

## NOTICE OF PRIVACY PRACTICES OF INTERCOMMUNITY, INC.

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NOTICE ALSO DESCRIBES YOUR OTHER RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, AS WELL AS HOW TO FILE A COMPLAINT CONCERNING A 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 INTERCOMMUNITY, INC.'S PRIVACY OFFICER AT 860-569-5900 ext. 364 or [compliance@intercommunityct.org](mailto:compliance@intercommunityct.org). PLEASE REVIEW IT CAREFULLY.**

### **I. Purpose of this Notice of Privacy Practices**

InterCommunity, Inc. (“**InterCommunity**”) understands that your health information is private and confidential. This Notice of Privacy Practices (this “**Notice**”) describes your rights with respect to your health information and our obligations, legal duties, and privacy practices regarding the use and disclosure of your health information.

Your “**health information**” is information about you created or received by us, including demographic information, that may reasonably identify you and that relates to your past, present or future physical or mental health condition, including any substance use disorder, or payment for the provision of your health care.

InterCommunity is required by law to provide you with this Notice, to maintain the privacy of your health information, and to abide by the terms of this Notice currently in effect, and to notify you following a breach of your unsecured health information. If you would like to receive a copy of this Notice or a copy of any revised Notice, you should contact InterCommunity via the contact information provided at the end of this Notice or visit our website at [www.intercommunityct.org](http://www.intercommunityct.org).

### **II. Organized Health Care Arrangement/Connecticut Health Information Exchange**

InterCommunity is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at [www.ochin.org](http://www.ochin.org). As a business associate of InterCommunity, OCHIN supplies information technology and related services to InterCommunity and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your health information may be shared by InterCommunity with other OCHIN participants when necessary for health care operations purposes of the organized health care arrangement.

As part of InterCommunity’s participation in OCHIN, InterCommunity’s electronic medical records are shared with other treating providers through the Epic electronic medical records system (“**Epic**”) and its Care Everywhere function (please see special note regarding minors). Through Epic, hospitals, physicians, clinics, and other Epic providers can access the shared electronic medical record, which includes the medical information generated by InterCommunity and other providers. The medical record information is shared to facilitate care coordination, and access to the information is granted on a need-to-know basis for the sole purpose of treatment and ensuring patient safety and care consistency.

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Although you may not opt out of Epic, you may request in writing to opt out of Care Everywhere, which will prevent future treating providers outside the OCHIN network from accessing your medical record in the OCHIN Epic system. Treating providers who are OCHIN participants will continue to have access to your information. Please contact InterCommunity's Privacy Officer at 860-569-5900 ext. 364 or [compliance@intercommunityct.org](mailto:compliance@intercommunityct.org) for information regarding how to opt out of Care Everywhere or if you have any questions about the information shared through Epic generally.

InterCommunity also shares electronic health information through the Connecticut Health Information Exchange known as "CONNIE." Through CONNIE, your hospitals, physicians, clinics, and other health care providers may be provided with access to health information generated by InterCommunity to facilitate care and ensure patient safety and care consistency. For more information about CONNIE, please contact the administrators of CONNIE directly at 888-783-4410 or [info@conniect.org](mailto:info@conniect.org). To opt-out of CONNIE, you may complete CONNIE's opt-out form accessed on-line at <https://connect.conniect.org/OptoutForm>.

Upon intake, you will be asked to sign a consent to the foregoing and other uses and disclosures of your health information for treatment, payment and health care operations purposes. Your consent is particularly necessary for all such future treatment, payment, and health care operations uses and disclosures of information relating to HIV status, mental health, and substance use disorders.

*Special Note for treating minors at InterCommunity:* Patients under the age of 18 are automatically opted out of Care Everywhere. However, InterCommunity recommends participation in Care Everywhere to facilitate best care coordination. If you would like to opt in to have your child's information be shared through Care Everywhere, please speak with your child's provider or contact InterCommunity's Privacy Officer at 860-569-5900 ext. 364 or [compliance@intercommunityct.org](mailto:compliance@intercommunityct.org).

### III. How InterCommunity May Use or Disclose Your Health Information Without Your Prior Authorization

A Federal law known as "HIPAA" permits certain uses and disclosures of general health information without obtaining your prior authorization. The confidentiality of certain types of health information – specifically, HIV-related, mental health, and substance use disorder ("SUD") information -- are subject to additional protections under Connecticut law and a Federal law known as "42 CFR Part 2" or "Part 2."

The following categories describe some of the different ways that InterCommunity is permitted to use and disclose health information without your authorization under HIPAA, with special notes where Connecticut law and/or Part 2 provide for additional protections for particular types of health information.

#### A. ***InterCommunity's Use and Disclosure of Health Information for Treatment, Payment and Health Care Operations***

InterCommunity typically uses and shares your health information in the following ways:

- *Treatment:* InterCommunity may use your health information to provide you with health care and related services and may share it with clinicians, counselors, doctors, and other persons who are treating you. For example, InterCommunity may disclose information about your overall health condition to a physician that is treating you for an injury.
- *Payment:* InterCommunity may use and share your health information for billing and payment purposes. For example, InterCommunity may use your health information to

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prepare your bill and may disclose your health information to your insurance carrier or other entity responsible for payment to confirm your coverage and/or obtain payment.

- **Health Care Operations:** InterCommunity may use and share your health information as necessary for health care operations, such as running our business, educating and training our staff, monitoring and improving the quality of your care, and contacting you when necessary. For example, your health information may be combined and analyzed for purposes of evaluating and improving InterCommunity's clinical programs. As another example, InterCommunity may use or share your health information when contacting you to provide appointment reminders (including, without limitation, through calls, text messages, or emails).

**Special Part 2 Protections for SUD Records:** InterCommunity cannot use or disclose your SUD records for treatment, payment or health care operations without your consent. However, Part 2 permits you to sign a single consent for all future uses or disclosures of your SUD records for treatment, payment and health care operations purposes. InterCommunity will require you to sign this one-time consent at the time of intake. If InterCommunity uses or discloses SUD records to other Part 2 programs, covered entities and business associates pursuant to this one-time consent, the records may be further disclosed without your written consent to the extent permitted under HIPAA.

**Special State Law Protections for HIV-Related and Mental Health Information:** In some cases, your consent may be required for use or disclosure of HIV-related and/or mental health information for treatment, payment and health care operations. InterCommunity will ask you to sign a one-time consent at the time of intake.

### **B. Other Ways InterCommunity Uses and Shares Health Information**

InterCommunity is allowed or required to share your health information in other ways – usually in ways that contribute to the public good, such as for public health and research. The descriptions below are intended to give you enough detail to put you on notice but do not contain all of the specific circumstances and conditions that must be satisfied before we can use or 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).

- **Business Associates:** InterCommunity may disclose health information to business associates and may allow business associates to create, use, disclose, or receive health information to perform services on behalf of InterCommunity.
- **Public Health and Safety Issues:** InterCommunity may 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

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- *Comply with the law:* InterCommunity will share information about you if Connecticut or Federal laws require it, including with the Department of Health and Human Services if it wants to see that InterCommunity is complying with Federal privacy law.
- *Address workers' compensation, law enforcement, and other government requests:* InterCommunity may 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 for activities authorized by law, such as audits, investigations, inspections, licensures and disciplinary actions or proceedings
  - For special government functions such as military, national security, and presidential protective services
- *Respond to lawsuits and legal actions:* InterCommunity may disclose health information in response to a court or administrative order, a subpoena, discovery request, or other lawful process.
- *Working with Coroners, Medical Examiners and Funeral Directors and Responding to Organ Donation Organizations:* InterCommunity may disclose health information to coroners, medical examiners and funeral directors when an individual dies, or to an organ procurement organization.
- *Research Purposes:* InterCommunity may use or disclose health information for health research.

**Special Part 2 Protections for SUD Records:** 42 CFR Part 2 is more restrictive than HIPAA. Your consent is required for most of the uses and disclosures of SUD records for the purposes described above. There are certain situations, however, where SUD records must or may be disclosed without your consent. Specifically, 42 CFR Part 2 does not apply to InterCommunity's internal communications or InterCommunity's communications (a) with its business associates, (b) with law enforcement related to crimes on InterCommunity's premises or against InterCommunity's personnel, or (c) with state or local authorities related to reporting suspected child abuse and neglect under state law. Additionally, InterCommunity must disclose SUD records to the Secretary of Health and Human Services when requested for the purpose of investigating or determining InterCommunity's compliance with Part 2, and InterCommunity may use or disclose SUD records for the following purposes, subject to certain circumstances and conditions: (i) your bona fide medical emergencies; (ii) scientific research or audit and program evaluation purposes; (iii) public health purposes.

SUD records, or testimony relaying the content of the records, whether created or obtained by InterCommunity, may not be used or disclosed in any civil, administrative criminal, or legislative proceeding against you unless you have provided written consent to, or a court order permits, the use or disclosure. SUD records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or the record holder, if required by Part 2, and if the court order is accompanied by a subpoena or other similar legal mandate compelling disclosure.

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**Special State Law Protections for HIV-Related and Mental Health Information:** Your consent is required for most disclosures of HIV-related and mental health information although the applicable state laws provide some exceptions.

### IV. Uses and Disclosures About Which You Have a Choice

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, tell InterCommunity what you want.

#### A. *Use and Disclosure of Health Information with Persons Involved in Your Care and for Disaster Relief*

In these cases, you have both the right and choice, subject to certain conditions, to tell us whether we may:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a facility directory.

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

**Special Part 2 Protections for SUD Records:** 42 CFR Part 2 does not permit these disclosures without your written consent.

#### B. *Use and Disclosure of Health Information for Fundraising Activities*

InterCommunity may use or disclose certain health information, including information obtained or created in connection with your SUD treatment, to contact you regarding its fundraising activities. For example, InterCommunity may mail you an announcement regarding a fundraising event. We may also disclose such information to a business associate for the same purpose. **You have the right to opt out of receiving fundraising communications.**

#### C. *Use and Disclosure of Health Information for which Authorization is Required*

In these cases, subject to limited exceptions, we never share your health information unless you give us written permission:

- Marketing purposes
- Sale of your health information
- Sharing of psychotherapy notes or SUD counseling notes.

For example, when sharing SUD records with another treating provider pursuant to a one-time consent for treatment, payment and health care operations purposes, InterCommunity may not include SUD counseling notes, unless InterCommunity obtains your written consent.

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### V. All Other Uses and Disclosures Require Your Authorization

Except as described in this Notice, InterCommunity will not use or disclose your health information without your written authorization. You may revoke an authorization at any time by contacting InterCommunity's Privacy Officer in writing or otherwise following the instructions on the authorization form. If you revoke an authorization, InterCommunity will no longer use or disclose health information covered by the authorization, except to the extent it has already relied on the authorization.

Information disclosed with your authorization or otherwise in accordance with this Notice may be subject to redisclosure by the recipient and no longer protected by HIPAA or other applicable Federal or state laws.

### VI. Your Rights Regarding Your Health Information

You have the following rights with respect to your health information. The following briefly describes how you may exercise these rights. Please contact InterCommunity's Privacy Officer for additional information on these rights and how you may exercise them.

- *Restrictions on Uses and Disclosures:* You may request that InterCommunity not use or share certain health information, including SUD records, to carry out treatment, payment, or health care operations, even after you sign the one-time consent with respect to SUD records described in this Notice. You may also restrict InterCommunity from disclosing your health information to a family member, relative, or a close personal friend. InterCommunity is not required to agree to your requested restriction unless it relates to disclosure for payment or health care operations purposes and pertains solely to a health care item or service paid for in full by you or someone else on your behalf (besides the health plan).
- *Confidential Communications:* You have the right to request, in writing, that InterCommunity communicate with you in a specific way (e.g., home or mobile phone). All reasonable requests will be accommodated.
- *Access to Health Information:* You have the right to ask to see or get an electronic or paper copy of your medical record and other health information. Your request for access must be made in writing. InterCommunity will provide you with a copy or summary of requested health information, usually within 30 days. InterCommunity may charge you a reasonable cost-based fee.
- *Amendment:* You have the right to request that we correct health information about you that you believe is incorrect or incomplete through an amendment. Any request for an amendment must be made in writing and must state the reason for the amendment. InterCommunity may deny your request in certain circumstances but will tell you why in writing within 60 days.
- *Accounting of Disclosures:* You have the right to request a list (accounting) of the times we shared your information during the preceding six-year period, who we shared it with, and why. The accounting will not include disclosures made for treatment, payment, and health care operations, disclosures made with your consent, and certain other disclosures. InterCommunity will provide you with one accounting per year for free but may charge a reasonable, cost-based fee for additional requests during the 12-month period.

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- *Intermediaries:* If InterCommunity uses an intermediary, you have the right to a list of disclosures by such intermediary for the past three years as more particularly stated in Section 2.24 of the Part 2 regulations.
- *Copy of this Notice:* You have the right to request and receive a paper or electronic copy of this Notice at any time.
- *Opting-Out of Fundraising:* You have the right to ask to not receive fundraising communications.
- *Information:* You have the right to discuss this Notice with InterCommunity's Privacy Officer.

### VII. Changes to this Notice

InterCommunity reserves the right to change the privacy practices contained in this Notice. Any new or revised Notice provisions will be effective for all health information, including health information previously created, received or maintained by InterCommunity, as well as for all health information it receives in the future. InterCommunity will provide an electronic or paper copy of the revised Notice upon request. A copy of the current Notice is available on InterCommunity's website at [www.intercommunityct.org](http://www.intercommunityct.org) and may be requested from InterCommunity's Privacy Officer using the contact information provided below.

### VIII. For Further Information or to File a Complaint

If you have any questions about this Notice or would like further information concerning your privacy rights or health information, please contact InterCommunity's Privacy Officer. If you believe that your privacy rights have been violated, you may file a complaint in writing, including a description of the alleged violation, with InterCommunity.

To ask questions, receive further information, or file a complaint, please contact our **Privacy Officer** at **860-569-5900 ext. 364** or [compliance@intercommunityct.org](mailto:compliance@intercommunityct.org).

Also, you may file a complaint in writing with the Secretary of Health and Human Services:

U.S. Department of Health and Human Services Office of the Secretary  
200 Independence Avenue, S.W.  
Washington, DC 20201  
1-877-696-6775

InterCommunity will not retaliate against you for filing a complaint.