

Notice of Privacy Practices for Substance Use Disorder Treatment Information Yale School of Medicine & Yale New Haven Health

This notice describes how health information related to Substance Use Disorder (SUD) treatment by Yale School of Medicine and Bridgeport Hospital Primary Care Center Medication Assisted Treatment (each, a "Program" and collectively, the "Programs") may be used and disclosed, your rights with respect to your SUD treatment information and 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. You have a right to a copy of this notice, in paper or electronic form, and to discuss it with our Privacy Officers, whose contact information is listed below if you have any questions.

This notice supplements the information in our Joint Notice of Privacy Practices, which is required under the Health Insurance Portability and Accountability Act (HIPAA), and describes the additional protections for records related to SUD treatment information. 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.

This notice is applicable to SUD treatment information protected under 42 CFR Part 2 which is limited to SUD treatment programs and does not apply to information related to care provided outside of these programs, such as substance use screening that is performed in emergency rooms or by your primary care provider.

Your Choices

With your consent, we can use and share your information as we:

- Treat you;
- Run our organization;
- Bill for our services;
- Fulfill your requests to share information with your consent;
- Prevent multiple program enrollments;
- Report about court-referred treatment;
- Report to prescription drug monitoring programs.

How We May Use and Share Your Information

The confidentiality of SUD patient records, maintained by us, is protected by applicable federal and state laws and regulations. With your consent, we will share your SUD treatment information amongst our staff as needed to provide care to you, bill you for services, or assist us with our operations. Generally, however, we may not say to a person outside of our Programs that you are a patient of the Program or disclose any information identifying you as a person with substance use disorder except as permitted by law and described below.

Instances where we may share information without your consent:

- The disclosure of information is between or among personnel having a need for the information in connection with their duties to provide diagnosis, treatment, or referral for treatment if the communications are within the Program or between the Program and Yale Medicine, or Yale New Haven Health, due to having direct administrative control over the respective Programs;
- The disclosure is made to medical personnel in a medical emergency;
- The disclosure is made to Qualified Service Organizations providing services on our behalf who agree in writing to protect the information in the same way that we are required to protect the information;
- The disclosure is made to law enforcement to report a crime you commit, or threaten to commit, in our facility or against our personnel;
- The disclosure is made to the Connecticut Department of Children and Families to report suspected child abuse and neglect as required by Connecticut state law;
- The disclosure is made to qualified personnel for research subject to ethics board approval and oversight;
- The disclosure is to a public health authority, if the information has been de-identified;
- The disclosure is to assist cause of death inquiries;
- The disclosure is made 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 Programs, or c) provide financial assistance to the Programs or provide payment for health care, such as the Department of Mental Health and Addiction Services;
- The disclosure is allowed by a court order and that order includes a subpoena or other legal mandate requiring that we share your information. In particular, note that records, or testimony about your records, cannot be shared in any civil, administrative, criminal, or legislative proceedings against you unless there is specific written consent or a court order. If there is a court order, we must let you know and provide you with an opportunity to object.

In all other circumstances, we will ask for your consent to release your information outside of our Programs. Instances where we may share information with your consent:

- When you ask us in writing to share your information;
- When you consent to allow us to share information about you outside of our Programs for all future treatment, payment, and healthcare operations purposes. Organizations who receive your information for these purposes are required by law, or contract, to protect your information as required by federal law, including 42 CFR Part 2, or by HIPAA. Once your information is shared, it may be redisclosed by recipients in accordance with HIPAA. However, federal law prohibits the use or disclosure of these records in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order.

If you consent to our sharing your information, you can change your mind and ask us not to at any time by letting us know in writing. If you change your mind, we will stop any future sharing of your information but will be unable to stop any information that has already been released.

Your Rights as a Patient in the Program

As a patient in one of our Programs, you have certain rights with regard to your information in addition to those rights described in our Joint Notice of Privacy Practices:

- You have a 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 by another source. If we agree to your request, we may still share your information where needed for emergency care or where required by law.
- You have a right to an accounting of disclosures of electronic records of your care by our Programs to people outside of our Programs for the past three 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 three years.
- You have a right to inspect and obtain a copy of your SUD treatment records, subject to limited exceptions permitted by law.
- You have a right to obtain a paper or electronic copy of this notice as well as our Joint Notice of Privacy Practices, upon request. You may also find this notice on our websites at <https://privacy.yale.edu> or <https://www.ynhhs.org/patients-visitors/privacy>
- You have a right to elect not to receive fundraising communications.

Our Commitment to You

We respect the need to maintain the confidentiality of your care. We are required to follow the terms of the notice currently in effect. If we make changes to how we manage your records, we will change our notice and provide you with a new notice at your next visit if you are still receiving care. If you are no longer receiving care in the Program, you may request an updated copy of our notice or you may find the most recent notice in effect on our websites, <https://privacy.yale.edu> or <https://www.ynhhs.org/patients-visitors/privacy>

If you have a concern or question about this notice or your privacy, you may contact the Privacy Officer whose contact information is below. In addition, you have a right to file a complaint to the Secretary of the Department of Health and Human Services. For directions on how to contact the Secretary, please contact the Privacy Officer. You will not be retaliated against for filing a complaint.

Yale University Privacy Officer

Phone: 203-432-5919

Email: privacy@yale.edu

Website: <https://privacy.yale.edu/>

Yale New Haven Health Privacy Officer

Phone: 203-688-8416

Email: Privacy@ynhh.org

Website: <https://www.ynhhs.org/patients-visitors/privacy>