

**Gilead Community Services, Inc.'s  
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.**

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***How Medical Information about You (“Protected Health Information” or “PHI”) May be Used and Disclosed by Gilead Community Services, Inc.:***

- Gilead Community Services, Inc. receives and generates certain Protected Health Information about You that is stored in a medical record especially for You.
- Federal and State law requires that we maintain the privacy of Your Protected Health Information;
- Federal law requires that Gilead Community Services, Inc. provide You with this written Notice regarding its duties and practices in using Your Protected Health Information;
- Gilead Community Services, Inc. is required to abide by the terms of this Notice;
- Gilead Community Services, Inc. is required to notify You if it can't abide by a requested restriction on how your information is used or disclosed;
- Gilead Community Services, Inc. must accommodate reasonable requests that You make for it to communicate Your Protected Health Information by alternative means or locations; and
- Gilead Community Services, Inc. reserves the right to change this Notice and have the changes apply not only to Protected Health Information acquired after the change in Notice, but have it also apply to Protected Health Information received before the change in Notice. Should our Notice be revised, we will post the revised Notice in each Gilead Program and on our Web site ([www.GileadCS.org](http://www.GileadCS.org)).

***Gilead Community Services, Inc. may use Your Protected Health Information for the following purposes without obtaining Your written consent:***

- To provide **treatment** (e.g., discussions between caregivers for coordination and planning of Your care). Treatment means the provision of health care and related services, including coordinating and managing Your health care with a third party, consulting between health care providers; and referring You to another health care provider to receive care; and
- To conduct our administrative and business **operations**. Health Care Operations, includes, but is not limited to, conducting quality improvement activities, reviewing the competence or qualifications of health care professionals, case management and care coordination, contacting of health care providers and patients with information regarding treatment alternatives, conducting or arranging for legal counsel, medical review and auditing functions, including fraud and abuse detection, business planning and development, management activities relating to compliance with State and Federal laws, resolution of internal grievances, and activities in connection with a sale of assets.

***However, State law continues to require that Gilead Community Services, Inc. obtain Your consent for disclosure of Protected Health Information for the following purposes:***

- For **payment** (e.g., Your insurer/payor will require certain information to support our claim for payment),
- Coordination of care with other providers (e.g. discharge planning and referrals), and
- The disclosure of certain sensitive information protected under State law.

***THEREFORE, WE WILL REQUEST YOUR CONSENT FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION UPON ADMISSION.***

***Unless the Protected Health Information is protected by Federal and/or State drug, alcohol, psychiatric, or HIV-related information confidentiality laws, we may use and disclose Your Protected Health Information without Your consent as follows:***

- If the use or disclosure of Protected Health Information is required by law and is limited to the relevant requirements of the law (e.g., reporting an adverse incident in our agency,);
- Disclosures made by law to state and federal public health authorities (e.g., to report a defective medical device to the FDA);
- Disclosures made to government authorities for the purpose of reporting suspected abuse and neglect of children, the elderly, and the mentally retarded;
- Disclosures to health oversight agencies authorized by law, in connection with audits, civil, administrative, or criminal investigations, licensure or disciplinary actions; or for monitoring compliance and quality, and program eligibility (e.g., Medicare, Medicaid, and State of Connecticut Department of Public Health);
- Disclosures to persons exposed to a communicable diseases if authorized by law to make such disclosure;
- Disclosures in connection with judicial and administrative proceedings in response to an order of the court or administrative tribunal, or in response to lawfully issued subpoena;
- Disclosures to law enforcement if mandated by law (e.g., reporting gunshot wounds);
- Disclosures to law enforcement in the event of Your death if it is suspected that Your death was the result of criminal conduct;
- Disclosures to law enforcement if there is evidence of criminal conduct that occurred on Gilead Community Services, Inc.'s premises;
- Disclosures to the Office of State Medical Examiner as mandated by law (e.g., the occurrence of a suspicious death, contagious disease, and cremation);
- Disclosures to funeral directors as permitted by law;
- Disclosures to notify a family member, legal representative, or other person responsible for you of your death;
- Limited disclosures made in connection with record reviews in preparation for conducting research;
- Disclosures to persons reasonably able to prevent or lessen serious and imminent threat to the health and safety of a person or the public; or if necessary to apprehend an individual involved in a violent crime that we believe may have caused serious physical harm to You;
- Disclosures regarding armed forces personnel to appropriate military command authorities to assure proper execution of the military mission;
- Disclosures to Federal officials for protective services to the President or other governmental authorities;
- Disclosures to correctional institutions for the purpose of providing services to You or for the health and safety of the inmates or employees of the correctional institution;
- Disclosures to comply with workers' compensation or other programs that provide benefits for work-related injuries without regard to fault; and
- Disclosures that are otherwise permitted or required by law.

***Permissible Marketing and Fundraising Disclosures:*** Gilead Community Services, Inc. may make disclosures of Your Protected Health Information to provide follow up contact to you regarding upcoming appointments, treatment alternatives, health-related benefits, programs, services, events and functions which may be of interest to you. Gilead may also contact you for certain fundraising activities.

***All other uses or disclosures will only be made with Your specific written authorization, which may be revoked, except to the extent it has already been relied upon.***

***Special rules for Psychiatric, Drug and Alcohol, and HIV-related protected information:***

***Protected Psychiatric Information:*** State law provides special protections when it comes to psychiatric information (e.g., communications between a psychiatrist, psychologist, licensed professional counselor, and licensed social worker, and those working under their supervision, and his or her client). Except for treatment, or Gilead business and administrative operations, psychiatric communications will not be disclosed, without Your specific written consent, unless the disclosure is made: (i) to another health care Provider for the purpose of treatment and diagnosis (with notice to You); (ii) when there is substantial risk of imminent physical injury to You or others and the disclosure is necessary to place You in a treatment facility; (iii) to a court as part of a court ordered psychiatric examination; (iv) in a civil court proceeding if You introduce Your mental condition as an element of a claim or defense; (v) after Your death, when Your condition is introduced by a party claiming or defending through or as a beneficiary of You and a court finds it to be in the interests of justice to disclose such psychiatric information; (vi) to the Commissioner of the State Department of Public Health or the State Department of Mental Health & Addiction Services in connection with an inspection or investigation; (vii) to the family or legal representative of a homicide committed by You; (viii) to individuals or agencies involved in the collection of fees for psychiatric services; (ix) to researchers who meet strict confidentiality standards; and (x) to the State Department of Mental Health & Addiction Services in connection with Gilead Community Services, Inc. receiving payment for services funded by such agency (with Notice to You).

***Protected HIV-Related Information:*** Special rules under State law also limit the disclosure of HIV-related information. According to the rules, Gilead may not disclose such information without Your specific written authorization, unless such disclosure is: (i) made to a public health official as required or allowed by State or Federal law; (ii) a health care Provider for the purpose of treatment; (iii) a medical examiner to determine the cause of death; (iv) to a Gilead Community Services, Inc. Committee or another organization for the purpose of oversight or monitoring of Gilead Community Services, Inc.; (v) to a health care worker experiencing a significant occupational exposure to HIV infection; (vi) pursuant to a court order; (vii) life and health insurers; (viii) to Your partner by a physician caring for You and Your partner if it is believed by the physician that Your partner is at significant risk for transmission; and (ix) if You are a minor, to Your parents or legal guardian, unless the physician determines there is cause (as defined by law) not to disclose to them.

***Protected Drug and Alcohol Information:*** Federal law establishes certain protections for any patient identifiable information relating to drug and alcohol treatment, treatment referral, research and/or rehabilitation, (but excludes protection for a diagnosis of drug overdose or alcohol intoxication or a diagnosis made solely for the purpose of providing evidence for use by law enforcement authorities). As a general rule, protected drug and alcohol information is confidential and may not be disclosed without your authorization or pursuant to Federal law. Exceptions for disclosure of Protected drug and alcohol information without Your authorization are as follows: (i) to medical personnel to the extent necessary to meet a bona fide medical emergency; (ii) to qualified personnel for the purpose of conducting research, management audits, program evaluation, provided You are not identified in any report; (iii) pursuant to a court order where good cause for such disclosure has been established; (iv) communications between a program and an entity and an affiliated covered entity having direct administrative control over our program; (v) to a business associate performing services on Gilead Community Services, Inc.'s behalf; (vi) limited communications with law enforcement regarding a crime committed or threatened by You on our premises; (vii) the reporting of incidents of suspected child abuse and neglect to the appropriate state authorities; (viii) to the FDA when they assert that Your health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction; and (ix) communications for the reporting of vital statistics, to authorized agencies investigating an individual's cause of death, and to prevent multiple enrollments in certain programs as permitted or required by law.

***Your Rights Relating to Your Protected Health Information:***

- You have the right to request certain restrictions on the use of Your Protected Health Information for treatment, payment and our operations. However, we are not required to honor such restrictions.
- The right to receive communications of Protected Health Information from Gilead Community Services, Inc. by other means or locations;
- The right to inspect and copy Protected Health Information (the request must be in writing), information collected for use in a court proceeding, or certain other information protected by Federal law governing clinical laboratories;
- The right to request to amend Protected Health Information so long as the amendment is accurate and complete:
- The right to revoke your Authorization and Consent except to the extent relied upon by notifying, in writing, the Gilead Community Services, Inc.'s Program Director for the Program in which you are receiving services.
- You have the right to request an accounting of disclosures for a period of six years prior to the date of the request within 60-90 days of your request (but not including disclosures that occurred prior to April 14, 2003).
- You have the right to request a paper copy of this Notice of Privacy Practices.

***Information and Complaints:*** For more information on how to exercise any of your rights regarding Your protected health information, or if you feel your privacy or any other rights have been violated, you may file a complaint with Gilead Community Services, Inc.'s Client Rights & Privacy Officer at 222 Main St. Extension, Middletown, CT 06457 or call (860) 343-5300. Or, for privacy rights only, you may choose to complain directly to the U.S. Secretary of the Department of Health and Human Services. Please contact Gilead's Client Rights & Privacy Officer to obtain the correct address for the Secretary. ***You will not be retaliated against for bringing a complaint.***

Gilead Community Services, Inc.  
**Notice of Privacy Rights Acknowledgement**

I, \_\_\_\_\_ (Print Name), hereby acknowledge that:

- I have been provided a copy of Gilead Community Services, Inc.'s Notice of Privacy Practices (and the Pamphlet entitled "*Client Privacy: Your Rights and our Responsibilities Under the Law*") prior to consenting to the use and disclosure of my Protected Health Information for treatment, payment, and operations;
- I have had the opportunity to ask any questions regarding my rights relating to the use and disclosure of my Protected Health Information;
- I have been told that I may request restrictions on the use and disclosure of my Protected Health Information;
- I understand that I may request communications at alternate locations and by alternative means;
- I have been told that I have the right (in most instances) to review or copy information in my medical record;
- I understand that I may request an amendment to my protected health information;
- I have also been told that I have the right to an accounting of the disclosures of my protected health information that were not for treatment, payment, or operations purposes ( or other disclosures exempted by law); and
- I furthermore understand that I have the right to complain if I feel my privacy rights have been violated.

Client Signature: \_\_\_\_\_  
*(Only Clients aged 14 or older should sign)*

Date: \_\_\_\_\_

Conservator/Guardian Signature: \_\_\_\_\_  
*(If Applicable)*

Date: \_\_\_\_\_

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**THE FOLLOWING IS FOR STAFF USE ONLY**

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*\* Gilead Staff should complete the following only if applicable.*

As a Gilead staff member, I, \_\_\_\_\_ (Print STAFF Name), attempted to obtain from the Client named at the top of this form their written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained for the following reason/s:

- Client refused to sign.
- An emergency situation prevented us from obtaining acknowledgement.
- Communications barriers prohibited obtaining the acknowledgement.
- Other (Please Specify): \_\_\_\_\_

Gilead staff will reattempt obtaining this acknowledgement when/if the above reasons no longer apply.

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_