



**State of Connecticut  
Department of Veterans Affairs**

287 West Street  
Rocky Hill, Connecticut 06067



**CONNECTICUT DEPARTMENT OF VETERANS AFFAIRS ("DVA")**  
**SUMMARY OF YOUR HIPAA PRIVACY RIGHTS**  
(Health Insurance Portability Accountability Act)

***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.***

**DVA'S DUTIES:**

The Connecticut Department of Veterans Affairs (DVA) is required by law to keep your protected health information private, to provide you with notice of our legal duties and privacy practices concerning your protected health information and to notify you following a breach of unsecured protected health information. The DVA must also follow all of the rules listed in this notice and send or give you a new notice if we make important changes to our privacy rules and practices. The DVA reserves the right to change its privacy practices. If the privacy practices change, the DVA will send you a new notice. The new privacy practices will apply to the information the DVA already has about you.

**YOUR RIGHTS:**

While the records we maintain about you belong to the agency, under federal privacy law, you have a variety of rights with respect to the information in those records. For example:

- You have the right to **inspect and request a copy of your health records**. Apply to Medical Records in writing. There will be a charge for providing you with copies.
- You may request that we **amend your medical record** if you believe your record is incorrect or incomplete. Apply to Medical Records in writing.
- You may request a list of **whom we sent information about you to** up to the last six years. Apply to Medical Records in writing.
- **You may request restrictions or limitations on your health information** we disclose (see below). Again, apply to Medical Records in writing.
- You may request we **communicate with you about medical matters in a certain way** or at a certain location. Apply to Medical Records in writing.
- **You may authorize (in writing) other releases** of your health information not described above.
- Except for legal disclosures described below, **your authorization is necessary** before your health records are shared for any other reason.
- You have **the right to file a complaint** (see below) if you believe your rights have been violated. **You will not be penalized if you file a complaint.**

## **LEGAL DISCLOSURES THAT WE MAY MAKE WITHOUT YOUR PERMISSION:**

We may use and disclose your protected health information to carry out **Treatment, Payment, or Healthcare Operations** without your permission. Below are examples of when we may disclose your information:

- To exchange information with other state agencies as required by law.
- To avert a serious threat to your health or safety or the health and safety of the public.
- To treat you in an emergency or something is preventing us from communicating with you.
- To health insurance companies we may bill
- For organ and tissue donation.
- To communicate with law enforcement if you are the victim of a crime, involved in a crime, or threatening to commit a crime.
- If it is believed that you have been a victim of abuse or domestic violence.
- To the Food and Drug Administration to report adverse events, product defects, and so on.
- To coroners, medical examiners, and funeral directors so they may do their job.
- To healthcare oversight agencies such as the State Health Department for audits, investigations, inspections, or licensing purposes.
- For lawsuits and disputes when ordered to do so by a court or administrative order.
- As required by state, federal, or local law.

## **FOR FURTHER INFORMATION OR QUESTIONS:**

As this document nor the Full Notice of Privacy Practices covers every possible use or disclosure, for further information, please contact your DVA Social Worker or HIMS (DVA Medical Records Department) at (860) 616-3763.

## **IF YOU THINK THE DVA SHARED YOUR INFORMATION INCORRECTLY:**

You may complain in writing to the DVA HIPAA Officer at 287 West Street, Rocky Hill, CT 06067 or to the Connecticut Attorney General's Office at 165 Capitol Avenue, Hartford, CT 06106.

You may also file complaint with the federal Office for Civil Rights, U.S. Department of Health and Human Services by mail, fax, email or via the online [OCR Complaint Portal](#) (encouraged method). Mailing address is: 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 address is [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). Complaint is to be filed within 180 days of when the problem occurred. Your benefits will not be affected if you make a complaint.