

Joint Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

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

- **Get a copy of your paper or electronic medical record**

You can ask to see or get an electronic or paper copy of your medical record 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 30 days of your request. We may charge a reasonable, cost-based fee. We will ask you to provide your request in writing to assure we protect your information. A copy of the form is available at: <https://hartfordhealthcare.org/patients-visitors/patients/medical-records>.

- **Ask us to correct your paper or electronic medical record**

You can ask us to correct health information about you that you think is incorrect or incomplete. We will ask you to provide your request in writing to assure we are clear about what you are asking us to correct. A copy of the form is available at: <https://hartfordhealthcare.org/patients-visitors/patients/medical-records>. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

- **Request confidential communication**

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 the information 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. If you pay for a service or health care item out-of-pocket in full and in advance, 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.

- **Get a list of those with whom we’ve shared your information**

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 12 months.

- **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 promptly.

- **Choose someone to act for you**

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 believe your privacy rights have been violated**

You can complain if you feel we have violated your rights by contacting us using the information below for the location where you received services. We will not retaliate against you for filing a complaint.

- 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 SW, Washington, DC 20201, calling 1.877.696.6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

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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 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 how to:

- Tell family, close friends, or others involved in your care about your condition
- Share information in a disaster relief situation
- Include your information in a hospital directory

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.

Except as permitted or required by law, in these cases we never share your information unless you give us written permission:

- Most marketing purposes
- Most sharing of psychotherapy notes, specialized substance abuse program records, and HIV-related testing and treatment
- We may contact you for fundraising efforts, but you can tell us not to contact you again

Our Responsibilities

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:

<https://hhchealth.org/HIPAA>

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 offices, and on our website.

Our Uses & Disclosures

- **Help with public health and safety issues**
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. We can use or share your information for health research

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- **Comply with the law** 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** We can share health information about you with organ procurement organizations.
- **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.
- **Address workers' compensation, law enforcement, and other government requests** 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 for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services
- **Respond to lawsuits and legal actions** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

How do we typically use or share your health information?

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

We may use and share your information as we:

- **Treat you** 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 treating doctor about your overall health condition.

- **Run our organization** We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example:* We use health information about you to manage your treatment and services.
- **Bill for your services** 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 insurance plan so it will pay for your services.

How else can we 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 conditions in the law before we can share your information for these purposes. For more information see <https://hhchealth.org/HIPAA>

Joint Notice of Privacy Practices for Hartford HealthCare Part 2 Programs

This notice describes:

- How health information about you related to Substance Use Disorder (SUD) treatment by Hartford HealthCare may be used and disclosed
- Your rights with respect to your SUD treatment information
- How to file a complaint concerning a violation of the privacy or security of your SUD treatment information, or of your rights concerning your SUD treatment information

This notice supplements the information in our HIPAA Notice of Privacy Practices and describes additional protections for records related to SUD treatment. We are required to provide patients with this notice of our legal duties and privacy practices with respect to SUD records and to notify affected patients following a breach of unsecured SUD records.

Joint Notice of Privacy Practices for Hartford HealthCare Part 2 Programs, Cont.

This notice is applicable to SUD treatment information protected under 45 CFR Part 2 which is limited to SUD treatment programs. This notice does not apply to information related to care provided outside these programs such as substance use screening that is performed in emergency rooms or by your primary care provider.

Uses & Disclosures

HHC Part 2 Programs can share your SUD treatment information in certain situations without written consent such as:

- Disclosures made to medical personnel in a medical emergency
- Communication between staff within the Part 2 Program, or between the Part 2 Program and the entity that has direct administration control over the program
- Disclosures made to qualified service organizations providing services on our behalf
- Disclosures made to law enforcement to report a crime you commit, or threaten to commit, in our facility or against our personnel
- Disclosures made to the Connecticut Department of Children and Families to report suspected child abuse and neglect as required by Connecticut state law
- Disclosures made to qualified personnel for research subject to ethics board approval and oversight
- Disclosures allowed by a court order accompanied by a subpoena or other legal mandate requiring that we share your information. Records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on your specific written consent or a court order. Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you (the patient) and/or the holder of the record, where required by 42 USC§290dd-2 and 42 CFR Part 2. Disclosures to qualified personnel for audit or program evaluation who a) agree in writing to protect the information as required under our policies,

b) represent federal, state, or local government agencies that are authorized by law to oversee our program, or c) provide financial assistance to the program or provide payment for health care such as the Department of Mental Health and Addiction Services.

In all other circumstances, we will ask for your consent to release your SUD information outside of our program.

Instances where we may share your SUD treatment information with your written consent:

- We may use and/or disclose your SUD records to a person or class of persons you identify or designate in your written consent. For example, you may sign a consent authorizing us to disclose your SUD records to a family member or a friend.
- When you provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. Records that are disclosed to a Part 2 program, covered entity, or business associate pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by the recipient without your written consent only as allowed by HIPAA, except that they may not re-disclose information for civil, criminal, administrative, or legislative proceedings against you.

You may revoke your consent at any time, except to the extent that the Hartford HealthCare Part 2 Program has acted in reliance upon it. You may revoke consent by submitting a request in writing to the Privacy Officer at Privacy@hhchealth.org, or you may request reasonable accommodation for an alternative revocation process by contacting the Privacy Officer at 860.972.1573.

If you were mandated to treatment through the criminal legal system (including drug court, probation, or parole) and you sign a consent authorizing disclosures to elements of the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement, your right to revoke consent may be more limited and should be clearly explained on the consent you sign.

Joint Notice of Privacy Practices for Hartford HealthCare Part 2 Programs, Cont.

Your Rights

As a patient of a Hartford HealthCare Part 2 SUD treatment Program, you have the right to:

- Request restrictions of disclosures made with your prior consent for purposes of treatment, payment, and health care operations. We will review your request but are not required to agree unless the request relates to sharing information with your insurance provider and your care has already been paid for by another source in full in advance. If we agree to your request, we may still share your information where needed for emergency care or where required by law.
- An accounting of disclosures of electronic SUD records to people outside our program for the past 3 years. In addition, if you provided consent to share your information for treatment through a health information exchange, care management organization, or other intermediary, you have a right to a list of disclosures by an intermediary for the past 3 years.
- Obtain a paper or electronic copy of this notice upon request. You may also find this notice on our website, <https://hhchealth.org/JNOPP>.
- Elect not to receive fundraising communications.

Our Commitment to You

We are required to abide by the terms of the notice currently in effect. Hartford HealthCare reserves the right to change the terms of this notice and to make the new notice provisions effective for records that it maintains. If we update this notice, we will provide you with the revised notice, which will be available upon request, in our offices, and on our website.

If you have a question or concern about this notice or your privacy you may contact the Hartford HealthCare Privacy Officer or his or her designee by email at Privacy@hhchealth.org or call 860.972.1573.

Complaints

If you believe your privacy rights have been violated, you have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services. You may do so by contacting the HHS Office for Civil Rights or accessing <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. A patient is not required to report an alleged violation either to the Secretary or part 2 program but may report to either or both.

To file a complaint with a Hartford HealthCare Part 2 Program, you may contact the Privacy Officer at Privacy@hhchealth.org or call 1.855.442.6241. The Hartford HealthCare Part 2 Program will not retaliate against you for filing a complaint.

Effective Date: September 23, 2013

Version 8: December 22, 2025

This Joint Notice of Privacy Practices applies to HHC Member Organizations

The following covered entities and their respective medical staff are part of an Organized Health Care Arrangement (OHCA). If you have a question about this Notice, would like to exercise your privacy rights, or if you feel that your privacy rights have been violated, you may contact the Privacy Officer by email at Privacy@hhchealth.org or call 1.855.442.6241. For the most current list of HHC Member Organizations, please visit our website at: <https://hartfordhealthcare.org/patients-visitors/patients/patient-rights-privacy/joint-notice-of-privacy-practices>

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American Ambulance

One American Way
Norwich, CT 06360
860.886.1463

Charlotte Hungerford Hospital

540 Litchfield St.
Torrington, CT 06790
860.496.6666

Greater Manchester Homecare, LLC

8 Keynote Dr.
Vernon CT, 06066
860.872.9163

Hartford HealthCare Senior Services (Southington Care Center)

80 Meriden Avenue
Southington, CT 06489
860.378.1219

Hartford HealthCare at Home

FKA VNA HealthCare/VNA East
1290 Silas Deane Hwy
Wethersfield, CT 06109
800.466.3227

Hartford HealthCare Medical Group

1290 Silas Deane Highway, Second Fl.
Wethersfield, CT 06109
1.855.300.6933

Hartford Hospital, Hartford HealthCare Rehabilitation Network, Institute of Living, Jefferson House

80 Seymour Street
Hartford, CT 06102
860.972.1400

Hunters Ambulance

450 West Main Street
Meriden, CT 06451
203.235.3369

Manchester Memorial Hospital, Inc.

71 Haynes St.
Manchester CT, 06040
860.646.1222

MidState Medical Center

435 Lewis Avenue
Meriden, CT 06451
203.694.8200

Natchaug Hospital

189 Storrs Road
Mansfield Center, CT 06250
860.456.1311

Rushford Center

883 Paddock Avenue
Meriden, CT 06450
860.346.0300

SVMC Holdings, Inc.

dba St.Vincent's Medical Center
2800 Main St.
Bridgeport, CT 06606
203.576.6000

The Hospital of Central Connecticut

100 Grand Street
New Britain, CT 06050
860.224.5900, Ext. 2620

The William W. Backus Hospital

326 Washington Street
Norwich, CT 06360
860.889.8331

Windham Hospital

112 Mansfield Avenue
Willimantic, CT 06226
860.456.9116

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ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-860-696-1246 (TTY 1-860-545-2247) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También contamos con recursos y servicios auxiliares adecuados para proporcionarle información en formatos accesibles, sin cargo alguno. Llame al 1-860-696-1246 (TTY: 1-860-545-2247) o hable con su proveedor.

ATENÇÃO: Se você fala português, disponibilizamos serviços gratuitos de assistência linguística. Recursos auxiliares serviços apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-860-696-1246 (TTY: 1-860-545-2247) ou converse com seu provedor.

UWAGA: Jeśli mówisz po polsku, dostępne są bezpłatne usługi wsparcia językowego. Do dyspozycji są również bezpłatne materiały pomocnicze i usługi, umożliwiające przekazywanie informacji w przystępnej formie. Zadzwoń pod numer 1-860-696-1246 (TTY: 1-860-545-2247) lub skonsultuj się ze swoim świadczeniodawcą.

注意：如果您会说汉语，则可以享受免费语言协助服务。我们还免费提供以无障碍格式提供信息的适当辅助工具和服务。致电 1-860-696-1246 (TTY 1-860-545-2247) 或与您的服务提供方联系。

ATTENZIONE: se parli italiano, sono disponibili servizi di assistenza linguistica gratuita. Sono inoltre disponibili gratuitamente adeguati servizi e supporti ausiliari per fornire informazioni in formati accessibili. Chiama il numero 1-860-696-1246 (TTY 1-860-545-2247) o contatta il tuo fornitore.

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-860-696-1246 (TDD : 1-860-545-2247) ou discutez-en avec votre fournisseur.

ATANSON: Si w pale kreyòl ayisyen, gen sèvis asistans ki disponib gratis pou ou. Asistans ak lòt sèvis ki apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib tou gratis. Rele 1-860-696-1246 (TTY 1-860-545-2247) oswa pale ak founisè w la.

ВНИМАНИЕ! Если Вы говорите Русский язык, Вам доступны бесплатные услуги языкового сопровождения. Для обеспечения доступного формата информации также бесплатно предоставляются соответствующие вспомогательные средства и услуги. Тел. +1 (860) 696-12-46, (телетайп: +1 (860) 545-22-47).

CHÚ Ý: Nếu quý vị nói Tiếng Việt, sẽ có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Các hỗ trợ và dịch vụ hỗ trợ thích hợp để cung cấp thông tin ở các định dạng dễ truy cập cũng được cung cấp miễn phí. Gọi 1-860-696-1246 (TTY: 1-860-545-2247) hoặc trao đổi với nhà cung cấp của quý vị.

تنبيه: إذا كنت تتحدث الْعَرَبِيَّةُ، تتوافر لك خدمات مساعدة لغوية مجانية، كما تتوافر وسائل مساعدة وخدمات مساندة مناسبة لتوفير المعلومات بأشكال ميسرة مجاًلاً.
اتصل على الرقم 1-860-696-1246
(الهاتف النصي للصم وضعاف السمع: 1-860-545-2247)
أو تحدث إلى مقدم الخدمة الخاص بك .

주의: 한국어를 사용하는 경우, 무료 언어 지원 서비스를 이용할 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 보조 및 서비스도 무료로 제공됩니다. 1-860-696-1246(TTY 1-860-545-2247)으로 연락하거나 서비스 제공자에게 문의하십시오.

VËMENDJE: Nëse flisni shqip, shërbimet e ndihmës gjuhësore ofrohen falas për ju. Shërbimet dhe mjetet e duhuara ndihmëse për të ofruar informacion në formate të përshtatshme janë gjithashtu pa pagesë. Telefononi 1-860-696-1246 (TTY: 1-860-545-2247) ose flisni me ofruesin tuaj të shërbimit.

ध्यान दें: अगर आप बोल सकते हैं हिन्दी, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ उपलब्ध हैं। ऐक्सेस किए जाने वाले फॉर्मेट में सूचना उपलब्ध कराने के लिए ज़रूरी सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-860-696-1246 (TTY 1-860-545-2247) पर कॉल करें या प्रोवाइडर से बात करें।

PAUNAWA: Kapag nagsalita ka tagalog, may available na libreng mga serbisyo ng tulong sa wika para sa iyo. Available din ang libreng angkop na mga karagdagang tulong at serbisyo para magbigay ng impormasyon sa maaakses na format. Tumawag sa 1-860-696-1246 (TTY 1-860-545-2247) o makipag-usap sa iyong provider.

ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, έχετε στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής βοήθειας. Παράλληλα, προσφέρουμε δωρεάν κατάλληλα βοηθητικά μέσα και υπηρεσίες για την παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-860-696-1246 (TTY 1-860-545-2247) ή απευθυνθείτε στον πάροχό σας.