

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.

WHO WE ARE: THE UNIVERSITY OF VERMONT HEALTH NETWORK

The University of Vermont Health Network is made up of a number of hospitals and providers. This notice applies to the medical records generated at the affiliated entities listed below, including their physician offices and outpatient clinics:

- UVM Health Network – Alice Hyde Medical Center and the Alice Center
- UVM Health Network – Central Vermont Medical Center and Woodridge Rehabilitation and Nursing Facility
- UVM Health Network – Champlain Valley Physicians Hospital
- UVM Health Network – Elizabethtown Community Hospital
- UVM Health Network – Porter Medical Center and Helen Porter Rehabilitation and Nursing
- UVM Health Network Home Health & Hospice
- The University of Vermont Medical Center

This notice describes the privacy practices of The University of Vermont Health Network's affiliate hospitals and providers, their respective workforce members, including students, trainees and volunteers, and independent medical professionals who have membership on the medical staff of a University of Vermont Health Network entity – but only if they see you at one of the above entities.

HOW THE UNIVERSITY OF VERMONT HEALTH NETWORK USES AND SHARES YOUR PROTECTED HEALTH INFORMATION

The University of Vermont Health Network is committed to honoring the trust that patients place in us when sharing their health information. The University of Vermont Health Network entities are required to maintain the privacy of your health information and are committed to doing so. The University of Vermont Health Network uses your health information within its system, and discloses or shares your information outside of its system, in order to provide you with the best care possible. This notice describes how the University of Vermont Health Network may use and/or share your health information.

Treatment

We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

Running Our Organization

We can use and share your health information to run the hospitals, operate our clinics, to educate medical and nursing students, to improve the quality of the care we provide to our patients, and for population health management. In some instances, your information is shared with outside parties who help us carry out our operations or other services on behalf of the University of Vermont Health Network (**Business Associates**). Our business associates are required to protect your health information. *Example: We may use health information to evaluate the need for new services or to monitor the quality of care provided.*

Billing For Services

We can use and share your health information to bill and get payment from health plans or other entities. *Example: We can provide information about your treatment to your health insurance plan so it will pay for the services we provided to you.*

OTHER WAYS WE MAY USE OR SHARE YOUR HEALTH INFORMATION

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many legal requirements before we can share your information for these purposes. For more information, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Public Health and Safety Issues

We can share health information about you for certain situations, such as:

- Reporting health information to public health authorities to prevent or control disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or exploitation of children or vulnerable adults
- Preventing or reducing a serious threat to anyone's health or safety

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Research

All research projects conducted by our workforce undergo a special review process to protect patient safety and confidentiality. We may use and share medical information about our patients for research purposes as permitted by applicable law. This may include preparing for a research study or telling you about research studies that you may be interested in. In some instances, federal law allows us to use your medical information for research without your specific permission, provided we get approval from a special review board.

Electronic Health Records and Health Information Exchanges

We use an electronic health record to store and retrieve much of your health information. One of the advantages of the electronic health record is the ability to share and exchange health information among health care providers who are involved in your care. When we enter your information into the electronic health record, that information may be shared as permitted by law by using shared clinical databases and health information exchanges. We may also receive information about you from other health care providers involved with your care by using shared databases or health information exchanges. The Vermont Health Information Exchange ("VHIE") is the health information exchange for the state of Vermont. The Healthcare Information Xchange of New York ("Hixny") is the health information exchange for the state of New York. We may seek your consent to access medical information from your other health care providers that is available on VHIE or Hixny. For information about the VHIE, see www.vitl.net. For information about Hixny, see <http://hixny.org/>. If you have any questions or concerns about the sharing or exchange of your information, please discuss them with your provider.

Complying with Laws, Lawsuits and Other Legal Actions

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with the federal privacy law. We may also share health information about you in response to a court or administrative order or in response to a subpoena.

Law Enforcement

We may disclose your health information to law enforcement officials as required by law or to comply with a court order. We may also disclose limited health information to law enforcement officials for identification and location purposes or to assist in criminal investigations.

Organ, Eye and Tissue Donation

We can share health information about you with organizations that facilitate organ, eye, or tissue procurement, banking or transplantation.

Work with a Medical Examiner or Funeral Director

We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Workers' Compensation

We may disclose your health information as necessary to comply with state Workers' Compensation Statutes for workers' compensation claims.

Special Government Functions

We may disclose your health information as necessary for special government functions such as military, national security and presidential protective services.

Communications about Health Related Benefits and Services

We may use or share your health information to contact you about health-related products and services that may be beneficial to you and provide you with information about possible alternative treatment options that may be of interest to you. We may also use or share your health information to contact you about scheduled or cancelled appointments.

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Certain Health Information

Some categories of health information may be protected by additional laws, such as Vermont or New York state privacy laws and other federal laws and regulations. These laws may limit whether and how we share the following types of health information about you without your written permission:

- In New York, HIV-related information (e.g., information related to HIV testing, test results or HIV treatment) will only be disclosed upon completion of special written authorization. We may, however, disclose HIV-related information in relation to your treatment, as part of public health activities, for disease prevention and as otherwise permitted by law.
- Substance Abuse Treatment Program records
- Certain records of minors
- Certain mental health records

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and provide you a copy upon your request.
- We will not use or share your information other than as described here unless you tell us in writing that we can. If you tell us we can share your information, you may change your mind at any time and withdraw your permission in writing, except to the extent that our providers have already acted upon your previously provided permission.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

YOUR RIGHTS

When it comes to your health information, you have certain rights. You have the right to:

OBTAIN AN ELECTRONIC OR PAPER COPY OF YOUR MEDICAL RECORD

- You can ask to see or obtain an electronic or paper copy of your medical record and other health information we have about you. Contact the Health Information Management Department at any of our hospitals if you wish to obtain a copy of your medical record.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge you a fee.

ASK US TO CORRECT YOUR MEDICAL RECORD

- You can ask us to correct health information about you that you think is incorrect or incomplete. Contact the Health Information Management Department at any of our hospitals if you wish to ask us to correct your medical record. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

REQUEST CONFIDENTIAL COMMUNICATIONS

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

ASK US TO LIMIT WHAT WE USE OR SHARE

- You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care or our operations.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

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GET A LIST OF THOSE WITH WHOM WE'VE SHARED INFORMATION

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, with whom we shared it and why.
- We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make or those where you provided specific permission).

GET A COPY OF THIS PRIVACY NOTICE

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy.

CHOOSE SOMEONE TO ACT FOR YOU

- If you have given someone medical power of attorney or if someone is your legal guardian/representative, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS ARE VIOLATED

- You can complain if you feel we have violated your privacy rights by contacting the patient relations office at any of our hospitals. The phone number for Patient Advocacy is (802)371-4350.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell our staff what you want us to do, and we will follow your instructions. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include or exclude your information in a hospital directory
- Contact you for fundraising efforts to support the UVM Health Network and its mission. You have the right and opportunity to opt out of receiving such communications.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our website. You may obtain a copy by contacting any of The UVM Health Network hospitals.

This Notice describes the privacy policies of The University of Vermont Health Network that became effective on January 23, 2017.

