

Saint Francis Care Notice of Privacy Practices

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. If you have any questions, please contact our Privacy Officer at the phone number or e-mail address at the end of this notice.

**It is important to read and understand this Notice of Privacy Practices
before signing our consent and acknowledgment forms.**

Who will follow this notice?

Saint Francis Care facilities provide health care to our patients in partnership with other professionals and health care organizations. This Notice includes privacy practices that will be followed by:

- Any healthcare professional who treats you at any of our locations.
- Saint Francis Hospital and Medical Center, Mount Sinai Rehabilitation Hospital, Inc., as well as their affiliates (including but not limited to Collaborative Laboratory Services, LLC, Asylum Hill Family Medicine Center, Inc., Saint Francis Medical Group, Inc., Saint Francis Care Medical Group, P.C., Connecticut VNA Partners, Inc., Saint Francis Center for Women's Health, Saint Francis Care Pharmacy, Saint Francis Behavioral Health Group, Connecticut Radiation Oncology, P.C., and Radiology Associates of Hartford, P.C.)
- All employees, medical staff, trainees, students, or volunteers of the entities listed above.

While each of these facilities and affiliates operates independently, they may share your health information for coordination of care, treatment, payment, and healthcare operations purposes.

Wherever in this Notice we refer to "Saint Francis" or to "we" or "us" we are referring to any one of the entities mentioned above.

Our pledge to you:

We understand that medical information about you is personal. Your "protected health information" is information about you, created and received by us, including demographic information, that may reasonably identify you and that relates to your past, present or future physical or mental health or condition, or payment for the provision of your care. We are committed to protecting your health information.

We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care generated by any of the separate facilities and providers described above.

How We May Use or Disclose Your Protected Health Information

Saint Francis will ask you to sign a consent and acknowledgement forms that allows Saint Francis to use and disclose your protected health information for treatment, payment and health care operations, and acknowledges your receipt of this Notice.

The following categories describe some of the different ways that we may use or disclose your protected health information. Even if not specifically listed below, Saint Francis may use and disclose your protected health information as permitted or required by law or as authorized by you. We will make reasonable efforts to limit access to your protected health information to those persons or classes of persons, as appropriate, in our workforce who need access to carry out their duties. In addition, if required, we will make reasonable efforts to limit the protected health information to the minimum amount necessary to accomplish the intended purpose of any use or disclosure and to the extent such use or disclosure is limited by law.



For Treatment, Payment, and Healthcare Operations:

We may use and disclose your protected health information without your prior authorization for treatment (such as sending medical information about you to a specialist as part of a referral - this includes psychiatric or HIV information if needed for purposes of your diagnosis and treatment); to obtain payment for treatment (such as sending billing information to your insurance company or Medicare); and to support our healthcare operations (such as comparing patient data to improve treatment methods or for professional education purposes.) (Note: Only limited psychiatric or HIV information may be disclosed for billing purposes without your authorization.) If you are treated in a specialized substance abuse program, your special authorization will be needed for most disclosures other than emergencies.)

Other examples of such uses and disclosures include contacting you for ***appointment reminders*** and telling you about or ***recommending possible treatment options, alternatives, health-related benefits or services*** that may be of interest to you. We may also contact you to support our ***fundraising efforts***.

There may be some services provided by our ***business associates***, such as billing and transcription services, or legal and accounting consultants. We may disclose your protected health information to our business associates so they can perform the jobs we have asked them to do. To protect your health information, we require our business associates to enter into written contracts that require them to appropriately safeguard your information.

We may use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give your protected health information without prior authorization for: ***public health purposes, abuse or neglect reporting, health oversight audits or inspections, medical examiners, funeral arrangements and organ donation, workers' compensation purposes, emergencies, national security, and other specialized government functions, and for member of the Armed Forces as required by Military Command authorities.*** We also disclose health information when required by law, such as in response to a request from ***law enforcement*** in specific circumstances, or in response to valid judicial or administrative orders or other ***legal process***.

Under certain circumstances, we may use and disclose health information about you for ***research purposes***, subject to a special approval process. We may also allow potential researchers to review information that may help them prepare for research, so long as the health information they review does not leave our facility, and so long as they agree to specific privacy protections.

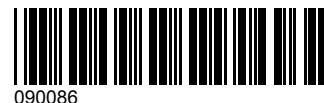
If admitted as an inpatient, unless you tell us otherwise, we will list ***in the patient directory*** your name, location in the hospital, your general condition (good, fair, etc.) and your religious affiliation, and may release all but your religious affiliation to anyone who asks about you by name. Your religious affiliation may be disclosed only to clergy members, even if they do not ask for you by name.

We may disclose medical information about you to a friend or family member who you designate or in appropriate circumstances, unless you request a restriction. We may also disclose information to disaster relief authorities so that your family can be notified of your location and condition.

Minors: We will comply with Connecticut law when using or disclosing protected health information of minors. For example, if you are an unemancipated minor consenting to a health care service related to HIV/AIDS, venereal disease, outpatient mental health treatment or alcohol/drug dependence, and you have not requested that another person be treated as a personal representative, you may have the authority to consent to the use and disclosure of your health information.

Other uses of Protected Health Information:

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us of your decision.



Your Health Information Rights

You have the following rights with respect to your protected health information.

Right to Request Restrictions of Your Protected Health Information - You have the right to request certain restrictions or limitations on the protected health information we use or disclose about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency by providing a written request stating the specific restriction requested.

We are not required to agree to your requested restriction with the exception that if you choose to pay out of pocket for any service provided, we may not release that protected health information to a third party payer. Otherwise, we will consider your request and work to accommodate it when possible. We will inform you of our decision on your request. All written requests or appeals should be submitted to our Privacy Office listed below.

In addition, you and Saint Francis may terminate the restriction if the other party is notified in writing of the termination. Unless you agree, the termination of the restriction is only effective with respect to protected health information created or received after we have informed you of the termination.

Right to Receive Confidential Communications - You have the right to request that health information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.

Right to Access, and / or Amend Your Records - In most cases, you have the right to look at or get a copy of health information that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing, or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

If you believe that information in your record is incorrect or that important information is missing, you have the right to request that we correct the records, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information is not maintained by us; or if we determine that your record is accurate. You may submit a written statement of disagreement with a decision by us not to amend a record. You may request that your request for amendment and your denial be disclosed with any future disclosure of your relevant information.

Right to Receive An Accounting of Disclosures of Protected Health Information - You have the right to request a list accounting for any disclosures of your health information we have made. To request this list of disclosures, indicate the relevant period.

To request an accounting of disclosures of copies of your health record, you must submit the request in writing, stating a time period beginning on or after April 14, 2003 that is within six (6) years from the date of your request. This accounting will include disclosures with the exception of uses and disclosures for treatment, payment, and healthcare operations, circumstances in which you have specifically authorized such disclosure and certain other exceptions.

The first accounting provided within a twelve-month period will be free. We may charge you a reasonable, cost-based fee for each future request for an accounting within a single twelve-month period.



Right to Obtain A Paper Copy of 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 by contacting Saint Francis. In addition, you may obtain a copy of this Notice at our web site, www.saintfranciscare.com.

Right to Complain - You may file a complaint with us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. You will not be penalized for filing a complaint and we will make every reasonable effort to resolve your complaint with you.

Saint Francis Hospital and Medical Center
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860-714-4425
877-839-0960 toll free
privacyofficial@stfranciscare.org

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