



## JOINT NOTICE OF HIPAA PRIVACY PRACTICES

**INTRODUCTION:** This Notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

This notice will use the terms "CNE" or "we," "us," or "our" to describe the entity's privacy practices, which are listed at the end of this notice and also found on our website at <https://www.carenewengland.org/legal-notice>.

**WHO WILL FOLLOW THIS NOTICE:** This notice describes the privacy practices that apply to our employees, medical staff, healthcare professionals, and ancillary members of the care team, including but not limited to individuals with access to your medical or billing records, trainees, students, and volunteers who are authorized to enter or access information in your medical record when they are providing services in our facilities. Please know that you may also receive a separate privacy notice from your healthcare provider, which may describe the privacy practices of his or her medical practice.

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

**TREATMENT:** We can use your health information and share it with other professionals treating you inside and outside CNE. For example, your specialist may discuss your condition and treatment with your PCP.

**PAYMENT:** We can use and share your health information to bill and get payment from health plans or other entities. We give health information to your health insurance plan so that it will pay for your services.

**HEALTH CARE OPERATIONS:** We can use and share your health information to run our hospitals or physician practices, improve your care, and contact you when necessary. For example, we may use your health information to monitor quality care and teach healthcare professionals.

**CONTACT YOU:** CNE may use your health information to contact you at the primary address and telephone numbers you provide to us, including leaving messages at the telephone numbers with information about patient care issues, treatment choices, and follow-up care instructions with information that may be of interest to you which describes a health-related product or service we provide; or at the email address or other contact information you provide to assist us in activities described in this Notice.

**FUNDRAISING:** We may use your information to contact you for fundraising purposes. Donations are used to expand and support health care services and programs we provide to the community. If you do not wish to be contacted for fundraising purposes, call us at (401) 921-8526. Please provide your full name, address, and phone number. You are free to opt-out, and your decision will not impact your treatment or payment for services.

**FACILITY DIRECTORY:** We may share certain information about you while you are an inpatient at a CNE facility. You have the right to request that your name not be included in the directory.

**FAMILY, FRIENDS, OR OTHERS:** We may disclose certain information to a family member, your personal representative, or another person identified by you if you do not object or we think it's in your best interest to do so. If any of these individuals are involved in your care or payment for care, we may also disclose health information directly relevant to their involvement.

**COMPLY WITH LAW:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services.

**PUBLIC HEALTH/SAFETY:** We may share health information about you for certain situations, such as with public health authorities authorized by law to collect or receive such information to prevent or control disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.

**RESEARCH:** We can share health information about you for research approved by a Research Committee or its designee or when written permission is not required by federal or state law. This also may include preparing for research or telling you about research studies you might be interested in.

**MARKETING:** We will not disclose your PHI for purposes that would constitute marketing without your written authorization. For example, we will not accept any payments from other organizations or individuals in exchange for making communications to you about treatments, therapies, health care providers, settings of care, case management, care coordination, products, or services unless you have given us your written authorization or unless the communication is permitted by law. That said, we may (1) provide refill reminders or communicate with you about a drug or biologic that is currently prescribed to you so long as any payment we receive for making the communication is reasonably related to the cost of making the communication or (2) market to you in a face-to-face encounter and give you promotional gifts of nominal value.

**REPRODUCTIVE HEALTH:** We may use or disclose your reproductive health information for purposes related to your care including, treatment, payment and operations, and for other purposes as described by this Notice. We are prohibited from using or disclosing your PHI to conduct a criminal, civil or administrative investigation or to impose criminal, civil or administrative liability for the mere act of seeking, obtaining, providing or facilitating reproductive health care, or to identify any person for such purposes, unless you authorize such in writing. For example, we may not release PHI to another state seeking to prosecute you merely for obtaining a legal abortion in Rhode Island unless you sign a HIPAA authorization giving us permission to do so. We may be required to obtain a signed attestation prior to releasing any PHI potentially related to reproductive health where the request is made for health oversight, judicial and administrative proceedings, law enforcement, or coroner/medical examiner purposes that the requestor will not use the PHI for certain prohibited purposes unless you sign a HIPAA authorization giving us permission to do so. For example, if we receive a court order requiring disclosure of PHI potentially related to reproductive health information, we will generally require the court sign an attestation stating that the request is not for a purpose prohibited by HIPAA.

**HEALTH OVERSIGHT ACTIVITIES:** We may share health information with a health oversight agency for activities authorized by law.

**NATIONAL SECURITY AND MILITARY –** We may use and disclose your protected health information to authorized federal officials for conducting national security and other intelligence activities, including providing protective services to the President and other officials. If you are a member of the armed forces, we may release information about you as required by military command authorities.

**LAW ENFORCEMENT:** We may share certain health information with law enforcement authorities for law enforcement purposes, such as:

- As required by law, including reporting certain wounds and injuries
- In response to a court order, subpoena, warrant, summons
- Identify or locate a suspect, fugitive, material witness, or missing person.
- About the victim of a crime if we obtain the individual's agreement, or under certain circumstances, if we cannot obtain individual agreement.
- To alert authorities to a death we believe may be due to criminal conduct.
- To provide evidence of criminal conduct occurring on our premises
- In emergencies, report a crime, the location of the crime, or the victims of the crime.

**LEGAL PROCEEDINGS:** We may share health information about you in response to a legal or administrative order or in response to a subpoena, discovery request, or other lawful process.

**ORGAN/TISSUE DONATION:** We can share health information about you with organ procurement organizations.

**DECEASED INDIVIDUALS:** Following your death, we may disclose health information to a coroner, medical examiner, and funeral directors as authorized by law. We are required to apply safeguards to protect your health information for 50 years following your death.

**WORKERS COMPENSATION:** We may disclose your health information as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**THREATS TO HEALTH OR SAFETY:** Under certain circumstances, we may use or disclose your health information to prevent a serious and imminent threat to health and safety.

**INCIDENTAL USE OR DISCLOSURE:** Certain incidental uses or disclosures of your information occur while we are providing service to you or conducting our business. For example, after surgery, the nurse or doctor may need to use your name to identify family members who may be waiting for you in a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

**HEALTH INFORMATION EXCHANGES:** We participate in one or more electronic health information exchanges, which permit us to exchange health information about you with others who are permitted to access your health information. Please note that the records of all of our patients will be accessible through the HIEs with which we participate, regardless of the state affiliation and our patients' locations of care. If you do not want your health information shared with providers through an HIE, you may complete the **HIE Opt Out form** or contact CNE at the location you receive services to obtain information on how to opt-out.

We have chosen to participate in CurrentCare, the Rhode Island health information exchange ("HIE"). CurrentCare is also affiliated with and shares data with other HIEs, including those in Alaska, Connecticut, D.C., Maryland, and West Virginia. As permitted by law, your health information will be shared with this exchange to provide faster access and better coordination of care and assist providers and public health officials in making more informed decisions. At a minimum, your protected health information may be disclosed to:

- Health care providers that care for them in emergencies, on a temporary basis;
- Public health authorities, in the process of carrying out their functions and;
- Health plans where information is necessary for care management, quality, and performance measure reporting.

You may "opt-out" and restrict access to your health information available through CurrentCare by calling 888-858-4815 or completing and submitting an opt-out form to CurrentCare by mail, fax, or through their website at [CurrentCareRI.org](http://CurrentCareRI.org).

**BUSINESS ASSOCIATES:** We will disclose your health information to our business associates and allow them to create, use, and disclose it to perform their services for us. For example, we may disclose your health information to an outside billing company that assists us in billing insurance companies.

**SUBSTANCE USE DISORDER RECORDS:** Substance use disorder treatment records received from programs subject to 42 C.F.R. Part 2, or testimony relating the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record as provided in 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before CNE would use or disclose the record.

**POTENTIAL FOR REDISCLOSURE:** Your information disclosed pursuant to the Privacy Rule may be subject to redisclosure and no longer protected by the Privacy Rule.

## **USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION**

There are many uses and disclosures we will make only with your authorization, such as:

- Uses and disclosures not described above.
- Psychotherapy Notes or Substance Use Disorder Counseling Notes (as described in the Part 2 Notice of Privacy Practices).
- Marketing – we will not use or disclose your health information for specific marketing purposes without your

authorization.

- Unless the law permits, we will not sell your information to a third party without your authorization. If you authorize us to share your health information, you may revoke it at any time by giving us notice. Your revocation will not impact uses and disclosures made before the revocation.

## YOUR RIGHTS

**ACCESS TO HEALTH INFORMATION:** With some exceptions, you have the right to request paper or electronic access or to inspect and obtain a copy of the health information we maintain about you. We'll provide the information in the form and format you request as long as it is readily available. If not, we will produce it in another readable electronic format as agreed. If you direct us to transmit your health information to another person, we will do so, provided your written, signed direction clearly states the recipient, location for delivery, and record content to be disclosed. We will reply to your request within 30 days. If we deny your request, we will tell you in writing the reason for the denial and explain what appeal right you have, if any. We may charge a fee permitted by law.

**REQUEST FOR RESTRICTIONS:** You may ask that we limit how we use and/or disclose your health information. We will consider your request but are not legally required to agree to your request unless the disclosure is (i) to a health plan for purposes of carrying out payment or health care operations, and (ii) the health information pertains solely to a health care item or service for which you have paid us out of pocket and in full. We will follow your limits if we agree to your request, except in emergencies. You cannot limit the uses or disclosures we legally require or allow to make.

**CORRECTION/AMENDMENT TO YOUR RECORD:** If you feel that there is a mistake in your PHI or that important information is missing, you may request a correction. Your request must be in writing, include a reason for the request, and be addressed to the CNE affiliate where you received services or to the CNE Privacy Officer at the contact information contained in this Notice.

We will respond within 60 days of your request. We may deny your request if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be shared with you, or (iv) not in our records. If we deny your request, we will inform you of the reason for the denial. You may then file a written statement of disagreement or ask that your original request and our denial be attached to all future disclosures of your PHI. If we agree to honor your request, we will change your PHI, inform you of the change, and tell any others who need to know about the change to your PHI.

**ACCOUNTING OF DISCLOSURE:** You have the right to receive a list of certain disclosures. We will respond to your request within 60 days. We will include disclosures made in the last six years unless you request a shorter time. We will not charge you for the list. However, if you make more than one request in the same year, we may charge you a fee for each additional request.

**CONFIDENTIAL COMMUNICATION:** You have the right to request that we communicate with you about your health information in a different way or at a different place. We will agree to your request if it is reasonable and specify the alternate means or location to contact you.

**NOTICE IN THE CASE OF A BREACH:** You have the right to receive notice of an access, acquisition, use, or disclosure of your health information that is not permitted by HIPAA if such access, acquisition, use, or disclosure compromises the security or privacy of your health information.

**PAPER COPY OF THIS NOTICE:** You may ask us for a copy of this Notice at any time, even if you have agreed to receive this Notice electronically. This Notice is also available on the website at:  
<https://www.carenewengland.org/legal-notices>

**COMPLAINTS OR QUESTIONS ON THIS NOTICE:** If you have concerns about any of our privacy practices, questions about this Notice, or believe that your privacy rights have been violated, you may file an inquiry with the CNE Privacy Officer through its Compliance HelpLine at (877) 835-5263, [www.MyComplianceReport.com](http://www.MyComplianceReport.com) or in writing at 800 Butler Dr, Providence RI 02906. You may also file a complaint to the U.S. Department of Health and Human Services in writing at 200 Independence Avenue S.W., Washington, D.C. 20201.

Your complaint will not alter or affect the care we provide to you.

**Care New England Affiliates:**

- **Butler Hospital:** 345 Blackstone Blvd, Providence, RI 02906 (401) 455-6200
- **Care New England Medical Group:** 171 Service Ave, Warwick, RI 02886 (401) 921-7266
- **Kent Hospital:** 455 Tollgate Rd, Warwick RI 02886 (401)737-7000
- **The Providence Center:** 528 N. Main St, Providence, RI 02904 (401) 276-4020
- **VNA of Care New England:** 51 Health Lane, Warwick, RI 02886 (401) 737-6050
- **Women & Infants Hospital:** 01 Dudley St, Providence RI 02905 (401) 274-1100

*Also, it may include other affiliates not listed above.*

***Effective Date of this Notice: February 24, 2025***