

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH**

**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.**

The Department of Public Health (the “Department”) is a “hybrid entity” as defined by the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”).<sup>1</sup>

The Department’s laboratory (the “Lab”), Connecticut AIDS Drug Assistance Program (“CADAP”) and Connecticut Insurance Premium Assistance Program (“CIPA”)(CADAP and CIPA collectively known as “CADAP”) and their corresponding support staff are the only areas of the Department that perform business activities that are covered functions<sup>2</sup> under HIPAA. For your convenience the provisions below are identified as being applicable to the Lab, CADAP, or the Lab and CADAP, as applicable.

The term “we” as used herein, and this Notice of Privacy Practices only pertains to the Lab, CADAP and their corresponding support staff.

**Your Information. Your Rights. Our Responsibilities.**

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**Your Rights**

You have the right to:

- Get a copy of your paper and electronic medical record (Lab)
- Get a copy of your health and claims record (CADAP)
- Correct your paper or electronic medical record (Lab)
- Correct your health and claims record (CADAP)
- Request confidential communication (Lab and CADAP)
- Ask us to limit the information we share (Lab and CADAP)
- Get a list of those with whom we’ve shared your information (Lab and CADAP)
- Get a copy of this privacy notice (Lab and CADAP)
- Choose someone to act for you (Lab and CADAP)
- File a complaint if you believe your privacy rights have been violated (Lab and CADAP)

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<sup>1</sup> “Hybrid entity” is defined in 45 C.F.R. § 164.103

<sup>2</sup> “Covered functions” are those Department functions that make the Department a health care provider. 45 C.F.R. § 164.103

## **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition (Lab)
- Answer coverage questions from your family and friends (CADAP)
- Provide disaster relief<sup>3</sup>

## **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you (Lab)
- Help manage the health care treatment you receive (CADAP)
- Run our organization (Lab and CADAP)
- Pay and Bill for your health services (Lab and CADAP)
- Administer your health plan (CADAP)
- Help with public health and safety issues (Lab and CADAP)
- Do research (Lab and CADAP)
- Comply with the law (Lab and CADAP)
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director (Lab and CADAP)
- Address workers' compensation, law enforcement, and other government requests (Lab and CADAP)
- Respond to lawsuits and legal actions (Lab and CADAP)

## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your medical record and your health and claims record** (Lab and CADAP)

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<sup>3</sup> Although under HIPAA you have choices in the way we include you in a hospital directory, provide mental health care, market our services, sell your information and raise funds these choices do not apply to the Department because we do not engage in those activities.

- You can ask to see or get an electronic or paper copy of your medical record and your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within thirty (30) days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your medical record and health and claims record (Lab and CADAP)**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within sixty (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. (Lab and CADAP)
- We will say “yes” to all reasonable requests. (Lab)
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not. (CADAP)

**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. (Lab and CADAP)
- 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. (Lab)

**Get a list of those with whom we’ve shared information (Lab and CADAP)**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, 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). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within twelve (12) months.

**Get a copy of this privacy notice (Lab and CADAP)**

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 promptly.

**Choose someone to act for you** (Lab and CADAP)

- If you have given someone medical power of attorney or if someone is your legal guardian, 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** (Lab and CADAP)

- You can complain if you feel we have violated your rights by contacting us using the contact information below.
- You can 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 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

**Your Choices** (Lab and CADAP)

**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 us what you want us to do, and we will follow your instructions.

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

*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. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We do not conduct any fundraising. However, if we were to conduct fundraising and contact you for fundraising efforts, you could tell us not to contact you again.

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Treat you (Lab)**

We can use your health information and share it with other professionals who are treating you.

*Example: We send your laboratory result to your treating doctor.*

#### **Help manage the health care treatment you receive (CADAP)**

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

#### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary. (Lab and CADAP)

*Example: We may use health information about you to determine ways to improve our testing results to improve the quality of our results. (Lab)*

*Example: We use health information about you to develop better services for you. (CADAP)*

#### **Bill for your services (Lab)**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health care provider to obtain payment for our services.*

## **Administer your plan (CADAP)**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: We contact your employer or your health insurer to determine ongoing or past due premiums.*

## **How else can we use or share your health information? (Lab and CADAP)**

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 conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## **Help with public health and safety issues (Lab and CADAP)**

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

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## **Do research (Lab and CADAP)**

We can use or share your information for health research.

## **Comply with the law (Lab and CADAP)**

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 federal privacy law.

## **Respond to organ and tissue donation requests (Lab and CADAP)**

We can share health information about you with organ procurement organizations.

## **Work with a medical examiner or funeral director (Lab and CADAP)**

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

## **Address workers' compensation, law enforcement, and other government requests (Lab and CADAP)**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies, such as the Department of Public, for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to lawsuits and legal actions (Lab and CADAP)**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities (Lab and CADAP)**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly 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 give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **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, in our office, and on our web site.

## **Other Instructions for Notice**

- This Notice is Effective October 31, 2018
- We do not create or manage a hospital directory
- We do not create or maintain psychotherapy notes.
- Contact Information:

Olinda Morales, HIPAA Privacy Officer

410 Capitol Avenue, MS#13PHO

P.O. Box 340308

Hartford, CT 06134-0308

(860)509-7566

[Olinda.Morales@ct.gov](mailto:Olinda.Morales@ct.gov)