



## **Notice of Privacy Practices**

October 2, 2023

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Health Insurance Portability and Accountability Act (HIPAA) requires healthcare organizations to protect the privacy of patient's protected health information (PHI) and to provide patients with this Notice to explain the legal duties and privacy practices regarding your PHI. Further, HIPAA allows healthcare organizations under common ownership or control to designate themselves as a single Affiliated Covered Entity for the purposes of complying with the HIPAA privacy and security rules. As such, Elliot Health System (EHS), Southern New Hampshire Health System (SNHHS), and Home Health & Hospice Care (HHHC) are affiliated covered entities under a New Hampshire corporation called SolutionHealth and may share protected health information with SolutionHealth and its affiliated members for treatment, payment and healthcare operations as permitted by HIPAA and this Notice. As such, for this Notice the word "SolutionHealth" and/or "We" and/or "Us" describes the privacy practices of SolutionHealth and SolutionHealth designated entities<sup>1</sup>. A list of the SolutionHealth organizations that this Notice applies to can be found on our website at [www.SolutionHealth.org](http://www.SolutionHealth.org).

As a healthcare consumer, you have the right to know how information about you may be used and shared, and how you can get access to this information. SolutionHealth and our affiliated designated entities are responsible for ensuring the privacy of your PHI. We believe that such protection is also part of the trust and confidence that you place in us - which is why we have always made patient confidentiality a priority.

PHI is information about you that we obtain to provide healthcare services to you and that can be used to identify you. It includes your name and contact information as well as information about your health, medical conditions, health insurance and medications. It may relate to your past, present or future medical conditions, healthcare services provided to you or payment for those services.

### **Who Will Follow This Notice**

In addition to the above, this specific Notice will be followed by all healthcare professionals, employees, medical staff, students, and volunteers of SolutionHealth. We will abide by the terms of this Notice and notify you if we are unable to agree to any restrictions you may request. We will make your health information as accessible to you as possible. This Notice describes the ways

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<sup>1</sup> SolutionHealth includes: Elliot Health System (which includes Elliot Hospital, Visiting Nurse Association (VNA) of Manchester and Southern New Hampshire, VNA Home Health and Hospice Services, Inc., VNA Personal Services, Inc., Elliot Medical Group, and Elliot 1-Day Surgery) and Southern New Hampshire Health (which includes Southern New Hampshire Medical Center and Foundation Medical Partners), and Home Health & Hospice Care.



in which we may use and disclose your PHI and describes your rights and certain obligations we have regarding the use and disclosure of your PHI.

We are required by law to:

- Ensure that your PHI is kept private;
- Give you this Notice describing our legal duties and privacy practices with respect to your PHI;
- Follow the terms of the Notice that is currently in effect; and
- Notify you if your PHI has been “breached”, which means that your PHI was used or disclosed in a way that is inconsistent with law and results in being compromised.

### **How Your Health Information May Be Used and Disclosed**

We are permitted to use and disclose PHI about you in a variety of ways. For each category of uses or disclosures, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of these categories.

#### **For Treatment**

We may use your PHI to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in your care or services to you. Different departments of the hospital also may share PHI about you in order to coordinate the different services and treatments you need, such as prescriptions, laboratory work, imaging, and home health and hospice services. We may also share your PHI with your non- SolutionHealth providers, agencies, or facilities for purposes of continuity of care, evaluation, and treatment planning. We may also disclose PHI about you to people who may be involved with your care, such as family members, friends, support agencies, clergy, or others who provide services that are necessary for your well-being.

*Dedicated substance use disorder programs and/or providers will not share information with other providers/entities or with friends/family without an authorization signed by you to release information unless in limited circumstances an exception applies.*

#### **For Payment**

We may use and disclosure your PHI so that the treatment and services you receive at SolutionHealth may be billed and payment may be collected from you, an insurance company, or a third party. We may tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. We may also give information to someone who helps pay for your care.

*Dedicated substance use disorder programs and/or providers are required to obtain your consent before billing your health insurance for services provided.*



## **For Healthcare Operations**

We may use and disclose your PHI for the operations of SolutionHealth. These uses and disclosures are necessary for general business activities, to enhance quality of care and for medical staff activities. We may combine PHI about many patients for purposes of making decisions about what services we provide, or whether certain new treatments are effective. We may also disclose information to doctors, nurses, medical students and other SolutionHealth personnel for performance improvement, learning purposes, or we may share information with our security to maintain the safety of our facilities.

## **YOU HAVE CONTROL OVER THE FOLLOWING USES OF YOUR HEALTH INFORMATION**

### **Electronic Exchange of your Protected Health Information**

We may share your PHI with other healthcare providers for treatment, payment, and healthcare operations purposes, as permitted by law, through vendor(s) that allow other providers to have access to your electronic medical record through a secure connection or send information to other providers through a secure connection. For example, SolutionHealth entities are part of Integrated Delivery Networks (IDN) in New Hampshire and may share your PHI with providers that have a treatment provider relationship with you. Exchange of your health information can provide faster access, better coordination of care and assist providers to make more informed treatment decisions.

### **Appointment Reminders**

We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care.

### **Payment in Cash**

If you pay in cash in full (out of pocket) for treatment, you can instruct us not to share information about your treatment with your health plan.

### **Treatment Alternatives**

We may use and disclose PHI to tell you about or recommend possible treatment options or health related benefits that may be of interest to you.

### **Fundraising Activities**

We may use your demographic information to contact you to raise money for SolutionHealth (e.g., through The Mary and John Elliot Charitable Foundation, the VNA, the Legacy Trust of Southern New Hampshire Health and/or Home Health & Hospice Care). We would use only contact information, such as your name, address and phone number, and the dates you received treatment or services at SolutionHealth.

If you do not want to be contacted as part of fundraising efforts, you may opt-out by sending a written notice to [Compliance@Solutionhealth.org](mailto:Compliance@Solutionhealth.org).



## **Marketing**

We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. We are required to obtain your authorization for other marketing activities or if we receive direct or indirect payment for your health information. We are prohibited from selling your health information without your specific written authorization.

## **Patient Directories**

Unless you notify us that you object, we will include your name, location, religious affiliation, and general condition in the hospital inpatient or hospice facility directory(ies). The information may be released to visitors, with the exception of your religious affiliation, who ask for you by name, unless you request otherwise. The same information, plus your religious affiliation, if any, may also be released to members of the clergy, even if they do not ask for you by name, unless you request otherwise.

## **Confidentiality of Substance Use Disorder Patient Records**

The confidentiality of substance use disorder patient records created and maintained by SolutionHealth is protected by Federal law. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal statutes and 42 C.F.R. Part 2 for Federal regulations). Generally, we may not disclose to a person and/or entity outside of the specific SolutionHealth substance use disorder treatment program that you are a patient of the program, or disclose any information that identifies you as having or had a substance use disorder unless:

- You consent in writing;
- The disclosure is ordered by the court;
- The disclosure is made as a result of a bona fide medical emergency; or
- The disclosure is made for research or audit purposes.

Violations of the Federal law by a program are a crime and suspected violations may be reported to the appropriate Compliance and Privacy Officer and/or appropriate authorities in accordance with Federal law. Information disclosed by a program regarding a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime is not protected by Federal law. Federal law does not protect any information about suspected child abuse or neglect from being reported under State law or to local authorities.

Other Categories of Health Information that may be protected by additional federal or state laws and regulations and require your written authorization include HIV and Genetic testing and test results.

## **ADDITIONAL WAYS YOUR HEALTH INFORMATION CAN BE USED**

### **Memorial Service**

HHHC and the VNA periodically hold memorial services to remember those deceased patients/community members who have received services through their organizations. Surviving loved ones are invited, and the deceased names are printed in the program. At the loved ones' requests, names may be read aloud during the service. If you do not wish to have your name included in this service, please notify the HHHC Bereavement Coordinator at 1-800-887-5973 or the VNA at 1-603-622-3781 and indicate that you wish to have your loved one's name omitted.

**Research**

We may use and disclose your PHI for research purposes under specific laws or when a special review board has reviewed and approved the research proposal and determined the privacy of your health information will be secure. In very limited circumstances, Federal law allows us to use your PHI for research without your approval when certain criteria are met, including that a waiver of authorization is approved by an Institutional Review or Privacy Board who has determined that there is minimal risk that PHI will be compromised.

**Business Associates/Qualified Service Organizations**

Some services are provided by contract with outside parties, for example, medical transcription or billing, accounting, or legal services. These outside parties are called business associates and/or qualified service organizations and are required to sign an agreement requiring them to keep your PHI private and have appropriate safeguards in place to keep your PHI confidential and secure.

**As Required By Law**

We may use or disclose your PHI when required to do so by Federal, State or local law.

**To Prevent a Serious Threat to Health or Safety**

We may use or disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person, or to prevent serious harm to property.

**Special Situations**

We may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Organ and Tissue Donation**

If you are a potential organ donor, we may release PHI to organ procurement organizations or eye or tissue banks, as necessary, to facilitate organ or tissue donation and transplantation.

**Military and Veterans**

If you are a member of the armed forces, we may release your PHI as required by law. We may also release PHI about foreign military personnel to the appropriate foreign military authority as required by law.

**Workers' Compensation**

We may release your PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**Public Health Activities**

We may disclose your PHI for public health activities. These activities generally include, but are not limited to, the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;



- To report abuse and/or neglect of a child, elder or disabled person;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using; and
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

### **Health Oversight Activities**

We may disclose PHI to a health oversight agency, for example the Department of Health and Human Services, for activities authorized by law. These oversight activities include, but are not limited to, audits, certifications, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

### **Lawsuits and Disputes**

Under certain circumstances, we may also disclose your PHI in response to a court order, subpoena or other lawful process, and, in some instances, we will do so only if efforts have been made to tell you about the request or to obtain an order protecting the information requested or if you or a court have provided written authorization.

### **Law Enforcement**

We may release your PHI if asked to do so by a law enforcement official, if permitted by law:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death which we believe may be the result of criminal conduct;
- About criminal conduct at any of our facilities; and
- In emergency circumstances to report a crime, the location of the crime or its victims or the identity, description or location of the person who committed the crime.

### **Coroners, Medical Examiners and Funeral Directors**

We may disclose PHI to a coroner or medical examiner to identify a deceased person or determine the cause of death. We may also release PHI to funeral home directors, as necessary, to carry out their duties.

### **National Security and Intelligence Activities**

If permitted by law, we may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

### **Protective Services for the President and Others**

We may disclose your PHI to authorized federal officials so that they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations, if permitted by law.



## **Inmates/Correctional Institutions**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official, under certain circumstances permitted by law. This release would be necessary:

- For the institution to provide you with healthcare;
- To protect your health and safety or the health and safety of others; or
- For the safety and security of the correctional institution.

## **Other Uses and Disclosures**

SolutionHealth reserves the right to change the practices and this Notice and to make new provisions effective retroactively for all PHI that we maintain. We will post a copy of the current notice at SolutionHealth entities and on SolutionHealth websites. The Notice will contain the effective date on the first page. Any use or disclosure not covered by this Notice or laws that apply to us will be made only with your written permission. You may revoke that permission in writing, at any time. We are unable to take back any disclosures we have already made with your permission, and we are required to retain for records of the care we have provided to you. Uses and disclosures not described in this Notice will be made only with your authorization.

## **YOUR HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of SolutionHealth, the information belongs to you. You have the right to:

1. **Inspect and Obtain a Copy** – You have the right to inspect and obtain a copy of your health record (i.e., PHI) in either paper or electronic form. This request usually includes medical and billing records but does not include psychotherapy notes. To inspect and obtain a copy of your PHI or to send a copy of your medical records to a third party, you must submit your written request for medical records to the appropriate Medical Records Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. *We may deny your request to inspect and/or obtain a copy in specific, but very limited circumstances.*
2. **Request Changes** – You have the right to request to amend your health record as provided by Federal law (45 C.F.R. 164.526). Your request for an amendment will become a legal part of your medical record, to be sent out along with the rest of the record whenever a request for copies is received. To request an amendment of your medical record, your request must be made in writing, including the reason for the request, and submitted to the appropriate entity and the appropriate Medical Records Department.
3. **Request Restrictions** – You have the right to request a restriction or limitation on the PHI that we use or disclose about you for treatment, payment or healthcare operations. We are not required to agree to your request for restrictions. If we do agree,



we will comply with your request unless the information is needed to provide emergency treatment to you. If you request that we not disclose certain PHI to your health insurer and that information relates to health care products or services for which we have received payment in full, from you or on your behalf (from a third-party other than your insurer), then we must agree to that request.

To request restrictions on your medical records, you must make your request in writing to the appropriate Medical Records Department. In your request, you must tell us: (a) what information you want to limit; (b) whether you want to limit our use, disclosure, or both; and (c) to whom you want the limits to apply, for example, disclosures to your spouse.

4. **Request Confidential Communications** - You have the right to request that we communicate with you about medical matters by alternative means or at alternative locations, such as only calling you at work or mailing appointment reminders to a post office box. To request confidential communications, you must make your request in writing to the appropriate Medical Records Department. You need not give any reason for your request. At our discretion, we will accommodate all reasonable request. Your request must specify how and where you wish to be contacted.
5. **A Paper Copy of This Notice** – You have the right to obtain a copy of this Notice upon request. This Notice will be available to you through your healthcare provider and will also be on [www.snhhealth.org](http://www.snhhealth.org), [www.elliotohospital.org](http://www.elliotohospital.org), [www.manchestervna.org](http://www.manchestervna.org), [www.solutionhealth.org](http://www.solutionhealth.org), [www.hhhc.org](http://www.hhhc.org) or by e-mail transmission upon request or by contacting the Compliance Department.
6. **Access to the Patient Portal (MyChart)** – You have the right to access, or authorize others to access, certain portions of your health information electronically. Parents may also obtain proxy access to certain information of their minor child’s medical record. For more information about MyChart, please view the Frequently Asked Questions available [mychart.solutionhealth.org](http://mychart.solutionhealth.org).
7. **Additional Rights** – You additionally have the right to:
  - Revoke an authorization to use or disclose health information, except to the extent that action has already been taken on that authorization.
  - Be notified of a breach of PHI. We will investigate all reports of suspected breaches of your unsecured PHI and will provide timely a notice to you and regulatory authorities when we know or reasonably believe that a breach has occurred.
  - Obtain an accounting of disclosures of your health information, except of routine disclosures for treatment, payment, healthcare operations, and certain other disclosures as provided by Federal law (45 C.F.R. 164.528).

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Patient/Parent/Legal Representative Signature

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Date

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Identification (if other than patient)





**QUESTIONS OR CONCERNS**

If you have any questions or believe that your privacy rights were violated, you may file a complaint with the Compliance and Privacy Officers or with the Secretary of the Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint about SolutionHealth privacy practices.

**SolutionHealth**

**Compliance and Privacy Departments**

<p>Elliot Health System  ATTN: Compliance and Privacy Officer  4 Elliot Way, Suite 303  Manchester, NH 03103</p> <p>Email: <a href="mailto:Compliance@Elliot-hs.org">Compliance@Elliot-hs.org</a>  Phone: (603) 663-2932  Compliance Hotline: (844) 390-9807</p>	<p>Southern New Hampshire Health and Home Health &amp; Hospice Care  ATTN: Compliance and Privacy Officer  8 Prospect Street  Nashua, NH 03060</p> <p>Email: <a href="mailto:Compliance@snhhs.org">Compliance@snhhs.org</a>  Phone: (603) 281-9857  Compliance Hotline: (888) 414-2743</p>	<p>SolutionHealth  Email: <a href="mailto:Compliance@SolutionHealth.org">Compliance@SolutionHealth.org</a></p>
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**Medical Records Departments**

<p>Elliot Health System  ATTN: Medical Records  One Elliot Way  Manchester, NH 03103</p> <p>Phone: (603) 663-2341  Fax: (603) 663-1856  Email: <a href="mailto:Medicalrecords@ehs.org">Medicalrecords@ehs.org</a></p>	<p>Southern New Hampshire Health and Home Health &amp; Hospice Care  ATTN: Medical Records  8 Prospect Street, PO Box 2014  Nashua, NH 03061</p> <p>Phone: (603) 577-7500  Fax: (603) 577-5756  Email: <a href="mailto:Medicalrecords@snhh.org">Medicalrecords@snhh.org</a></p>
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Office of Civil Rights New England Regional Office  
U.S. Department of Health and Human Services  
Government Center  
J.F.K Federal Building – Room 1875  
Boston, MA 02203  
1-800-368-1019, 800-537-7697 (TDD)



**Notices:**

SolutionHealth and its member entities comply with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**Language Assistance for Southern New Hampshire Health Patients and Home Health & Hospice Care:**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-603-577-2000 (TTY: 1-603-883-6983).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-603-577-2000 (ATS: 1-603-883-6983).

1- (الهاتف النصي: 1-603-577-2000 تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. اتصل بالرقم 603-883-6983).

ATENÇÃO: Caso fale Português, dispomos de serviços de assistência de idioma gratuitos para você. Ligue para 1-603-577-2000 (Telefone para deficientes auditivos: 1-603-883-6983).

注意：如果您讲普通话或粤语，我们可提供免费的语言帮助服务，供您随时使用。请致电：1-603-577-2000（听力障碍电传：1-603-883-6983）。

注意：如果您講普通話或粵語，我們可提供免費的語言協助服務，供您隨時使用。請致電：1-603-577-2000（聽力障礙電傳：1-603-883-6983）。

**Language Assistance for Elliot Health System Patients:**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-277-2194 (TTY: 1-603-669-2194).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-277-2194 (ATS: 1-603-669-2194).

1-603-669- (الهاتف النصي: 1-844-277-2194 تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. اتصل بالرقم 2194).

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