

NOTICE OF PRIVACY PRACTICES

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.

Our Duty to Safeguard Your Protected Health Information.

We understand that medical information about you is personal and confidential. Be assured that we are committed to protecting that information. We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. We are required by law to abide by the terms of this Notice, and we reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice and make paper and electronic copies of this Notice of Privacy Practices for Protected Health Information available upon request. We are required by law to notify you in the event of a breach of your protected health information.

In general, when we release your personal information, we must release only the information needed to achieve the purpose of the use or disclosure. However, all of your personal health information that you designate will be available for release if you sign an authorization form, if you request the information for yourself, to a provider regarding your treatment, or due to a legal requirement. We will not use or sell any of your personal information for marketing purposes without your written authorization.

How We May Use and Disclose Your Protected Health Information.

For uses and disclosures relating to treatment, payment, or health care operations, we do not need an authorization to use and disclose your medical information:

For treatment: We may disclose your medical information to doctors, nurses, and other health care personnel who are involved in providing your health care. We may use your medical information

to provide you with medical treatment or services. For example, your doctor may be providing treatment for a heart problem and need to make sure that you don't have any other health problems that could interfere. The doctor might use your medical history to determine what method of treatment (such as a drug or surgery) is best for you. Your medical information might also be shared among members of your treatment team, or with your pharmacist(s).

To obtain payment: We may use and/or disclose your medical information in order to bill and collect payment for your health care services or to obtain permission for an anticipated plan of treatment. For example, in order for Medicare or an insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnoses, and the services provided to you. As a result, we will pass this type of health information on to an insurer to help receive payment for your medical bills.

For health care operations: We may use and/or disclose your medical information in the course of operating our practice. For example, we may use your medical information in evaluating the quality of services provided or disclose your medical information to our accountant or attorney for audit purposes. In addition, unless you object, we may use your health information to send you appointment reminders or information about treatment alternatives or other health related benefits that may be of interest to you. For example, we may look at your medical record to determine the date and time of your next appointment with us and then send you a reminder to help you remember. Or we may look at your medical information and decide that another treatment or a new service we offer may interest you.

We may also use and/or disclose your medical information in accordance with federal and state laws for the following purposes:

- We may disclose your medical information to law enforcement or other specialized government

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functions in response to a court order, subpoena, warrant, summons, or similar process.

- We may disclose medical information when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose medical information to authorities who monitor compliance with these privacy requirements.

- We may disclose medical information when we are required to collect information about disease or injury, or to report vital statistics to the public health authority. We may also disclose medical information to the protection and advocacy agency, or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.

- We may disclose medical information relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

- In certain circumstances, we may disclose medical information to assist medical/psychiatric research.

- In order to avoid a serious threat to health or safety, we may disclose medical information to law enforcement or other persons who can reasonably prevent or lessen the threat of harm, or to help with the coordination of disaster relief efforts.

- If people such as family members, relatives, or close personal friends are involved in your care or helping you pay your medical bills, we may release important health information about your location, general condition, or death.

- We may disclose your medical information as authorized by law relating to worker's compensation or similar programs.

- We may disclose your medical information in the course of certain judicial or administrative proceedings

Other uses and disclosures of your medical information:

State Health Information Exchange (HIEs): Women's Health Connecticut and its medical affiliates participate in health information exchanges (HIEs), which are designed to improve the quality and coordination of your care. This means that no matter where you receive care, your health information can be made accessible to authorized providers using HIEs, helping to ensure safer and more streamlined care.

Connie (Connecticut's Statewide Health Information Exchange)

As allowed by law, your health information is shared with Connie unless you opt out. Connie gives your healthcare providers a comprehensive view of your medical information which supports faster access to care, improved coordination, and public health initiatives. To opt out, call 1.866.987.5514 or complete and submit the Opt-Out form via mail, fax, or at www.conniect.org.

Note: Public health reporting and data from the Connecticut Prescription Drug Monitoring Program (PDMP) will still be accessible to providers.

CTHealthLink

If you prefer not to share your health information through CTHealthLink, visit the [CTHealthLink](#) page and submit the opt-out form.

Electronic Patient Record Sharing: Part of Women's Health Connecticut's Electronic Health Record (EHR) system, Patient Record Sharing allows information sharing with other participating organizations and providers nationwide. To opt out of sharing your health information through Patient Record Sharing, please with the staff at your provider's office or contact the Athena Support Team at 844-877-9576.

Treatment Alternative: We may provide you with notice of treatment options or health related services that improve your overall health.

Appointment Reminders: We may contact you as a reminder about upcoming appointments or treatment.

Notice of Ambient Dictation Use

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To enhance your care experience, your provider may use ambient dictation technology during your visit. This tool securely captures and transcribes parts of the conversation to assist with medical documentation. Your health information remains protected under HIPAA, and all recordings are handled in compliance with privacy laws. If you have questions or concerns, please speak with your provider or front desk staff.

Notice of Artificial Intelligence (AI) Clinical Support Tools

As part of our commitment to delivering high-quality care through advanced technology, we use AI tools to enhance care and support our clinicians with tasks such as documentation, record review, and treatment planning. These tools help summarize clinical conversations and analyze medical data, and all have been vetted for privacy and security.

Please keep the following in mind regarding our use of AI:

- AI tools help providers create accurate medical records. All AI-generated content is reviewed and approved by your provider before being included in your health record.
- AI does not replace clinical judgment. While it can support documentation and treatment planning, it is not used to make final diagnoses or decisions about medical care.

The following uses and disclosure of PHI require your written authorization:

- Marketing
- Disclosures for any purposes which require the sale of your information
- Release of psychotherapy notes: Psychotherapy notes are the notes by a mental health professional for the purposes of documenting a conversation during a private session. This session could be with an individual or a group. These notes are kept separate from the rest of the medical record and do not include medications and how they affect you, start and stop time of sessions, types of treatments

provided, results of test, diagnosis, treatment plan, symptoms, prognosis.

Other uses and disclosures of PHI not covered by this Notice, or by the laws that apply to us, will be made only with your written authorization. If you provide permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.

Your Rights Regarding Your Medical Information.

You have several rights with regard to your health information. If you wish to exercise any of these rights, please contact our Medical Records Department in our office. Specifically, you have the following rights:

Right to Request Restrictions - You have the right to ask that we limit how we use or disclose your medical information. We require that any requests for use or disclosure of medical information be made in writing. Written notice must be sent to the attention of the Office Manager at the practice and address indicated in the header of this Notice. We will consider your request, but in some cases, we are not legally required to agree to these requests. However, if we do agree to them, we will abide by these restrictions. We will always notify you of our decisions regarding restriction requests in writing. We will not ask you the reason for your request. For example, for services you request no insurance claim be filed and for which you pay privately, you have the right to restrict disclosures for these services for which you paid out of pocket. You have the right to ask that we send you information at an alternative address or by alternative means. Your request must specify how or where you wish to be contacted. You have the right to opt out of communications for fundraising purposes.

Right to Access, Inspect and Copy - With a few exceptions (such as psychotherapy notes or information gathered for judicial proceedings), you have a right to inspect and copy your protected health information if you put your request in

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writing. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. We may charge you a reasonable fee if you want a copy of your health information. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying. Consent is required prior to use or disclosure of an individual's psychotherapy notes or the use of the individual's PHI for marketing purposes.

Right to Amend - If you believe that there is a mistake or missing information in our record of your medical information you may request that we correct or add to the record. Your request must be in writing and give a reason as to why your health information should be changed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your medical information. If we approve the request for amendment, we will amend the medical information and so inform you.

Right to an Accounting of Disclosures - In some limited circumstances, you have the right to ask for a list of the disclosures of your health information we have made during the previous six years. The list will not include disclosures made to you for purposes of treatment, payment or healthcare operations, for which you signed an authorization or for other reasons for which we are not required to keep a record of disclosures. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

Right to a Paper Copy of This Notice - You have a right to receive a paper copy of this Notice and/or an electronic copy from our Web site. If you have received an electronic copy, we will provide you with a paper copy of the Notice upon request.

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 and notify us in writing.

Questions and Complaints:

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, we encourage you to speak or write to our Compliance Officer.

If you want more information about this Notice, our privacy practices or have questions or concerns, we encourage you to contact:

Women's Health Connecticut
Compliance Department
Phone: 860-678-3496
175 Capital Boulevard, Suite 300
Rocky Hill, CT 06067

You file a written complaint with the Secretary of the U.S. Department of Health and Human Services at the Office for Civil Rights' Region IV office.

Centralized Case Management Operations U.S.
Department of Health and Human Services 200
Independence Avenue, S.W. Room 509F HHH
Bldg. Washington, D.C. 20201
Email to OCRComplaint@hhs.gov

We will take no retaliatory action against you if you make complaints, whether to us or to the Department of Health and Human Services. We support your right to the privacy of your health information.

Effective Date: This Notice was effective July 15, 2026.

