

NOTICE

USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION

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.

VNA Community Healthcare & Hospice is required by law to maintain the privacy of protected health information and to provide you with notice of its legal duties and privacy practices. VNA Community Healthcare & Hospice reserves the right to change the terms of the notice currently in effect; however VNA Community Healthcare must abide by the terms of this notice as well as make the new provisions effective for all protected health information maintained. If there is a change, VNA Community Healthcare & Hospice will have a copy of the effective change posted at all times.

VNA COMMUNITY HEALTHCARE & HOSPICE IS NOT REQUIRED TO OBTAIN CONSENT OR AUTHORIZATION TO USE AND DISCLOSE INFORMATION ABOUT YOU UNDER THE FOLLOWING CIRCUMSTANCES

- For purposes of treatment, payment, and healthcare operations, including the release of information to:
 - An insurance company, Medicare, Medicaid
 - Any person or entity affiliated with billing & quality & risk management
 - Any hospital, nursing home, or other health care facility in which you may be admitted
 - Any assisted living or personal care facility
 - Any physician providing you care
 - Any business associate of VNA Community Healthcare & Hospice
 - Licensing and accrediting bodies
- When VNA Community Healthcare & Hospice is required by law
- For certain public health activities or health care oversight activities
- In certain judicial administrative hearings
- In certain circumstances, to coroners, medical examiners and funeral directors
- For certain law enforcement purposes
- For cadaveric organ, eye, or tissue donation purposes
- For certain research purposes
 - For specialized government functions, including military and veteran's activities, medical suitability determinations, correctional institution and custodial situations

VNA COMMUNITY HEALTHCARE & HOSPICE IS ONLY REQUIRED TO INFORM YOU IN ADVANCE AND ALLOW YOU TO OBJECT TO THE USE AND DISCLOSURE OF INFORMATION ABOUT YOU UNDER THE FOLLOWING CIRCUMSTANCES:

- Disclosure to a family member, other close relatives, close personal friend, other identified person involved in your care
- Disclosure to a public or private entity authorized by law or charter to assist in disaster relief efforts

USES AND DISCLOSURES NOT SPECIFICALLY ADDRESSED IN THIS NOTICE WILL BE MADE ONLY WITH YOUR WRITTEN AUTHORIZATION, INCLUDING:

- Psychotherapy notes (notwithstanding the provisions allowing uses)
- Marketing, except communication describing products or services provided by the agency, face-to-face communication and promotional gifts of nominal value

Your Rights

SUBJECT TO CERTAIN CONDITIONS, YOU HAVE THE RIGHT UNDER LAW, TO:

- Request restrictions on certain uses and disclosure of information about you (although this PROVIDER is not required to agree with the request.)
- Receive confidential communication of protected health information
- Inspect and copy protected health information
- Amend protected health information
- Receive an accounting of disclosures

COMPLAINTS

If you believe your privacy rights have been violated, you may complain to VNA Community Healthcare & Hospice and the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for complaints filed. For further information or to make a complaint, contact:

Dir. Of Quality Management, VNA Community Healthcare & Hospice

753 Boston Post RD., Guilford, CT 06437
(203) 458-4200

-OR-

The U.S. Department of Health and Human Services, Office of the Secretary
200 Independence Avenue, S.W. Washington, D.C. 20201
(202) 619-0257 OR Toll Free: 1-800-6963-6775