

## MILFORD REGIONAL MEDICAL CENTER

### NOTICE OF PRIVACY PRACTICES

Effective Date: September 1, 2019

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Permitted Uses and Disclosures of Health Information:** To the extent provided by law, Milford Regional Medical Center, Milford Anesthesia Associates, Orion Emergency Medical Services, VNA of the Greater Milford-Northbridge area, Milford Pathology and Milford Imaging (“Milford”) are permitted to use or disclose your identifiable health information for; (i) treatment (such as, sending your health information to a specialist physician as part of a referral), (ii) payment for your treatment (such as, sending billing information to your health insurance plan), and (iii) Milford’s health care operations (such as, to evaluate the quality of care that you receive by comparing your health information with other patient data). Milford may also contact you to provide appointment reminders, information about treatment alternatives or health-related benefits and services that may be of interest to you, or to raise funds for the hospital. In addition, in its role as a group health plan, Milford may use or disclose health information of its employees to the sponsor of Milford’s group health plan. Milford may also contact you for fundraising purposes, but you can tell us to not contact you again for fundraising purposes. Milford is also permitted to use or disclose your health information without your authorization for the following purposes:

**Personal Representatives:** Unless prohibited by law, we may disclose your health information to your personal representative, if you have one. A personal representative is a person who has legal authority to act on your behalf regarding your health care. For example, an individual named as a health care proxy or a parent or guardian of an unemancipated minor is a personal representative.

**Business Associates:** Milford may share your health information with other organizations and individuals that perform activities for Milford or on Milford’s behalf. Milford will obtain appropriate assurances from those organizations or individuals that they will safeguard your health information.

**Required by Law:** To the extent Milford is required to do so by applicable federal or state law.

**Public Health Activities:** To public health authorities for the following purposes: to prevent or control disease, injury or disability; to report births and deaths; for public health surveillance, investigations and interventions; to report child abuse or neglect or domestic violence; to the Food and Drug Administration (FDA) for the purpose of supporting activities related to quality, safety or effectiveness of FDA-regulated products or activities; to notify people who may have been exposed to certain communicable diseases; and, in certain circumstances, to communicate with your employer in connection with work-related illness, injury or medical surveillance.

**Abuse:** To inform governmental authorities and protective service agencies about patients whom Milford reasonably believes are victims of abuse, neglect or domestic violence.

**Health Oversight Activities:** To health oversight agencies authorized by law to audit, inspect, investigate, license, discipline or other activities necessary to oversee the health care system, government benefit programs, government regulatory programs for which health information is necessary for determining compliance with program standards, and other entities subject to civil rights laws for which health information is necessary for determining compliance.

**Legal Proceedings:** In the course of legal proceedings in response to a valid court order and, under certain circumstances, in response to a subpoena or discovery request.

**Law Enforcement:** To a law enforcement agency if, for example, Milford receives a subpoena, summons or warrant for the information in connection with a criminal proceeding or investigation, to identify or locate a suspect, fugitive or missing person or in emergency circumstances to report a crime.

**Decedents:** To funeral directors, coroners, or medical examiners.

**Organ and Tissue Donation:** To organ donor organizations for the purpose of facilitating organ, eye or tissue donation and transplantation.

**Research:** For research purposes, provided that, the research has been approved by an institutional review board or privacy board to ensure that the researchers will follow procedures to safeguard the privacy of the health information.

**Threats to Health or Safety:** Consistent with applicable law and standards of ethical conduct, if Milford in good faith believes the use or disclosure is necessary to prevent a serious threat to the health or safety of you or the public.

**Military, National Security and Correctional Institutions:** With regard to health information of individuals who are Armed Forces or foreign military personnel, as required by such applicable military authorities; to federal officials for intelligence, counter intelligence and national security activities, including protective services for the President and other federal officials; and, with regard to health information of an inmate or other individual, to a correctional

institution necessary in lawful custody of such inmate or individual, if necessary for the health and safety of such individuals.

**Workers' Compensation:** For workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**Data Breach Notification Purposes:** Milford may use or disclose your health information to provide legally required notices of unauthorized access to, or disclosure of, your health information.

**De-Identification:** Milford may use or disclosure health information if it has been de-identified. For health information to be de-identified certain identifiers must be removed or an expert determination provided.

**Uses and Disclosures Requiring an Opportunity to Object:**

**Facility Directory:** Milford may include your name, location within Milford, general description of your condition (without communicating specific health information) and your religious affiliation (if provided to Milford) in its facility directory of patients currently admitted at Milford. You have the right to request that this information not be released to others. If you do not object, Milford may disclose for directory purposes such information to members of the clergy. In addition, except for your religious affiliation, Milford may disclose such information to other persons who ask for you by name.

**Individuals Involved in Your Care and for Notification Purposes:** Unless you object (or circumstances, such as, incapacity or emergency, make objection impracticable), Milford may disclose to your family member, relative, close personal friend or other person you identify, health information that is directly relevant to that person's involvement in your care or payment related to your care, or, to assist in notifying that person of your location and general condition. In the case of a disaster, Milford may inform disaster relief agencies of your location and general condition.

**Other Uses and Disclosures Requiring Authorization:** In any other situation, Milford will ask for your written authorization before using or disclosing any health information about you. These situations include, but are not limited to, use or disclosure of specific health information (such as, psychotherapy notes unrelated to treatment, payment or health care operations) and certain marketing or sale activities. If you choose to sign an authorization to disclose information, you can later revoke that authorization at any time. In such circumstances, Milford will ask for you to provide a revocation in writing to stop any future uses and disclosures.

**Additional Restrictions on Use and Disclosure.** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. Such laws may protect the following types of information: (i) Alcohol and Substance Abuse; (ii) Biometric Information; (iii) Child or Adult Abuse or Neglect, including Sexual Assault; (iv) Communicable Diseases; (v) Genetic Information; (vi) HIV/AIDS; (vii) Mental Health; (viii) Minors Information; (ix) Prescriptions; (x) Reproductive Health; and (xi) Sexually Transmitted Diseases.

**Your Individual Rights:**

**Right to Request Restrictions:** You have the right to request a restriction on the health information Milford uses or discloses about you for treatment, payment or health care operations. You also have the right to request a restriction on the health information Milford discloses about you to someone (such as, a family member or friend) who is involved in your care or payment for your care. However, Milford is not required to agree to your request.

**Right to Receive Confidential Communications:** You have the right to request that your health information be communicated to you in a confidential manner, such as, sending mail to an address other than your home. To make such a request, you must do so in writing and supply Milford with an alternative address or method of contact. Milford will accommodate all reasonable requests.

**Right to Inspect and Copy:** You have the right to inspect and copy your health information for as long as Milford maintains it. However, you may not inspect or copy the following kinds of records: psychotherapy notes, health information compiled in reasonable anticipation of or use in a legal proceeding and health information that is subject to any law that prohibits your access.

**Right to Amend:** You have the right to request that Milford amend your health information for as long as Milford maintains it, if you believe your health information is incorrect or incomplete. In order to request such an amendment, you must submit your request to Milford in writing and provide a reason to support your request. Milford may deny your request for an amendment if applicable law requires or permits Milford to deny it or if Milford determines your health information is correct and complete.

**Right to an Accounting of Disclosures:** You have the right to request an accounting of instances in which Milford has disclosed your health information to others. This right is limited to disclosures made by Milford after the effective date of this notice and does not include (a) disclosures made by Milford for the purpose of your treatment, payment or health care operations; or (b) disclosures made by Milford pursuant to your written authorization.

**Right to be Notified of a Breach:** You have the right to be notified in the event that Milford or one of Milford's business associates discovers a breach of unsecured health information. Notice of a breach will be provided to you within 60 days of the breach being discovered.

**Right to a Paper Copy of Notice:** You have the right to obtain a paper copy of this notice, even if you agreed to receive it electronically, upon request to Milford at any time.

**Our Legal Duty:** Milford is required by law to protect the privacy of your health information and to provide this notice to you about Milford's legal duties and privacy practices with respect to your health information. Milford is required to abide by terms described in this notice. Milford reserves the right to change the terms of this notice and to make the new notice terms effective for all health information it maintains about you. Upon request, Milford will provide you with a copy of the most up-to-date version of this notice. In addition, Milford will post any revised version of this notice in patient waiting areas and on Milford's web site at [milfordregional.org](http://milfordregional.org).

**Complaints:** If you believe that your privacy rights have been violated or you disagree with a decision Milford has made about access to your health information, you may contact the person listed below. A complaint to the Department of Health and Human Services may be submitted electronically to [ocrcomplaint@hhs.gov](mailto:ocrcomplaint@hhs.gov), at the following website: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or in writing to Office for Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building Room 1875, Boston, MA 02203. The person listed below can provide you with the appropriate address upon request. Under no circumstance will you be retaliated against for filing a complaint. Please contact Milford's Privacy Officer at 508-422-2483 for more information or if you have any questions or complaints.