



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 address or phone number listed at the bottom of this Notice.

Who will comply with this notice?

Masonicare and its subsidiaries provide health care services to our patients, residents, and clients in partnership with other professionals and healthcare organizations. The privacy practices described in this Notice will be followed by:

- Any healthcare professional who treats you at any of our facilities or locations.
- All departments and units of Masonicare Health Center, including its outpatient services, Masonicare at Newtown, all Masonicare Home Health and Hospice and Masonicare Partners Home Health and Hospice branches and Masonicare Primary Care Services and Masonicare Behavioral Health Services Physician Practices.
- All employees, medical staff, students, on-site healthcare consultants or volunteers of the facilities listed above.

Masonicare at Ashlar Village, Pond Ridge, Lockwood Lodge, Masonicare At Home, Wells Residence, Wright Residence and Johnson Residence are not required to comply with HIPAA. As a resident of one of these facilities, however, you may utilize other services in the Masonicare continuum that do follow HIPAA requirements. For your convenience, we thought that you might wish to review the Notice of Privacy Practices that applies to Masonicare entities that deliver direct healthcare services.

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 and for special programs such as the Holiday Gift Giving Program.

Our pledge to you:

We understand that medical information about you is personal and we are committed to protecting the privacy and integrity of your medical 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 your health care records (in any form) whether created by the facilities and providers described above or received from another healthcare provider. We are required by law to:

- Keep your medical information confidential;
- 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 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, substance abuse or HIV information if needed for purposes of your diagnoses and treatment); and to support our healthcare operations (such as comparing patient data to improve treatment methods or for professional education purposes).
- Federal law allows us to use and disclose your medical information for purposes of treatment and healthcare operations (as discussed above), as well as for payment (such as sending billing information to your insurance company or Medicare). However, since state law requires that we obtain your consent for disclosure of your medical information for payment purposes and for the disclosure of certain sensitive information protected by state law (i.e., psychiatric, substance abuse and HIV-related information), we will request your consent for such disclosure.
- 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 regarding our fundraising efforts. You will be given the opportunity at all contacts to request no further contact be made for fundraising purposes.
- Subject to certain requirements, we may use or disclose medical information about you without your prior authorization for several other reasons, including 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, such as pensions, veterans benefits, etc., and for members of the Armed Forces as required by Military Command authorities, for purposes of disaster relief, to avert a serious threat to you or others, for the protective services of the president or other federal officials, and to correctional institutions or law enforcement officials with respect to uses and disclosure concerning inmates.
- We disclose medical information without an authorization 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.

- We may use and/or disclose health information about you for research purposes, without your prior authorization if: (i) an institutional review board or privacy board has waived the requirement of your authorization; (ii) the researcher has made representations that access to your PHI is necessary to develop research protocols (or for similar purposes) preparatory to the actual research; (iii) the researcher has represented that access is necessary to conduct research on your PHI should you become deceased; or (iv) the disclosure is a limited amount of your PHI that excludes data that may directly identify you and the disclosure is in accordance with HIPAA data use agreement.
- If you are admitted as an inpatient, unless you tell us otherwise, we will include your name, location in the facility, general condition and religious affiliation, if indicated on admission, in the patient directory. Our directory does not include specific medical information about you. We may release information in our directory to clergy or other persons who ask about you by name. The names and location of patients receiving services in our behavioral health program are not disclosed.
- We may only 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.
- The use and disclosure of psychiatric, HIV and alcohol and substance abuse information is specially protected under federal and state law. We will use and disclose psychiatric, HIV and alcohol and substance abuse information in accordance with federal and state requirements.
- We may disclose your protected information to our business associates under Business Associate Agreements. Business Associates may include: answering services; transcription services; accounting services; or attorney/legal services.
- Psychotherapy Notes: The Masonicare organization does not keep psychotherapy notes as defined in the HIPAA regulations. Any information provided to the therapist or psychiatrist by the patient or other parties is included in the general medical record and might be used without an authorization for treatment, payment or healthcare operations.

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 provide us with an authorization, you may later revoke that authorization, except to the extent it has already been relied upon, by notifying us in writing.

Your Rights Relating to Your Medical Information

Right to Access and/or Amend Your Records:

- In most cases, you have the right to review or get a copy of your medical information when you submit a written request. If you request copies, we may charge a fee for the cost of copying and mailing such copies. 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 with your reason for requesting the amendment. We may deny your request for an amendment to your records if the information (i) was not created by us (unless the creator of the information is no longer available), (ii) is not part of the records maintained by us, (iii) is accurate and complete, or (iv) is information to which you do not have a right of access. You may submit a written statement of disagreement if we deny a request for an amendment. If you submit a statement of disagreement, we have the right to insert a rebuttal statement. Both statements will be included in the medical record.

Right to an Accounting:

- You have the right to request a list accounting of disclosures we have made of your medical information, except for disclosures made for treatment, payment, and healthcare operations, disclosures that were specifically authorized by you, and certain other disclosures that are permitted by law. The accounting will include disclosures made in the six years prior to the date such accounting is requested, but in no event prior to April 14, 2003. To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer.

Right to Request Restrictions:

You may request, in writing, certain restrictions on the use or disclosure of your medical information for treatment, payment or healthcare operations or to persons involved in your care. We will consider your request and try to accommodate it when possible, but we are not legally required to accept it. We will inform you of our decision about your request.

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 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.

All written requests or appeals should be submitted to our Privacy Officer listed below.

Changes to this Notice:

- We reserve the right to revise this Notice at any time. Changes will apply to medical information received before the revisions are made, as well as to new information received after revisions are made. If our Notice is revised, we will post a copy of the revised Notice in waiting areas, exam rooms, and on our website at www.masonicare.org. We will provide you with a copy of the current Notice at any time upon request. The effective date of the current Notice is listed below.

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 our Privacy Officer listed below to file a complaint.

You also may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights ("HHS"). Our Privacy Officer can provide you the address when filing a complaint with HHS. Under no circumstances will you be penalized or retaliated against for filing a complaint.

PRIVACY OFFICER
22 Masonic Avenue
Wallingford, CT 06492
203-679-6506

*Effective Date: **March 2009***

*Updated: **March 2009***