Notice of Privacy Practices
The UVM Health Network
Champlain Valley Physicians Hospital

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.

Who We Are: The University of Vermont Health Network
The University of Vermont Health Network is made up of a number of hospitals and providers. This notice applies to the medical records generated at the affiliated entities listed below, including their physician offices and outpatient clinics:

- UVM Health Network – Alice Hyde Medical Center and the Alice Center
- UVM Health Network – Central Vermont Medical Center and Woodridge Rehabilitation and Nursing Facility
- UVM Health Network – Champlain Valley Physicians Hospital
- UVM Health Network – Elizabeth Town Community Hospital
- UVM Health Network – Porter Medical Center and Helen Porter Rehabilitation and Nursing
- The University of Vermont Medical Center

This notice applies to the University of Vermont Health Network’s affiliated hospitals and providers, their respective workforce members, including students, trainees and volunteers, and independent medical professionals who are practicing within the scope of their license and who provide or manage your care. We may use or share health information that we create or receive to carry out activities related to the operation of our health care entities. The University of Vermont Health Network entities are required to maintain the privacy of your health information and are committed to doing so. The University of Vermont Health Network uses your health information within its system, and discloses or shares your information outside of its system, in order to provide you with the best care possible. This notice describes how the University of Vermont Health Network may use and/or share your health information with others.

Treatment
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 doctor about your overall health condition.

Running Our Organization
We use and share your health information to run the hospitals, operate our clinics, to educate medical and nursing students, to improve the quality of the care we provide to our patients, and for population health management. In some instances, your information is shared with outside parties who help us carry out our operations or other services on behalf of The UVM Health Network. Our business associates are required to protect your health information. Example: We may use health information to evaluate the need for new services or to monitor the performance of our providers.

Billing For Services
We can use and share your health information to bill health plans or other entities or to collect payment for services we provide. Example: You may be required to pay some of the costs of care not covered by your health plan or other payment source.

COMMUNICATIONS ABOUT HEALTH RELATED BENEFITS AND SERVICES
We may contact you for fundraising efforts to support the UVM Health Network and its mission. You have the right and opportunity to opt out of receiving such communications.

We will send you a notice to opt out of receiving such communications.

We will make sure the person has this authority and can act for you before we take any action.

If you have given someone medical power of attorney or if someone is your legal guardian/representative, 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 feel your rights are violated
You can file a complaint with the UVM Health Network if you wish to ask us to share 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 information
You can ask for a 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.

Changes Ahead to Act Fast
If you have given someone medical power of attorney or if someone is your legal guardian/representative, 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.

Certain Health Information
Some categories of health information may be protected by additional laws, such as Vermont or New York state privacy laws and other federal laws and regulations. These laws may limit whether and how we share the following types of health information about you without your written permission.

- In New York, HIV-related information (e.g., information related to HIV testing, test results or HIV treatment) will only be disclosed upon completion of special written authorization. We may, however, disclose HIV-related information in relation to your treatment, as part of public health activities, for disease prevention and as otherwise permitted by law.
- Substance Abuse Treatment Program records
- Certain records of minors
- Certain mental health records

Our Responsibilities
We are required by law to maintain the privacy and security of your protected health information. We will notify you if a breach occurs that may have compromised the privacy or security of your information.

We will follow the duties and privacy practices described in this notice and provide you a copy of such upon your request. We will not use or share your information other than as described here unless we tell you in writing that we can. If you tell us not to share your health information when you are in a health care facility, you may change your mind at any time and withdraw your permission in writing, except to the extent that our providers have already acted upon your previously provided permission.

Duties
- We will not use or disclose more health information than we reasonably believe necessary to provide the product or service.
- We will make sure the person has this authority and can act for you before we take any action.

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. You can ask for a paper copy by calling (802) 656-3333.

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 and on our website. You may obtain a copy by contacting any of The UVM Health Network hospitals.

This notice describes the privacy policies of The University of Vermont Health Network that became effective on October 15, 2016.