

Notice of Privacy Practices

This notice describes how patient health information about you may be used and disclosed, your rights with respect to your health information, and how to file a complaint concerning violation of the privacy or security of your health information, or of your rights concerning your information. You have a right to a copy of this notice (in paper or electronic form) and to discuss it with Privacy Officer at 203-777-7411 or privacyofficer@fhchc.org if you have any questions.

Who We Are:

This Notice of Privacy Practices describes the privacy practices of Fair Haven Community Health Clinic, Inc (FHCHC), which include the privacy practices of:

- all of our clinicians, nurses and other health care professionals authorized to enter information about you in your health record;
- all of our departments, including our medical records and billing departments
- all of our health care sites, outreach programs, patient care facilities or programs operated by FHCHC; and
- all of our employees, staff, volunteers and other personnel who work for us or on our behalf.

Our Pledge to You:

We understand that patient health information about you is personal. We are committed to protecting patient health information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care generated by any of our facilities and providers. We are required by law to:

- Keep patient health information about you private.
- Give you this notice of our legal duties and privacy practices with respect to patient health information about you.
- Follow the terms of the notice that is currently in effect.

Our Uses and Disclosures for Your Health Information:

We may use and disclose patient health information about you without your prior authorization for treatment, such as sending patient health information about you to a specialist as part of a referral (this includes psychiatric or HIV information if needed for purposes of your diagnosis and treatment); to obtain payment for treatment, such as sending billing information to your insurance company; and to support our healthcare operations, such as general administrative activities and quality improvement programs (Note: only limited psychiatric or HIV information may be disclosed for billing purposes without your authorization). If you are treated in a specialized substance abuse program; your special authorization is required for most disclosures other than emergencies.

Other examples of such uses and disclosures include contacting you for appointment reminders and telling you about or recommending possible treatment options, alternatives, health-related benefits or services that may be of interest to you. Unless you direct us otherwise, we may send you reminders via mail, text message, email, or telephone call (including voicemail). We may also contact you to support our fundraising efforts. It is always your choice to opt out of receiving fundraising communications from us.

We may use or disclose patient health information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give our patient health information about you,

without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, medical examiners, funeral arrangements and organ donation, workers' compensation purposes, emergencies, national security and other specialized government functions, and for members of the Armed Forces as required by Military Command authorities. We also disclose patient health information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders or other legal process. We may disclose your protected health information to our business associates under Business Associate Agreements.

Under certain circumstances, we may use and disclose health information about you for research purposes, subject to a review and approval from an institutional review board. The board must have established procedures to ensure that your protected health information remains confidential. We will always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are or will be involved in your care. We may disclose patient health information about you to a friend or family member whom you designate or in appropriate circumstances, unless you request a restriction. We may also disclose information to disaster relief authorities so that your family can be notified of your location and condition.

Privacy Rules for Certain Treatment Types

Some types of health information receive additional protection under Connecticut and Federal law. These protections may provide greater privacy rights than HIPAA. Where federal or state law provides greater protection, the stricter standard applies.

Behavioral Health/Psychiatric Information

- Health information relating to the diagnosis or treatment of a behavioral health or psychiatric information is confidential and may not be disclosed without your written authorization, except as permitted by law or by court order.
- Psychotherapy notes, as defined under federal law, are given special protection and require your specific written authorization. Psychotherapy notes are not disclosed as part of routine treatment, payment, or health care operations.

HIV/AIDS-STD Information

- Health information related to HIV/AIDS or STD testing or treatment may not be disclosed without your specific written authorization, except as permitted by Connecticut law or pursuant to a court order. Further disclosure without authorization is prohibited.

Alcohol/Drug Use Treatment Information

- Any disclosure of this information is subject to federal restrictions on redisclosure.

- Examples of uses and disclosures that require your written consent includes but not limits: we need your written consent before sharing this information with others outside FHCHC.
- You may choose to give a single written consent that allows us to use or disclose your substance use disorder treatment information for future treatment, payment, and health care operations. You are not required to give such consent, and you may revoke your consent at any time as permitted by law.

Reproductive Health Care Information

- Reproductive health care information includes, but is not limited to, information related to pregnancy, contraception, miscarriage management, and fertility treatment, and is subject to heightened privacy protections.
- This information may not be disclosed for purposes of investigating or imposing liability related to lawful reproductive health care and may not be disclosed without your explicit written authorization, except as permitted by law.

Other Uses of Patient Health Information:

In any other situation not covered by this notice, including the use or disclosure of psychotherapy notes, we will ask for your written authorization before using or disclosing patient health information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

Right to Be Notified of a Breach:

We will notify you in the event that the confidentiality of your information has been breached.

Right to Access and or Amend Your Records:

In most cases, you have the right to look at or get a copy of patient health information that we use to make decisions about your care. All requests for copies or access must be submitted in advance, in writing. We are required to respond to your request within 30 days. If your request for inspection is granted, we will arrange for a convenient time and place for you to look at your record. If you request copies, we may charge a fee for the cost of copying, mailing, or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

If you believe that information in your record is incorrect or that important information is missing, you have the right to request that we correct the records, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information is not maintained by us; or if we determine that your record is accurate. You may submit a written statement of disagreement with a decision by us not to amend a record.

Right to an Accounting:

You have the right to request a list accounting for any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and healthcare operations, circumstances in which you have specifically authorized such disclosure and certain other exceptions, as required by law.

To request this list of disclosures, indicate the relevant period which must be within the past six (6) years. You must submit your request in writing to the Health Information Management Department or Billing Department as appropriate.

Right to Request Restrictions:

You may request, in writing, that we not use or disclose patient health information about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request and work to accommodate it when possible, but we are not legally required to accept it unless all conditions are met:

- You request that your information is not shared with an insurer for purposes of payment or other purposes unrelated to your treatment;
- You pay for charges associated with the services you received out-of-pocket; and
- We are not required by law to release your information to the insurer.

We will inform you of our decision on your request. All written requests or appeals should be submitted to our Privacy Officer listed below.

Requests for Confidential Communications:

You have the right to request that patient health information about you be communicated to you in a confidential manner, such as requesting that we contact you only at a certain phone number or specific address, by notifying us in writing of the specific way or location for us to use to communicate with you.

Right to Request a Paper Copy of This Notice:

You may receive a paper copy of this Notice from us upon request, even if you have agreed to receive this notice electronically.

Changes to This Notice:

We may change our policies at any time. Changes will apply to patient health information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in waiting areas and on our Web site at fhchc.org. You can receive a copy of the current notice at any time. The effective date is listed at the end. Copies of the current notice will be available each time you come to our facility for treatment. You will be asked to acknowledge in writing your receipt of this notice.

Complaints:

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you have the right to contact our Privacy Officer at:

Privacy Officer

Fair Haven Community Health Care
374 Grand Avenue
New Haven, CT 06513
203-777-7411
privacyofficer@fhchc.org

Or contact U.S. Department of Health and Human Services Office of Civil Rights at (800) 368-1019; TDD: (800) 537-7697 or file grievance via Regional Manager Office for Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F.Kennedy Federal Building - Room 1875 Boston, MA 02203 or through the electronic portal at link: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>

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