

**CARLOS G. OTIS HEALTH CARE CENTER, INC. (OHCC)**  
*Doing Business As All of the Following:*  
Grace Cottage Hospital, Grace Cottage Family Health, Messenger Valley Pharmacy

**JOINT 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 about this notice, please contact  
The Privacy Officer  
Carlos G. Otis Health Care Center, Inc  
PO Box 216  
Townshend, VT 05353  
802-365-7357

**UNDERSTANDING YOUR MEDICAL (HEALTH) RECORD**

Each time you visit a hospital, physician or other health care provider, your visit is documented. Information about your symptoms, examination and test results, diagnoses, treatment and plan of care is recorded in a document that is your medical record. Your medical record serves many purposes, such as:

- ❖ A record of your care and treatment and plans for future treatment
- ❖ A means of communication among all the healthcare providers who contribute to your care
- ❖ A means for us to assess and continually work to improve the care we provide and the health outcomes we achieve
- ❖ A means to verify that services billed were actually provided
- ❖ A source of information for public health officials who have a responsibility for protecting and improving the health of all citizens
- ❖ A legal document describing the care you received
- ❖ A tool for educating health care providers
- ❖ A source of data for medical research
- ❖ A source of data for facility planning

**UNDERSTANDING YOUR RIGHTS CONCERNING YOUR HEALTH INFORMATION**

Your physical medical record belongs to the healthcare facility that generated it. The information in your medical record belongs to you as well as to the facility that generated it. Among your rights concerning your medical record, you have the right to:

- ❖ Inspect and obtain a paper or electronic copy your health record as authorized by law
- ❖ Request a restriction on certain uses and disclosures of your health information
- ❖ Obtain a copy of this Notice of Privacy Practices
- ❖ Request amendment of your health record as provided by law
- ❖ Authorize, or revoke your authorization, of certain uses and disclosures
- ❖ Obtain an accounting of disclosures of your health information as provided by law
- ❖ Notification of health information breaches

**UNDERSTANDING OUR OBLIGATIONS CONCERNING YOUR HEALTH INFORMATION**

We create a record of the care and services you receive at OHCC. We need this record to provide you with quality care and to comply with legal requirements. We have an obligation to protect the integrity of your medical record.

This notice of our privacy practices applies to all of the records of your care generated by this health care organization, whether by OHCC employees or by other caregivers authorized to practice at OHCC. If your personal doctor is not an employee of OHCC, he or she will have a notice for you regarding the use and disclosure of your health information created in the doctor's office or clinic.

We are required by law to:

- ❖ Keep your identified health information private.
- ❖ Give you this notice about our legal duties and privacy practices concerning your health information and follow the terms of the Notice of Privacy Practices currently in effect.

**WHO WILL FOLLOW THIS NOTICE**

Carlos G. Otis Health Care Center, Inc. its employed physicians, its related entities and its medical staff, when providing services at the Carlos G. Otis Health Care Center, Inc facilities are acting as an organized health care arrangement (collectively referred to as "OHCC"). It applies to the medical record of all services provided to you in OHCC's clinically integrated care setting, regardless of whether specific services are provided by OHCC employees or by independent members of the medical staff. Carlos G. Otis Health Care Center, Inc., its employees and the members of its medical staff agree to abide by this notice as a condition to their participation in this organized health care arrangement. The following entities are included in this organized health care arrangement: Carlos G. Otis Health Care Center, Inc., Grace Cottage Hospital, Grace Cottage Family Health, Messenger Valley Pharmacy, any health care professional authorized to enter information into your medical record

- ❖ All OHCC employees and staff members of all OHCC entities, departments and programs

- ❖ Any volunteer allowed by OHCC to help you while you are receiving services from us
- ❖ Any student in an approved health care training program at OHCC
- ❖ Any health care professional from another health facility who is evaluating your transfer to that other facility

The entities and individuals participating in the organized health care arrangement will share protected health information with each other, as necessary to carry out treatment, payment, or health care operations within OHCC

Employees and staff members may share your health information with each other for treatment, payment or operations purposes as described in this notice.

#### **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

We understand that health information about you is personal. We are committed to protecting your privacy and your health information. We will not use or disclose your health information without your authorization, except as described in this notice.

The following categories describe different ways that we use and disclose health information.

- ❖ **Treatment:** We may use your health information to provide you with treatment or services. We may disclose information about you to doctors, nurses, aides, therapists, social workers, pharmacists, technologists or other health care personnel or support staff involved in providing services to you, including physicians or other health care providers who will care for you after you leave our facility.

*For example:* Each time you visit a physician, hospital or other health care provider, a record of your visit is made. This is your medical record and it generally contains information about your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. Your medical record is very important for providing a means of communication among the health professionals who contribute to your care, and for providing continuity of your care and treatment.

- ❖ **Payment:** We may use and disclose your health information so that the treatment and services you receive at OHCC may be approved by, billed to and paid by a third party payer, such as an insurance company, Medicare or Medicaid. *For example:* The information on or accompanying the bill will include information that identifies you, as well as your diagnosis, procedures and supplies used.
- ❖ **Health Care Operations:** We may use and disclose your health information for the operations necessary to run our facility, to meet our legal obligations and to assess the quality of care we provide. *For example:* We may use your health information to review our treatment and services and to evaluate the performance of our employees, staff and business associates in serving you. Members of our medical staff, clinical managers or the quality and risk management team may use your health information to assess your care and outcomes.

This information will then be used in an effort to continually improve the quality and effectiveness of the health care services we provide. We may disclose this information to our doctors, nurses, aides, therapists, social workers, pharmacists, technologists and other health care personnel and support staff as necessary for review and learning purposes. We may also combine health information we have with health information from other providers to compare how we are doing and to see where we can make improvements. In these instances, we will remove information that identifies you from this health information so others may study it without learning the identity of you or other consumers.

- ❖ **Appointment reminders:** We may contact you to provide reminders about appointments with your doctor or other health care provider.
- ❖ **Information about treatment alternatives:** We may contact you with information about treatment alternatives or other health related benefits and services that may be of interest to you.
- ❖ **Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include, but are not limited to, certain laboratory tests that are performed at other facilities, auditing activities relative to billing practices and services by certain specialists. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third party payer for services rendered. So that your health information is protected, however, we require the business associate to appropriately safeguard your information.
- ❖ **Grace Cottage Hospital Inpatient Directory:** Unless you notify us at the time of intake, or later in writing, we may use your name, location in our hospital, general condition and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to the people who ask for you by name.
- ❖ **Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for you, of your location and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number you or they have provided us.
- ❖ **Communication with Family:** Unless you have notified us that you object, our health professionals may disclose to your close family members, civil union partner or reciprocal beneficiary your health information relevant to that person's involvement in your care or payment related to your care.
- ❖ **Choose Someone to Act for you:** If you are unable to do so yourself and you have given a person medical power of attorney, that person can exercise your rights and make choices about your health information. A legal guardian has the right to make choices about your health information.
- ❖ **Fundraising Activities:** Your demographic information and dates of health care, but not your protected health information, may be disclosed to Grace Cottage Foundation personnel and fundraising business associates for inclusion on the mailing list of *Cottage Door* and other fundraising literature related to Carlos G. Otis Health Care Center, Inc. or for telephone contact by those fundraising personnel. There will be no further release of your information without your authorization. *For example:* If OHCC desired to create a fundraising brochure

with photos of or comments from persons served, fundraising personnel would inquire whether or not you would be willing to participate. Participation would be voluntary and, if you agreed, you would be asked to give us written authorization for that specific purpose. You will also be given the option to opt out of further mailings or contacts.

- ❖ **Research:** Under certain circumstances, we may use and disclose your health information for research purposes. *For example:* A research project may involve comparing the health and recovery of all patients who received one medication to those who received another medication for the same condition. All research proposals are subject to an approval process. An Institutional Review Board or a Privacy Board must review and approve the research proposal and the protocol for ensuring the privacy of your health information. The Board approving the research will determine whether or not the project demands your written authorization. *For example:* If the researcher will need your identification for the project, you will be given the opportunity to participate or to decline to participate. If the researcher will be using only de-identified information, the authorization requirement will be waived.
- ❖ **As Required by Law:** We will disclose your health information about you when required to do so by federal, state or local law. In Vermont, this would include: child abuse; abuse, neglect or exploitation of vulnerable adults; firearm-related injuries; communicable diseases; fetal deaths; cancer and mammography results; lead poisoning; blood alcohol level after motor vehicle accident; as needed for identification by a dentist or where a child under the age of sixteen is a victim of a crime.
- ❖ **Vermont Health Information Exchange:** In some instances, we may transfer health information about you electronically to other health care providers who are providing you treatment or to the insurance plan providing payment for your treatment. Your health information may also be made available through the Vermont Health Information Exchange (“VHIE”). The VHIE is operated by Vermont Information Technology Leaders (VITL) and your treating health care providers may access your health information through the VHIE unless you have chosen to opt-out or unless you are in need of emergency treatment. For information about eh VHIE, see [www.vitl.net](http://www.vitl.net).
- ❖ **To Avert a Serious Threat to Health or Safety:** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- ❖ **Military:** If you are a member of the U. S. or foreign armed forces, we may release health information about you as required by military command authorities who have followed appropriate federal regulations in seeking the information.
- ❖ **Workers’ Compensation:** We may release health information about you for workers’ compensation or similar programs as authorized by Vermont law. These programs provide benefits for work-related injuries or illnesses.
- ❖ **Public Health Risks:** We may disclose health information about you for public health activities. These activities generally include the following:
  - ❖ To prevent or control disease, injury or disability
  - ❖ To report deaths
  - ❖ To report child abuse or neglect
  - ❖ To report abuse, neglect or exploitation of vulnerable adults - Any suspicion of abuse, neglect, or exploitation of the elderly (age 60 or older), or a disabled adult with a diagnosed physical or mental impairment must be reported.
  - ❖ To report reactions to medications or problems with products
  - ❖ To notify individuals of recalls of products they may be using
  - ❖ To notify an individual who may be exposed to a disease or may be at risk for contracting or spreading a disease or condition
- ❖ **Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, but are not limited to, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
- ❖ **Legal Proceedings and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order or in a response to a legal subpoena.
- ❖ **Public Health Officials and Funeral Home Directors:** In the event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose your health information to funeral directors to enable them to carry out their duties.
- ❖ **Individuals in Custody:** If you are an inmate or in a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official if the information is necessary (1) for provision of health care by the correctional institution, (2) to protect the health and safety of you or others, (3) for the safety and security of the correctional institution.
- ❖ **Organ Procurement Organizations:** We may share health information about organ and donor request

#### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

We will provide you with any assistance (physical, communicative, etc.) you need in order to exercise your rights.

You have the following rights regarding information we maintain about you:

- ❖ **Right to access:** You have the right to inspect and obtain a copy of your health information upon your written request. However, you do not have a right of access to psychotherapy notes or information compiled in reasonable anticipation of a civil, criminal, or administrative proceeding. Also, your right of access may be limited if providing certain health information, in the judgment of your physician or other licensed health care professional, may endanger the health or safety of yourself or others. To request access to your medical record call the

Medical Records department during business hours. We will respond to your request as soon as possible, but no later than 30 days from the date of your request. If access is denied you will receive a denial letter within 30 days. There is an appeals process.

- ❖ We have the right to charge a reasonable fee for providing copies of your health information.
- ❖ **Right to Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Carlos G. Otis Health Care Center, Inc.

To request an amendment, your request must be made in writing, must include the reason for your request and must be submitted to The Privacy Officer. (See contact information on first page of this notice.)

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- ❖ Was not created by us, unless the person or entity that created the information is no longer available to make the amendment,
  - ❖ Is not part of the designated record set kept by or for Carlos G. Otis Health Care Center, Inc.,
  - ❖ Is not part of the information which you would be permitted to inspect and copy, or
  - ❖ Was determined by us to be accurate or complete.
- ❖ **Right to an Accounting of Disclosures:** You have the right to request a list of the disclosures we made of your health information with the following limitations:
    - ❖ The list will not include the following disclosures:
      - To the patient or his/her personal representative;
      - To carry out treatment, payment or operational activities;
      - To discuss the patient's health care with a family member or other individual involved in his/her care, or for other permitted notification purposes;
      - For national security or intelligence purposes;
      - To correctional institution or to law enforcement and the patient is currently an inmate;
      - Pursuant to an authorization;
      - As part of a limited data set;
      - Prior to April 14, 2003

The request must be in writing to the privacy officer.

We will respond to your request as soon as possible, but no later than 60 days from the date of your request.

We will provide you with one accounting every 12 months free of charge. We will charge a reasonable fee for additional lists within the same 12 month period.

- ❖ **Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the health information we disclose to persons involved in your care or payment for your care, like a family member. We are not required to agree to your restriction request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. In that case, we will ask that the recipient to not further use or disclose the restricted health information.

To request restrictions, you must make your request in writing to The Privacy Officer. (See contact information on first page of this notice.)

In your request, you must tell us (1) what information you want to limit, (2) whether you want to limit use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

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 honor this request unless a law requires us to share information.

- ❖ **Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must be in writing, must specify how or where you wish to be contacted, and must be submitted to The Privacy Officer. (See contact information on first page of this notice.)
- ❖ **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of the current notice at any time. To obtain a paper copy of this notice, contact Carlos G. Otis Health Care Center, Inc. 802-365-7357.
- ❖ **Right to Receive a Written Notification of a Breach:** You have a right to receive a written notification if your health information has been breached.

You may also obtain a copy of this notice at our website:

or  
[www.gracecottagehospital.org](http://www.gracecottagehospital.org)

#### THE CARLOS G. OTIS HEALTH CARE CENTER, INC. POLICY ON INTERNET SECURITY

Health Care Information transmitted via internet is done through secure websites.

## CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility as well as on our website. The notice will contain on each page, in the bottom left hand corner the revision date. Should we make a material change to this notice, we will, prior to the change taking effect, post in our facility, and on our website. The revised notice will then be available on our website, in our facility and upon your request.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with us or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. Complaint forms are available in the Health Information Management Office, but you are not required to use our complaint form. All complaints must be submitted in writing.

To file a complaint with us, contact The Privacy Officer. (See contact information on first page of this notice.)

To file a complaint with the Secretary of the Department of Health and Human Services, contact the regional office at:

Office for Civil Rights  
U.S. Department of Health and Human Services  
Government Center, J.F. Kennedy Federal Building, Room 1875  
Boston, MA 02203  
Voice Telephone: 617-565-1340  
TDD: 617-565-1343  
Fax: 617-565-3809

## OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you authorize us to use or disclose health information about you, you may revoke that authorization, in writing at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures we have already made with your authorization, and we are required to retain our records of the services we provided to you.