



## NOTICE OF PRIVACY PRACTICES

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

### *Who will comply with this notice?*

Masonicare and our affiliated covered entities that provide health care services to our patients, residents, and client will comply with this notice. Our affiliated covered entities include all units and department of Masonicare Health Center and all branches of Masonicare Home Health. This Notice of Privacy Practices ("Notice") applies to our uses or disclosures of all your protected health information ("medical information") that we hold.

### *Our pledge to you:*

We are required by law to: (1) maintain the privacy of your medical information and to provide you with notice of our legal duties and privacy practices; and (2) comply with the terms of our current Notice. We reserve the right to change our practices and to make the new provisions effective for all medical information we maintain. If we do so, we will revise our Notice and make it available to you by posting it in a clear and prominent location. You have a right to a paper or electronic version of this Notice and you also have a right to receive written notification of any "breach" of your unsecured protected health information, as that term is defined in 45 CFR §164.402.

### *How we may use and disclose medical information about you:*

The following lists various ways in which we may use and disclose your medical information for purposes of treatment, payment and health care operations.

- For Treatment. We may use or disclose your medical information in providing you with treatment and services and coordinating your care and may disclose your medical information to other providers involved in your care. Your medical information may be used by providers involved in your care and by nurses and home health aides as well as by physical therapists, pharmacists, suppliers of medical equipment or other persons involved in your care. For example, we may contact your physician to discuss your plan of care.
- For Payment. We may use or disclose your medical information for billing and payment purposes. We may disclose your medical information to insurance or managed care company, Medicare, Medicaid or another third party payor. For example, we may contact Medicare or your health plan to confirm your coverage or to request prior approval for services that will be provided to you.
- For Health Care Operations. We may use and disclose your health information as necessary for our internal operations, such as for general administration activities and to monitor the quality of care you receive with us. For example, medical information of many patients may be combined and analyzed for purposes such as evaluating and improving quality of care and planning for services.

### *Specific uses and disclosures of your health information without your authorization:*

- Facility Directory. Unless you object we will include certain limited information about you in our facility directory. This information may include your name, your location in the facility, your general condition and your religious affiliation. Our directory does not include specific medical information about you. We may release information in our directory, except for your religious affiliation, to people who ask for you

by name. We may provide the directory information, including your religious affiliation, to any member of the clergy.

- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose medical information about you to a family member, friend or other person you identify, including clergy, who is involved in your care.
- **As Required By Law.** We may use and disclose your medical information when required by law to do so.
- **Public Health Activities.** We may disclose your medical information for public health activities.
- **Reporting Victims of Abuse, Neglect or Domestic Violence.** If we believe that you have been a victim of abuse, neglect or domestic violence, we may disclose your medical information to notify a government authority.
- **Health Oversight Activities.** We may disclose your medical information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure actions.
- **To Avert a Serious Threat to Health or Safety.** When necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person, we may use or disclose your medical information to someone able to help lessen or prevent the threatened harm.
- **Judicial and Administrative Proceedings.** We may disclose your medical information in response to a court or administrative order. We also may disclose your medical information in response to a subpoena, discovery request, or other lawful process, provided certain conditions are met.
- **Law Enforcement.** We may disclose your health information for certain law enforcement purposes, including, for example, to file reports required by law or to report emergencies or suspicious deaths; to comply with a court order, warrant, or other legal process; to identify or locate a suspect or missing person; or to answer certain requests for information concerning crimes.
- **Research.** We may use and disclose your medical 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 medical 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 your medical information to a disaster relief organization.
- **Military, Veterans and other Specific Government Functions.** If you are a member of the armed forces, we may use or disclose your medical information as required by military command authorities. We may disclose your medical 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.
- **Workers' Compensation.** We may use or disclose your medical information to comply with laws relating to workers' compensation or similar programs.
- **Fundraising Activities.** We may use limited protected health information to contact you for fundraising purposes. You have the right to opt out of receiving such communications.
- **Business Associates.** We may disclose your health information to our business associates under a Business Associate Agreement.

*Uses And Disclosures With Your Authorization:*

We will obtain your authorization for: (1) most uses and disclosures of psychotherapy notes (as defined by HIPAA); (2) uses and disclosures of your medical information for marketing purposes; and (3) disclosures that constitute a sale of your health information. Except as described in this Notice, we will use or disclose

your medical information only with your written Authorization. You may revoke an Authorization in writing at any time. If you revoke an Authorization, we will no longer use or disclose your medical information for the purposes covered by that Authorization, except where we have already relied on the Authorization.

*Your Rights Regarding Your Health Information:*

Listed below are your rights regarding your medical information, which you can exercise by making a request to us. Each of these rights is subject to certain requirements, limitations and exceptions as detailed below.

- **Request Restrictions.** You have the right to request that we restrict the way we use or disclose your health information for treatment, payment or health care operations. However, we are not required to agree to the restriction except under limited circumstances. For example, we must agree to your request to restrict disclosures about you to your health plan for purposes of payment or healthcare operations that are not required by law if the information pertains solely to a health care item or service for which you have paid us in full out of pocket. If we do agree to a restriction, we will honor that restriction except in the event of an emergency.
- **Access to Personal Health Information.** You have the right to inspect and, upon written request, obtain a copy of your health information.
- **Request Amendment.** You have the right to request that we amend your health information. Your request must be made in writing and must state the reason for the requested amendment. We may deny your request for amendment under certain circumstances. If we deny your request for amendment, we will give you a written denial notice, including the reasons for the denial. You have the right to submit a written statement disagreeing with the denial which will be included in your medical record.
- **Request an Accounting of Disclosures.** You have the right to request an “accounting” of certain disclosures of your medical information. This is a listing of disclosures made by us or by others on our behalf, but this does not include disclosures for treatment, payment and health care operations and certain other exceptions. To request an accounting of disclosures, you must submit a request in writing. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.
- **Request Confidential Communications.** 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.

*Special Rules Regarding Disclosure Of Psychiatric, Substance Abuse And HIV-Related Information:*

For disclosures concerning certain medical information such as HIV-related or substance abuse treatment information or records regarding psychiatric care that have been sent to us by another provider, special restriction apply. Generally, we will disclose such information only with your specific authorization.

*For Further Information Or To File A Complaint:*

If you believe that your privacy rights have been violated, you may file a complaint in writing with us or with the Office of Civil Rights in the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Room 509 F, HHH Building, Washington D.C. 20201. We will not retaliate against you for filing a complaint.

To file a complaint with us, contact the Privacy Officer, at 22 Masonic Avenue, Wallingford, CT 06492, 203-679-6506 or [mcprivacyandsecurity@masonicare.org](mailto:mcprivacyandsecurity@masonicare.org).

*Effective Date: April 2019*