NURSE SERVICES OF CONNECTICUT, INC. PRIVACY PRACTICES (AD020)**

- Business management and general administrative activities of the Agency, including management activities related to implementation of, and compliance with this Notice, customer services, the resolution of internal grievances, and a sale, transfer, merger or consolidation of the Agency.
- **For fundraising activities:** The Agency may use your health information for fundraising for the benefit of the Agency without your prior authorization or consent provided that the health information used is limited to demographic information and the dates on which you received health care. Your prior authorization is required for any other use or disclosure of health information for fundraising purposes.

The Agency may contact you or your family to raise money for the Agency. If you do not want the Agency to contact you or your family, you have the right to opt-out of such communications. To do so, please notify the Director of Customer Relations at (203) 366-3821 and indicate that you do not wish to be contacted.

The Agency also may contact you to provide you with **appointment and visit reminders, community information mailings, or information about treatment alternatives or other health-related benefits and services** that may be of interest to you. If you do not want the Agency to contact you or your family, notify the Privacy Official at (203) 366-3821.

Under certain circumstances, the Agency may disclose certain health information about you to other organizations that have or had a relationship with you for purposes of their health care operations.

### **Section II: Other uses and disclosures of your health information without your consent or authorization**

**Federal privacy rules allow the Agency to use or disclose your health information without your prior consent or authorization for a number of other reasons, in addition to those listed in Section I above. Subject to certain requirements, we also may use and disclose your health information without your prior consent or authorization as follows:**

- **When legally required.** The Agency may use and disclose your health information when it is required to do so by applicable law. The Agency's use and disclosure will not exceed the limitations set by law.
- **When there are risks to public health.** The Agency may disclose your health information for public health activities and purposes as follows:
  - To a public health authority in order to prevent or control disease, injury or disability, and report disease, injury, and vital events such as birth or death, and

## NOTICE OF VISITING NURSE SERVICES OF CONNECTICUT, INC. PRIVACY PRACTICES (AD020)

in connection with the conduct of public health surveillance, investigations and interventions.

- To report adverse events and product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration (FDA) with respect to products regulated by the 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, if authorized by law.
  - To provide information to an employer about an individual who is a member of the employer's workforce as legally required in connection with work-related illness or injury or workplace related medical surveillance when, among other things, notice is provided to the employee.
  - To a public health authority or other government authority authorized to receive reports of child abuse or neglect.
- **To report abuse, neglect or domestic violence.** The Agency is allowed to notify certain authorized government authorities, and to disclose certain health information to such authorities, if the Agency believes a patient is the victim of abuse, neglect or domestic violence and the disclosure is necessary to prevent serious harm to the patient or other potential victims. The Agency will make this disclosure only when specifically required or authorized by law and the disclosure does not exceed the limitations set by law, or when the patient agrees to the disclosure. Under certain circumstances, the Agency will inform the victim of abuse of the disclosure of health information.
  - **To conduct health oversight activities.** The Agency may disclose your health information to a health oversight agency for legally authorized oversight activities including audits, civil, administrative or criminal investigations, inspections, licensure or disciplinary action. The Agency, however, may not disclose your health information if you are the subject of an investigation or activity and such investigation or activity is not directly related to your receipt of health care or public health benefits.
  - **In connection with judicial and administrative proceedings.** The Agency may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request or other lawful process when the Agency either receives satisfactory assurances from the party seeking the information that reasonable efforts have been made to either notify you about the request or to obtain an order protecting your health information or the Agency itself makes such efforts.
  - **For law enforcement purposes.** Under certain circumstances, the Agency may disclose certain health information to a law enforcement official for law enforcement purposes as follows:

## NOTICE OF VISITING NURSE SERVICES OF CONNECTICUT, INC. PRIVACY PRACTICES (AD020)

- As required by law, including laws that require the reporting of certain types of wounds or other physical injuries or pursuant to a court order, warrant, subpoena or summons or similar process.
  - For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
  - Under certain limited circumstances, when you are the victim of a crime.
  - If the Agency has a suspicion that a death was the result of criminal conduct.
  - If the Agency believes that the health information is evidence of criminal conduct on Agency premises.
  - In an emergency in order to report a crime.
- **To coroners and medical examiners.** The Agency may disclose your health information to coroners and medical examiners for purposes of identification and determining your cause of death or for other duties, as authorized by law.
  - **To funeral directors.** The Agency may disclose your health information to funeral directors consistent with applicable law as necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out the duties of a funeral director, the Agency may disclose your health information prior to and in reasonable anticipation of, your death.
  - **For organ, eye or tissue donation.** The Agency may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.
  - **For research purposes.** Before the Agency discloses any of your health information for medical research purposes, the research project will be subject to an extensive approval process. Generally, the Agency will obtain your consent and authorization before any researcher will be granted access to your health information. The Agency may, under very select circumstances, use and disclose your health information for medical research without your prior consent or authorization when (i) a waiver of the authorization requirement is approved by the appropriate review board; (ii) the information is used only in preparation for research; or (iii) you are deceased.
  - **In the event of a serious threat to health or safety.** The Agency may, consistent with applicable law and ethical standards of conduct, disclose your health information under certain circumstances if the Agency, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health or safety of the public and the disclosure is made to someone reasonably able to prevent or lessen the threat.
  - **For specified government functions.** In certain circumstances, federal regulations authorize the Agency to use or disclose your health information to facilitate specified

## NOTICE OF VISITING NURSE SERVICES OF CONNECTICUT, INC. PRIVACY PRACTICES (AD020)

government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, and inmates and law enforcement custodial situations.

- **For workers' compensation.** The Agency may release your health information in connection with workers' compensation or similar programs.
- **"Limited data set."** The Agency may use or disclose information about you without your authorization as part of a **"limited data set"** which includes limited information (such as your city or a visit date, but not your name, address or other information that identified you), but only for certain health care operations, public health and research purposes. The recipient of the information must sign an agreement to restrict how the limited data set will be used.

### **Section III: Disclosure to family/friends Involved with your care**

The Agency may use or disclose your health information to a close personal friend, family member or other person whom you designate to the extent such information is relevant to that person's involvement in your care or payment for care and you do not object. The Agency may also disclose your health information to a friend or family member if a health care provider determines, in the exercise of professional judgment, that the disclosure is appropriate and in your best interests under the circumstances, unless you object. The Agency also may disclose your health information to your designated representative, family member, other personal representative or disaster relief authorities so that your family can be notified of your location and condition.

### **Section IV: Authorization to use or disclose health information**

In any other situation not covered by this Notice above, the Agency will not disclose or use your health information other than in a manner that is consistent with your valid, written authorization. If you or your representative authorizes the Agency to use or disclose your health information, you may revoke that authorization at any time in writing by contacting the Privacy Official at (203) 366-3821. The Agency has a form you can use to revoke your authorization.

The following are particular instances and examples where your prior written authorization *generally* is required before the Agency will disclose or use your health information:

**Marketing activities.** The Agency will obtain your authorization to use your health information for marketing purposes where the marketing involves financial consideration paid to us by a third party. However, the following types of communications and exchanges do not require your prior authorization: (i) the Agency's face-to-face communications with you; (ii) the

## **NOTICE OF VISITING NURSE SERVICES OF CONNECTICUT, INC. PRIVACY PRACTICES (AD020)**

Agency's promotional gifts of nominal value to you; (iii) communications related to your treatment or care or concerning the health-related products and services of the Agency. For example, the Agency may freely recommend alternative treatments to you, describe a product or service to you that is related to your treatment, or distribute a sample health-related product to you that is relevant to your care.

**Information regarding your mental health or condition.** The Agency generally will obtain your prior written authorization for any use or disclosure of psychotherapy notes documenting counseling sessions, except that it may proceed without your authorization to carry out certain treatment, payment or health care operations as specifically authorized by law. The Agency also generally will obtain your prior written authorization for any use or disclosure of communications and records relating to the diagnosis, evaluation or treatment of a mental condition that are prepared by or under the supervision of a psychiatrist, psychologist or social worker, except that it may proceed without your authorization under certain limited circumstances specifically authorized by law, including, but not limited to, (i) in connection with your diagnosis, treatment or referral for treatment (you will be informed of any such disclosure); (ii) if it is determined that there is a substantial risk of imminent physical injury by you to yourself or others; (iii) in connection with obtaining payment for your treatment, except that only limited information will be disclosed; or (iv) in connection with certain legal proceedings under certain circumstances.

**HIV-related information.** Generally, the Agency will obtain your prior written authorization to use or disclose your health information related to HIV. However, such information may be disclosed without your prior written authorization under certain limited circumstances, including, but not limited to, (i) in connection with your diagnosis, treatment or referral for treatment or that of your child; (ii) when required by law or ordered by a court; (iii) when required by a medical examiner in determining the cause of death; (iv) in connection with certain reviews and monitoring of the Agency; (v) when a health care provider may have been exposed to HIV infection under certain circumstances; or (vi) in connection with warning partners who may have been exposed to HIV under certain circumstances (however, your identity will not be disclosed).

**Information regarding substance abuse.** Generally, the Agency will obtain your prior written authorization to use or disclose information relating to any alcohol or drug abuse diagnosis, condition or treatment. However, such information may be disclosed without your prior written authorization under certain limited circumstances, including, but not limited to, (i) in connection with your diagnosis, treatment or referral for treatment; (ii) in connection with a medical emergency; (iii) when required by law or ordered by a court; (iv) in connection with government audits; (v) in connection with certain scientific research (see Section II above regarding research); (vi) to law enforcement under certain circumstances when you have committed or have threatened to commit a crime against Agency personnel; or (viii) in connection with reporting suspected child abuse or neglect. Federal and state law and regulations protect the confidentiality of alcohol and drug abuse information and a violation of Federal law and

## **NOTICE OF VISITING NURSE SERVICES OF CONNECTICUT, INC. PRIVACY PRACTICES (AD020)**

regulations is a crime and may be reported to appropriate authorities in accordance with applicable law and regulations.

### **Section V: Your Rights**

You have the following rights regarding your health information that the Agency generates, maintains or receives:

- **Right to request restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request that the Agency not use or disclose your health information for treatment, payment or health care operations or to persons involved in your care or the payment of your care except when (i) specifically authorized by you; (ii) when the Agency is required by law to disclose the information or (iii) in an emergency. The Agency will consider your request, but the Agency is not required to agree to your request. The Agency will inform you of its decision. If you wish to make a request for restrictions, or appeal a decision regarding restrictions, please contact the Agency's Director of Medical Records, at (203) 366-3821. Requests must be made in writing and the Agency has a form you may use for that purpose.
- **Right to receive confidential communications.** You have the right to request that the Agency communicate with you in a certain way. For example, you may ask that the Agency only conduct communications pertaining to your health information with you privately with no other family members present or that it communicate with you only at certain locations and only by certain means. If you wish to receive confidential communications, please contact our Director of Medical Records, at (203) 366-3821. Requests must be made in writing and the Agency has a form you may use for that purpose. The Agency will attempt to honor your reasonable requests for confidential communications. The Agency will communicate any denials of your requests in writing.
- **Right to inspect and copy your health information.** You have the right to access, inspect and copy your health information, including billing records, except under certain circumstances and situations. If you wish to inspect and copy records containing your health information you can contact our Director of Medical Records at (203) 366-3821. Requests must be made in writing and the Agency has a form you may use for that purpose. If you request a copy of your health information, the Agency may charge a reasonable fee for copying and assembling and mailing costs (when you have requested that we mail your health information to you) associated with your request. There are circumstances where the Agency may deny your request at which point we will inform you in writing as to the reason for the denial. If the Agency denies your request to review or obtain a copy of your health information, you may submit a written request for a review of that decision to:





☐765 Fairfield Ave Bridgeport, CT 06604 203.366.3821  
☐84 Oxford Road Oxford, CT 06478 203.888.9706  
☐65 Commercial Blvd, Torrington, CT 06790 860.482.6419  
☐12 Cambridge Drive, Trumbull, CT 06611 203.330.9198

## NOTICE OF VISITING NURSE SERVICES OF CONNECTICUT, INC. PRIVACY PRACTICES (AD020)

Privacy Official  
Visiting Nurse Services of Connecticut, Inc.  
765 Fairfield Avenue  
Bridgeport, CT 06604  
(203) 366-3821

\_\_\_\_\_ You have the right to request your records in paper or electronic format.

- **Right to amend health care information.** If you believe that your health information records are incorrect or incomplete, you may request that the Agency amend the records. That request may be made as long as the information is maintained by the Agency. A request for an amendment of records must be made in writing to:

Manager of Medical Records  
Visiting Nurse Services of Connecticut, Inc.  
765 Fairfield Avenue  
Bridgeport, CT 06604  
(203) 366-3821

The Agency has a form you may use to make your requests. The Agency may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the Agency, if the records you are requesting are not part of the Agency's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of the Agency, the records containing your health information are accurate and complete. The Agency will notify you if your request has been denied within sixty days. You may submit a written statement disagreeing with any decision by the Agency not to amend your health information to:

Privacy Official  
Visiting Nurse Services of Connecticut, Inc.  
765 Fairfield Avenue  
Bridgeport, CT 06604  
(203) 366-3821

**Right to a list of disclosures the Agency has made.** You have the right to request a list of disclosures of your health information made by the Agency within the six years prior to your request for any reason. The list the Agency provides to you will not include such things as: (i) disclosures made for treatment, payment, and health care operations unless such disclosures were made through an electronic health record during the immediately preceding three-year period; (ii) disclosures made in circumstances where

## NOTICE OF VISITING NURSE SERVICES OF CONNECTICUT, INC. PRIVACY PRACTICES (AD020)

you have given a specific consent or authorization for the disclosure; (iii) certain other disclosures in accordance with the law, including disclosures made for national security, intelligence and law enforcement purposes; (iv) disclosures to family members, friends and other persons involved in your health care or payment for your health care as described in this Notice; and (v) disclosures of information that do not identify you. The request for an accounting must be made in writing to:

Privacy Official  
Visiting Nurse Services of Connecticut, Inc.  
765 Fairfield Avenue  
Bridgeport, CT 06604  
(203) 366-3821

The Agency has a form you may use to make your requests. The request should specify the time period for the accounting. Accounting requests may not be made for periods of time in excess of six years. The Agency will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests during the same 12-month period may be subject to a reasonable, cost-based fee.

- **Right to a paper copy of this Notice.** You or your representative has a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously or agreed to receive it electronically. To obtain a separate paper copy, please contact our Privacy Official at (203) 366-3821 or visit our website at [HTTP://WWW.VNSCT.COM](http://www.vnsct.com).
- **Right to be notified of a breach of unsecured Protected Health Information.** You have the right to be notified in the event there is a breach of your unsecured protected health information. While we *never* expect this to happen, if it does, we will contact you (usually by mailing a letter, but we might also call you) to explain what happened, and provide you with additional details and we will let you know that who you can call at our office for more information.
- **Right to request restrictions as a self-pay patient.** You have the right to restrict certain disclosures of health information to a health plan if you pay for a service in full and out of pocket. If you choose to restrict any information under this circumstance, you must submit your request in writing to:

Privacy Official  
Visiting Nurse Services of Connecticut, Inc.  
765 Fairfield Avenue  
Bridgeport, CT 06604  
(203) 366-3821



□765 Fairfield Ave Bridgeport, CT 06604 203.366.3821  
□84 Oxford Road Oxford, CT 06478 203.888.9706  
□65 Commercial Blvd, Torrington, CT 06790 860.482.6419  
□12 Cambridge Drive, Trumbull, CT 06611 203.330.9198

## **NOTICE OF VISITING NURSE SERVICES OF CONNECTICUT, INC. PRIVACY PRACTICES (AD020)**

### **Section VI: Duties of the Agency**

The Agency is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its legal duties and privacy practices with respect to your health information. The Agency is required to abide by terms of the Notice currently in effect. The Agency reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it already maintains, as well as new information generated or received after the change of Notice. If the Agency changes its Notice, while you are receiving our services, the Agency will mail a copy of the revised Notice to you or your appointed representative. A copy of the Notice currently in effect will be posted on the Agency website at [HTTP://WWW.VNSCT.COM](http://www.vnsct.com) and in the Agency's offices.

### **Section VII: Complaints**

You or your personal representative have the right to express complaints to the Agency, to the Connecticut Commissioner of Public Health and/or to the Secretary of Health and Human Services if you or your representative believe that your privacy rights may have been violated or if you disagree with a decision the Agency made about access to your health information. The complaint should be made in writing and should state the specific incident(s) in terms of subject, date and other relevant matters. Written complaints may be sent to the Agency, the U.S. Department of Health and Human Services Office of Civil Rights (HHS) and/or the Connecticut Commissioner of Public Health. The Connecticut Department of Public Health also maintains a Medicare Home Health Hotline to receive complaints. The toll free number is (800) 828-9769. For further information regarding filing a complaint, including the address of HHS or the Connecticut Commissioner for Public Health, you may contact:

Privacy Official  
Visiting Nurse Services of Connecticut, Inc.  
765 Fairfield Avenue  
Bridgeport, CT 06604  
(203) 366-3821

The Agency encourages you to express any concerns you may have regarding the privacy of your information and it has a form you may use for that purpose. You will not be retaliated against in any way for filing a complaint or otherwise exercising your rights.

A complaint to the Secretary of Health and Human Services must be filed in writing within 180 days of the date the act or omission complained of occurred, and must describe the acts or omission believed to be in violation of applicable requirements.



☐765 Fairfield Ave Bridgeport, CT 06604 203.366.3821  
☐84 Oxford Road Oxford, CT 06478 203.888.9706  
☐65 Commercial Blvd, Torrington, CT 06790 860.482.6419  
☐12 Cambridge Drive, Trumbull, CT 06611 203.330.9198

## **NOTICE OF VISITING NURSE SERVICES OF CONNECTICUT, INC. PRIVACY PRACTICES (AD020)**

### **Section VIII: Contact person**

The Agency's contact person for all issues regarding patient privacy, your rights under the federal privacy standards, and matters covered by this Notice is:

F. Edward Nicolas, Jr.  
Privacy Official  
Visiting Nurse Services of Connecticut, Inc.  
765 Fairfield Avenue  
Bridgeport, CT 06604  
(203) 366-3821

Mr. Nicolas can provide additional information about matters covered by this Notice.

### **Section IX: Effective date**

This revised notice is effective September 23, 2013.