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.

This Joint Notice is being provided to you on behalf of Stamford Health and the practitioners with clinical privileges that work at the entities listed below (collectively referred to herein as "We" or "Our"). We understand that your medical information is private and confidential. Further, we are required by law to maintain the privacy of "protected health information." "protected health information" or "PHI" includes any individually identifiable information that we obtain from you or others that relates to your past, present, or future physical or mental health, the health care you have received, or payment for your health care. We will share protected health information with one another, as necessary, to carry out treatment, payment, or health care operations relating to the services to be rendered at any of our facilities listed below. We reserve the right to change the terms of this Notice from time to time and to make the revised notice effective for all PHI we maintain. You can request a written copy of our most current privacy notice from your provider, or you can access it on our website at www.stamfordhealth.org.

An Organized Health Care Arrangement is a group of covered entities participating in an organized system of health care. The following entities and such other entities listed at www.stamfordhealth.org and the individuals providing care and services at those entities are part of the Stamford Health Organized Health Care Arrangement:

1. Members of the Stamford Hospital Medical Staff
2. The Stamford Hospital
3. Stamford Health Medical Group
4. Stamford Health Occupational Health Services, LLC

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, as well as your rights, with regard to your protected health information
- Abide by the terms of this privacy notice until such time as we have amended this notice
- Grant access to records electronically without delay, with certain exceptions

Your Health Information Rights

- **Access to Your Health and Billing Record:** You have the right to look at and receive a copy of your health record or your billing record. To do so, please contact Stamford Health's Health Information Management office at 203.276.7455. You may be required to make your request in writing. 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. To request an amendment, please contact Stamford Health's Health Information Management office at 203.276.7455.

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 those 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, please contact Stamford Health's Health Information Management office at 203.276.7455.

- **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 we will honor your request to restrict that portion of the health record. All other requests will be considered, but we are not legally required to accept them. If we do accept the request, we will comply with it, except if you need emergency treatment.

  Your request must be in writing. To make a request for restrictions, please contact Stamford Health's Health Information Management office at 203.276.7455.

- **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, please contact Stamford Health's Health Information Management office at 203.276.7455.

- **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, please contact our Patient Relations Department at 203.276.2590. You may also make complaints to the Federal Department of Health and Human Services.

How your PHI 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 your care. We may use transcription or scribe services and technologies to assist us in making treatment notes in your medical record. We may share information about you to coordinate the different services you need, such as prescriptions and lab work. and x-rays. We may disclose information about you to providers outside our facility who may be involved in your care after you leave, such as home health agencies, therapists, nursing homes, and others. We may give information to your health plan or another provider to arrange a referral or consultation. We may use or disclose your health information to send real-time admission, discharge, and transfer event notifications to post-acute providers, primary care practitioners, practice groups, and any other entity you identify as being responsible for your primary care that needs the information for treatment, care coordination, or quality improvement activities.

- **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 your benefits, 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, claims processing, 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 your health information to evaluate the quality of services that you received, or the performance of our staff in caring for you. We may use your health information to improve our performance or to find better ways to provide care. We may use your 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 your health information to students and professionals for review and learning purposes. We may combine your health information with information from other healthcare facilities to compare how we are doing and see where we can make improvements. We may use your 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 from your health information any 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.

- **Health Information Exchange:** We may share the health information that we obtain or create about you with other health care providers or health care entities, such as your health plan or health insurer, as permitted by law, through Health Information Exchanges (HIEs). For example, we exchange information through Epic CareEverywhere, which is an electronic medical record program used by providers throughout the United States to share information. Epic CareEverywhere allows those providers to access your information for treatment and other legally permitted purposes discussed above. Your participation in CareEverywhere is not required. If you do not want to share any of your health

information through CareEverywhere and wish to “opt-out” please contact the MyChart Help Desk at 203.276.2079.

In addition, Connie is Connecticut’s official HIE. Using Connie allows us to access health information from all of your Connecticut healthcare providers before determining your care plan. For example, in emergency situations where you may be unable to provide information, Connie enables nurses or physicians to quickly view your medical history to take note of allergies or medical conditions that may affect your treatment. Your primary care physician would also be notified through Connie if you have been recently admitted to the hospital and potentially require follow up support. Your participation in Connie is not required and you are not required to share your health information with Connie. Connie’s “opt-out” form should be completed ONLY if you do not want to share any of your health information with any of your healthcare providers through Connie. The Connie opt-out form is available on the web at https://connect.conniect.org/OptoutForm or by calling 1.866.987.5514.

- **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. We use 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. We 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 of 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 if you are a hospital patient.

- **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:** We depend extensively on private fundraising to support our health care missions. We may use your information to provide you with an opportunity to donate to our fundraising programs. If you would like, you can request not to be contacted for fundraising purposes. To make this request, please call 203.276.5900.

- **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.

- **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 about births, deaths, and various diseases to government agencies. We may disclose your health information to coroners, medical examiners, and funeral directors as allowed by the law to carry out their duties. We may use or disclose your 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 your 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 your 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 gunshots. We will disclose your health information when ordered to do so in a legal or administrative proceeding, such a subpoena, discovery request, warrant, summons, or other lawful process. We may disclose your 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 your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure.

- **Substance Use Information**: Your health information relating to substance use disorder ("SUD") treatment from an SUD provider will not be used or disclosed in legal proceedings against you without written consent, or a court order and subpoena that meet the requirements of Federal law.
- **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 your 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 your 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.

- **Marketing:** We may use your information for marketing initiatives when permitted by law. Otherwise, we will obtain your authorization before we use or disclose your health information for marketing purposes.

- **Authorization Required to Sell Your Health Information:** If we sell your protected 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 06902, 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, Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F HHH Bldg., Washington, DC 20201. Customer Response Center: (800.368.1019) TDD: (800.537.7697) Email: ocrmail@hhs.gov. There will be no action against you if you file a complaint.

Please give requests about your health records to:

Stamford Health, Health Information Management Department, One Hospital Plaza, PO Box 9317, Stamford, CT 06902, or call: 203.276.7455.

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