

## NOTICE

### USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION

**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.**

This Apple Health Care Facility is required by law to maintain the privacy of protected health information and to provide you with notice of its legal duties and privacy practices. This Apple Health Care Facility must abide by the terms of the notice currently in effect; however this Apple Health Care Facility reserves the right to change the terms of this notice as well as make the new provisions effective for all protected health information maintained. In addition, a copy of the effective notice will be posted at all times in the facility, with a date notifying you of the most recent update.

THIS APPLE HEALTH CARE FACILITY IS NOT REQUIRED TO OBTAIN CONSENT OR AUTHORIZATION TO USE AND DISCLOSE INFORMATION ABOUT YOU UNDER THE FOLLOWING CIRCUMSTANCES:

- For purposes of treatment, payment and healthcare operations, including the release of information to:
  - An insurance company, Medicare, Medicaid
  - Any person or entity affiliated with billing and quality and risk management.
  - Any hospital, nursing home, or other health care facility in which you may be admitted
  - Any assisted living or personal care facility
  - Any physician providing you care
  - Any business associate of this Apple Health Care Facility
  - Licensing and accrediting bodies
- When this Apple Health Care Facility is required by law
- For certain public health activities or health care oversight activities
- When this Apple Health Care Facility reasonably believes that you are a victim of abuse, neglect or domestic violence
- In certain judicial administrative hearings
- In certain circumstances, to coroners, medical examiners and funeral directors
- For certain law enforcement purposes
- For cadaveric organ, eye or tissue donation purposes
- For certain research purposes
- For certain Fundraising purposes
- For workers' compensation purposes
- For specialized government functions, including military and veterans' activities, national security and intelligence activities, medical suitability determinations, correctional institution and custodial situations

THIS APPLE HEALTH CARE FACILITY IS ONLY REQUIRED TO INFORM YOU IN ADVANCE AND ALLOW YOU TO OBJECT TO THE USE AND DISCLOSURE OF INFORMATION ABOUT YOU UNDER THE FOLLOWING CIRCUMSTANCES:

- For use in a directory of individuals served by this Apple Health Care Facility
- To a family member, other close relative, close personal friend, or other identified person involved in your care
- Activities programs

USES AND DISCLOSURES NOT SPECIFICALLY ADDRESSED IN THIS NOTICE WILL BE MADE ONLY WITH YOUR WRITTEN AUTHORIZATION, INCLUDING:

- Psychotherapy notes (notwithstanding the provisions allowing uses
- Marketing, except face-to-face communication and promotional gifts of nominal value

#### YOUR RIGHTS

Subject to certain conditions, you have the right under the law, to:

- Request restrictions on certain uses and disclosure of information about you (although the facility is not required to agree with the request)
- Receive confidential communication of protected health information
- Inspect and copy protected health information
- Amend protected health information
- Receive an accounting of disclosures
- Obtain a paper copy of this notice

#### COMPLAINTS

If you believe your privacy rights have been violated, you may complain to Apple Health Care, Inc. and the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for complaints filed. For further information or to make a complaint, contact:

Apple Health Care, Inc.  
Attention Peggy Welch, Privacy Officer  
21 Waterville Road  
Avon, CT 06001 -OR-

The U.S. Department of Health and Human Services, Office of the Secretary  
200 Independence Avenue, S.W. Washington, D.C. 20201  
(202) 619-0257 OR Toll Free: 1-877-696-6775