

JOINT NOTICE OF PRIVACY PRACTICES

This joint 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.

Organized Health Care Arrangement

An Organized Health Care Arrangement is a group of covered entities participating in an organized system of health care. The following entities and the individuals providing care and services at those entities are part of an organized health care arrangement.

1. Stamford Health System, Inc.
2. Physicians who are members of the Stamford Hospital Medical Staff
3. The Stamford Hospital
4. Stamford Health Medical Group
5. Tully Ambulatory Health Center
6. Wilton Surgery Center
7. Darien Imaging Center

By being part of an organized health care arrangement, these entities, and the individuals providing care and services at those entities, may rely on this Joint Notice of Privacy Practices. Members of the organized health care arrangement may share your medical information between other members of the organized health care arrangement as necessary to coordinate your care, to carry out the treatment, payment or health care operations of the covered entities and the individual providing care and services at those entities. Within this notice, the use of the word "Members" or "We" refers to the members of the organized health care arrangement.

The members of the organized health care arrangement are independent of one another. Their participation in the organized health care arrangement is a method of compliance with the Health Insurance Portability and Accountability Act ("HIPAA") and its related regulations. Nothing in this joint notice creates a partnership, joint venture or agency relationship between or among the participating facilities and their medical staffs.

Our Responsibilities

We are required by the Federal Privacy Rules to:

- Maintain the privacy of your protected health information
- Give you notice about our legal duties and privacy practices with regards to your protected health information
- Abide by the terms of this privacy notice until such time as we have amended this notice.

Understanding Your Medical Record

Each time you visit a hospital, doctor or other healthcare provider, a record of your visit is made. Usually this record includes the reasons you came for treatment, the physical exam, test results, what was found, the treatment and the plan for future care. This is called your Medical Record. Your Medical Record is used in many ways:

- It is the basis for planning your care and treatment.
- It is a way for the health team, involved in your care, to communicate.

- It is a legal document that describes the care you got.
- It is a way for the health insurance payers to check to see that they are paying for the services you received.
- It is a tool used to educate health professionals.
- It is a source of facts for research.
- It is a source of health facts for public health officials.
- It is a source of data for planning and marketing.
- It is a way that we can check on our work and improve the care that we give.

Your Medical Record has personal health information. **Both state and federal law protect the privacy of this information.** We hope that if you understand how this information is used and shared, it will help you to:

- Make sure the information you give us is correct.
- Better understand who, what, when, where and why your health care providers and others may see your personal health information.
- Be able to make better decisions about who can use your personal health information.

Your Health Information Rights

- **Access to Your Medical and Billing Record:** Your Medical Record is the property of the health care facility where you received care. However, you have the right to look at and receive a copy of your health record or your billing record. To do so, please contact the appropriate health care facility. For Stamford Hospital and all other health care facilities (excluding SHMG), please contact Stamford Hospital's Health Information Management office at 203-276-7455. For SHMG Physician Offices please contact the Health Information Management (HIM) at 203-276-7409. You may be required to make your request in writing. If you would like a copy of your health record, a fee may be charged for the cost of copying or mailing your record, as permitted by law. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.
- **Right to Request an Amendment of Your Record:** If you believe that a piece of important information is missing from your health record, or that information contained within the record is incorrect, you have the right to request that we add an amendment to your record. Your request must be in writing, and it must contain the reason for your request. For Stamford Hospital and all other health care facilities (excluding SHMG), please contact Stamford Hospital's Health Information Management office at 203-276-7455. For SHMG Physician Offices please contact HIM at 203-276-7409.

We may deny your request to amend your record if the information being amended was not created by us, if we believe that the information is already accurate and complete, or if the information is not contained in records that you would be permitted by law to see and copy. Even if we accept your amendment, we will not delete any information already in your records.

- **Right to Get a List of the Disclosures We Have Made:** You have the right to request a list of the disclosures that we have made of your health information. The list will not contain disclosures we have made for the purposes of treatment, payment and health care operations or made directly to you. It will not contain disclosures that were authorized by you, and certain other disclosures excluded by law. The list will not contain disclosures that were made before April 14, 2003.

Your request must be in writing. To request a list of disclosures, for Stamford Hospital and all other health care facilities (excluding SHMG), please contact Stamford Hospital's Health Information Management office at 203-276-7455. For SHMG Physician Offices please contact HIM at 203-276-7409.

- **Right to Request a Restriction on Certain Uses or Disclosures:** You have the right to request that we limit how we use and disclose your health information. If you request to restrict disclosure of your record to a health plan for payment or health care operations and you have paid for the health care item or services out of pocket, then your request will be honored to restrict that portion of the medical record. All other requests will be considered, but we are not legally required to accept it. If we do accept it, we will comply with your request, except if you need emergency treatment. Your request must be in writing. For Stamford Hospital and all other health care facilities (excluding SHMG), please contact Stamford Hospital's Health Information Management office at 203-276-7455. For SHMG Physician Offices please contact HIM at 203-276-7409.
- **Right to Choose How You Receive Your Health Information:** You have the right to request that we communicate with you in a certain way, such as by mail or fax, or at a certain location, such as a home address or post office box. We will try to honor your request if we reasonably can. Your request must be in writing, and it must specify how or where you wish to be contacted. To submit a request for Stamford Hospital and all other health care facilities (excluding SHMG), please contact Stamford Hospital's Health Information Management office at 203-276-7455. For SHMG Physician Offices please contact HIM at 203-276-7409.
- **Breach Notification:** In the event your health information is breached, we are required to provide you with notice of the breach.
- **Contact Person:** If you believe your privacy rights have been violated, you may file a complaint in writing with the person listed below. We will take no retaliatory action against you if you file a complaint about our privacy practices. If you would like to file a complaint with us or with the Secretary of the Department of Health and Human Services, please contact our Patient Relations Department at 203-276-4076.

How your Medical Record will be Used and Shared

- **Treatment:** We may use and disclose your health information to provide treatment or services, to coordinate or manage your health care, or for medical consultations or referrals. We may disclose your health information to doctors, nurses, technicians, medical students and other personnel who are involved in taking care of you. We may share information about you to coordinate the different services you need, such as prescriptions, lab work and x-rays. We may disclose information about you to people outside our facility who may be involved in your care after you leave, such as family members, home health agencies, therapists, nursing homes, clergy, and others. We may give information to your health plan or another provider to arrange a referral or consultation.
- **Payment:** We may use and disclose your health information so that we can receive payment for the treatment and services that were provided. We may share this information with your insurance company or a third party used to process billing information. We may contact your insurance company to verify what benefits you are eligible for, to obtain prior authorization, and to tell them about your treatment to make sure that they will pay for your care. We may disclose information to third parties that help us process payments, such as billing companies, claims processing companies, and collection companies.
- **Healthcare Operations:** We may use and disclose your health information as necessary to operate our facility and make sure that all of our patients receive quality care. We may use health information to evaluate the quality of services that you received, or the performance of our staff in caring for you. We may use health information to improve our performance or to find better ways to provide care. We may use health information to grant medical staff privileges or to evaluate the competence of our health care professionals. We may use your health information to decide what additional services we should offer and whether new treatments are effective. We may disclose information to students and professionals for review and learning purposes. We may combine our health information with information from other health care facilities to compare how we are doing and see where we can

make improvements. We may use health information for business planning, or disclose it to attorneys, accountants, consultants and others in order to make sure we are complying with the law. We may remove health information that identifies you so that others may use the de-identified information to study health care and health care delivery without learning who you are.

- **Appointment Reminders and Service Information:** We may use or disclose your health information to contact you to provide appointment reminders, or to let you know about treatment alternatives or other health related services or benefits that may be of interest to you. Stamford Health System uses text message appointment reminders to help our patients remember scheduled appointments. When you register as a patient, you will have the opportunity to opt-out of the use of text message appointment reminders. Stamford Health System cannot guarantee that the text messages are private and will not be seen by others on your phone. Therefore, if you do not wish to have text message appointment reminders, please contact your provider's office.
- **Patient Directories:** If you are a patient in The Stamford Hospital we may keep your name, location in the facility, and your general condition in a directory to give to anyone who asks for you by name. We may give this information and your religious affiliation to clergy, even if they do not know your name. You may ask us to keep your information out of the directory, but you should know that if you do, visitors and florists will not be able to find your room.
- **Individuals Involved In Your Care:** We may give your health information to people involved in your care, such as family members or friends, unless you ask us not to. We may give your information to someone who helps pay for your care. We may disclose information to disaster relief organizations, such as the Red Cross, so they can contact your family.
- **Fundraising Activities:** Stamford Health depends extensively on private fundraising to support our health care missions. We may use your contact information and the dates of your care, but not your treatment information, so that we may provide you with an opportunity to make a donation to our fundraising programs. If you would like, you can request to not be contacted for fundraising purposes. To make this request, please call (203) 276-5915.
- **Research:** We may disclose your health information for medical research that has been approved by one of our official research review boards, which has evaluated the research proposal and established standards to protect the privacy of your health information. We may disclose your health information to a researcher preparing to conduct a research project.

Unless otherwise indicated I understand and agree that any specimens or tissues normally removed from my body by Stamford Health in the course of any diagnostic procedures, surgery, or medical treatment that would otherwise be disposed of may be retained, used for educational purposes or research, including research on the genetic material (DNA) or other information contained in those tissues or specimens.

I acknowledge that such research may result in new inventions that may have commercial value and I understand that there are no plans to compensate me should this occur, regardless of the value of any such invention. I understand that any research using these leftover specimens or tissues will be done in a way that will not identify me or my medical information.

- **Organ and Tissue Donation:** We may use or disclose your health information in connection with organ donations, eye or tissue transplants or organ donations banks, as necessary to facilitate these activities.
- **Public Health Activities:** We may disclose your health information to public health or legal authorities whose official activities include preventing or controlling disease, injury, or disability. For example, we must report certain information births, deaths, and various diseases to government agencies. We may disclose health information to coroners, medical examiners, and funeral directors

as allowed by the law to carry out their duties. We may use or disclose health information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using. We may use or disclose health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.

- **Serious Threat to Health and Safety:** We may disclose your health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. We will only disclose health information to someone reasonably able to help prevent or lessen the threat, such as law enforcement or government officials.
- **Required by Law, Legal Proceedings, Health Oversight Activities, and Law Enforcement:** We will disclose your health information when we are required to do so by federal, state and other law. For example, we are required to report victims of abuse, neglect or domestic violence, as well as patients with gunshot. We will disclose your health information when ordered in a legal or administrative proceeding, such a subpoena, discovery request, warrant, summons, or other lawful process. We may disclose health information to a law enforcement official about a death we believe may be the result of criminal conduct, or about criminal conduct that may have occurred at our facility. We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure.
- **Specialized Government Functions:** If you are in the military or a veteran, we will disclose your health information as required by command authorities. We may disclose health information to authorized federal officials for national security purposes, such as protecting the President of the United States or the conduct of authorized intelligence operations. We may disclose health information to make medical suitability determinations for Foreign Service.
- **Correctional Facilities:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. We may release your health information for your health and safety, for the health and safety of others, or for the safety and security of the correctional institution.
- **Workers Compensation:** We may disclose your health information as required by applicable workers compensation and similar laws.
- **Psychotherapy Notes:** We may use or disclose your psychotherapy notes for treatment, payment and health care operations. This may include the use or disclosure of your psychotherapy notes for training programs in mental health services, in the defense of a legal action, or for the oversight of the originator of the psychotherapy notes. For all other uses or disclosures of your psychotherapy notes we will obtain your authorization.
- **Marketing:** We will obtain your authorization before we use or disclose your health information for marketing, except we may use your information to have a face-to-face discussion about a service or to provide you with a gift of nominal value.
- **Authorization Required to Sell Your Health Information:** If we sell your health information, we will first obtain your authorization.
- **Your Written Authorization:** Other uses and disclosures of your health information not covered by this Notice, or the laws that govern us, will be made only with your written authorization. You may revoke your authorization in writing at any time, and we will discontinue future uses and disclosures of your health information for the reasons covered by your authorization. We are unable to take back any disclosures that we already made with your authorization, and we are required to retain the records of care that we provided to you.

For More Information or To Report a Problem

If you have questions about this notice, or
If you have concerns about these privacy practices, or
If you believe your privacy rights have been abused, please contact:

The Privacy Officer at Stamford Health, One Hospital Plaza,
Stamford, CT 06904, or call: 203-276-7533.

If you believe your privacy rights have been abused, you may also file a complaint with the Office of Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building --- Room 1875, Boston, MA 02203. There will be no action against you if you file a complaint.

Please give requests about your medical records to:

For SHMG physician office records: Stamford Health Medical Group, Inc. HIM, 1111 Summer Street, 3rd Floor, Stamford, CT 06905, or call: 203-276-7409.

For all other records: The Stamford Hospital, Health Information Management Department, One Hospital Plaza, PO Box 9317, Stamford, CT 06904, or call: 203-276-7455.

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