



## Bariatric Surgery PROGRAM

### PROVIDER NOTICE OF INFORMATION PRACTICES

*Effective April 1, 2009*

*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. Should you have additional needs with respect to the protection of your privacy while in our care, please communicate those needs to us so we may do our best to meet them.*

#### **Our Pledge Regarding Medical Information**

All Bristol Hospital physicians, staff, and volunteers are entrusted to keep your medical information confidential. We understand that you provide us with personal and private medical information about you and your health so that we may properly care for you. To that end, we are committed to protecting your information. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel or your personal doctor.

Bristol Hospital and Health Care Group provides health care to our patients, residents, and clients in partnership with physicians and other professionals and organizations. The information privacy practices in this notice will be followed by:

- Any healthcare professional who treats you at any of our locations.
- All employees of the departments and units of our organization, including, but not limited to, Ingraham Manor, Bristol Hospital Home Care and Hospice, The Counseling Center, Bristol Hospital Wellness Center, Central Connecticut Medical Management, Bristol Hospital EMS, MedWorks, MedHelp, and The Radiology Center.
- Any business associates or partners of Bristol Hospital, Inc. or Bristol Hospital and Health Care Group with whom we share health information.

#### **Understanding Your Health Record/Information**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided



## Bariatric Surgery PROGRAM

- A tool in educating healthcare professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.
- Understanding what is in your record and how your health information is used helps you to:
  - Ensure its accuracy
  - Better understand who, what, when, where, and why others may access your health information
  - Make more informed decisions when authorizing disclosure to others.

### **Your Health Information Rights**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a written restriction on certain uses and disclosures of your information except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it.
- Obtain a paper copy of this **Notice of Information Practices** at any time upon request.
- Inspect and obtain a copy of your health record. If you request copies for your personal use, you will be charged a fee in accordance with Connecticut State law. Copies requested by insurance companies, attorneys, and other such parties will be billed to the requesting party, not the patient.
- Request that we amend the existing information in your record if you believe that information in your record is incorrect or if important information is missing. However, we are not required to change that information but will provide you with information about the denial and how you can disagree with the denial.
- Obtain an accounting of disclosures of your health information for reasons other than treatment, payment, or other related administrative purposes.



## Bariatric Surgery PROGRAM

- Request communications of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **Our Legal Duty and Responsibilities**

We are required by law to protect the privacy of your information, provide this notice about our information practices with respect to the information we collect and maintain about you, and follow the practices that are described in this notice. Should our information practices or policies change, mail a revised notice to the address you have supplied, and post the revised notice in public areas within the organization. We agree to notify you if we are unable to agree to a requested restriction and to accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations. We will not use or disclose health information without your authorization, except as described in this notice.

### **Social Security Numbers**

In the course of doing business, Bristol Hospital may collect certain personal information, including Social Security Numbers. The Hospital protects the confidentiality of Social Security numbers it obtains in a number of ways, including limiting access and prohibiting any unlawful disclosure.

### **For More Information or to Report a Problem**

If you are concerned that we have violated your privacy rights, have further questions about the contents of this notice, or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request. There will be no retaliation for filing a complaint.

### **If you have questions or complaints, please contact:**

Privacy Officer Bristol Hospital and Health Care Group PO Box 977, Brewster Road Bristol, CT 06011-0977 Phone: 860-585-3168 Email: <a href="mailto:privacyofficer@bristolhospital.org">privacyofficer@bristolhospital.org</a>	and/or	Department of HHS Office of Civil Rights JFK Federal Building Room 1875 Boston, MA 02203
---	--------	--

### **Examples of Uses and Disclosures of Health Information**

We use health information about you for treatment, to obtain payment, and for healthcare operations such as administrative purposes and evaluating the quality of care that you receive. Subject to certain requirements, we may give out health information without your authorization as outlined in the examples below. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.



## Bariatric Surgery PROGRAM

### **We will use your health information for treatment.**

**For example:** Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his/her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took, tests performed, and their observations related to your care. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him/her in treating you once you are discharged from this hospital.

### **We will use your health information for payment.**

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures performed on you, and supplies used.

### **We will use your health information for healthcare operations.**

**Quality Assurance / Quality Improvement:** Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include physician services in the Emergency, Radiology, and Pathology Departments, certain laboratory tests, and computer software support. When these services are contracted, we may disclose your health information to our Business Associates so they can perform the job we have asked them to do and bill you, a third-party payer, or us for services rendered. To protect your health information, however, we require the business associates through our contract with them to appropriately safeguard your information.

**Facility Directory:** Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy, and except for religious affiliation, to other people who ask for you by name. If you do not want us to list this information and use it in this way, you must tell us that you object.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal relative, or another person responsible for your care, about the fact that you are hospitalized and the status of your condition.

**Patient Satisfaction Surveys:** We may send you a satisfaction survey to get your input on your stay with us and the quality of care you received.

**Communication with Family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**Research:** We may disclose information to researchers when their research has been approved by an institutional review board that has examined the research proposal and established protocols to ensure the privacy of your health information.



## Bariatric Surgery PROGRAM

**Deceased Person Information:** We may disclose health information to coroners, medical examiners, and funeral directors consistent with applicable law to carry out their duties.  
**Organ procurement organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Survey:** We may contact you regarding information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Fundraising:** We may contact you as part of our fund-raising efforts.

**Workers compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities for a variety of purposes. Included are issues related to: preventing or controlling disease, injury, or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the FDA problems with products and reactions to medications; and reporting disease or infection exposure.

**Public Safety:** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

**Health Oversight Activities:** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure, competence reviews, and other proceedings.

**Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents of that institution health information necessary for your health and the health and safety of other individuals.

**Law enforcement:** We may disclose health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person. Additionally, we may disclose information to comply with a valid court order or subpoena and other law enforcement purposes.

**Judicial and Administrative Proceedings:** We may disclose your health information in the course of any administrative or judicial proceeding. Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.