YALE UNIVERSITY SCHOOL OF MEDICINE

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 office at the address or phone number at the bottom of this notice.

Who will follow this notice?

Yale University School of Medicine provides health care to our patients in partnership with other professionals and health care organizations. The information privacy practices in this notice will be followed by:

- Any healthcare professional who treats you at any of our locations.
- Yale University School of Nursing
- All departments and units of Yale-New Haven Health System, including Bridgeport Hospital, Greenwich Hospital and Yale-New Haven Hospital, as well their affiliates (including but not limited to Temple Surgical Center, Women's Surgical Center, Ahlbin Center for Rehabilitation Medicine, and Mill Hill Medical Associates).
- 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.

Our pledge to you:

We understand that medical information about you is personal. We are committed to protecting medical information about you. 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. We are required by law to:

- Keep medical information about you private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

How we may use and disclose medical information about you:

- We may use and disclose medical information about you 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.**
- We may use or disclose medical information about you **without** your prior authorization for several other reasons. Subject to certain requirements, we may give our medical information about you, 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 members of the Armed Forces as required by Military Command authorities.** We also disclose medical 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.

CONTINUED ON REVERSE SIDE

CONTINUED FROM FRONT

- 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 whom 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.

Other uses of Medical 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 in writing of your decision.

Right to Access and or Amend Your Records:

- In most cases, you have the right to look at or get a copy of medical 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.

Right to an Accounting:

- You have the right to request a list accounting for any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and healthcare operations, circumstances in which you have specifically authorized such disclosure, and certain other exceptions.
- To request this list of disclosures, indicate the relevant period, which must be after April 14, 2003, but in no event for more than the last six years. You must submit your request in writing to the Privacy Office listed below.

Right to Request Restrictions:

You may request, in writing, that we not use or disclose medical information 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. We will consider your request and work to accommodate it when possible, but we are not legally required to accept it. We will inform you of our decision on your request.

All written requests or appeals should be submitted to thePrivacy Office listed below.

Requests for Confidential Communications:

You have the right to request that medical 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 request a paper copy of this Notice:

You may receive a paper copy of this Notice from us upon request, even if you have agreed to receive this notice electronically.

Changes to this Notice:

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in waiting areas, exam rooms, and on our Web site at yalenewhavenhealth.org. You can receive a copy of the current notice at any time. The effective date is listed at the end. Copies of the current notice will be available each time you come to our facility for treatment. You will be asked to acknowledge in writing your receipt of this notice.

Complaints:

- If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact the Privacy Office listed below.
- If you are not satisfied with our response, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Office can provide you the address. Under no circumstances will you be penalized or retaliated against for filing a complaint.

Privacy Office
203 436-3650

Deputy Privacy Officer
Yale Medical Group
300 George Street, 6th Floor
P.O. Box 9805
New Haven, CT 06535-9805

YALE UNIVERSITY SCHOOL OF MEDICINE

Acknowledgement of Receipt of Notice of Privacy Practices

Patient's YNHH Medical Record Number: _____

Patient's IDX Account Number: X _____

Printed Name of Patient: _____

Patient's Personal Representative & Relationship: _____

Signature: _____ Date: _____

For use by Yale University School of Medicine personnel if unable to obtain a written acknowledgement of receipt of the NOPP from the patient.

I have made a good faith effort to obtain a written acknowledgement of receipt of the Yale University School of Medicine's Notice of Privacy Practices from the above named patient, but was unable to for the following reason:

- ❑ Language Barrier
- ❑ Patient Cannot Read
- ❑ Patient Objects
- ❑ Read Later and Return
- ❑ Unable to Sign
- ❑ Other: _____

_____ _____

Employee Name Date

Please Forward to:

Central Registration Department
Yale Medical Group
Patient Financial Services
300 George Street, 6th Floor
P.O. Box 7309
New Haven, CT 06519-0309

VERSION EFFECTIVE 4.14.2003