and disclosures of your health information for marketing purposes; and (3) disclosures that constitute a sale of your health information. We require to obtain your written authorization before using or disclosing your health information for purposes other than those discussed in the preceding sections of this Notice or as otherwise permitted or required by law. You may revoke an authorization in writing at any time. If you revoke an authorization, we will stop using or disclosing your health information for the purposes covered by that authorization, except where we have already relied on the authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Listed below are your rights regarding your health information. Each of these rights is subject to certain requirements and exceptions. You should direct your requests concerning these rights to the Privacy Hotline at (203) 739-6430. We will supply you with the appropriate form to complete. You have the right to:

Request Restrictions: You have the right to request restrictions on our use or disclosure of your health information for treatment, payment, or health care operations. You also have the right to request restrictions on the health information we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care. We are not required to agree to your requested restriction (except that if you are competent you may restrict disclosures to family members or friends). If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment. You may request a restriction of sharing PHI with your health plan if payment is made out-of-pocket, in full, by anyone on the patient's behalf. This does not apply when disclosure is required by law.

Access to Personal Health Information: You have the right to inspect and obtain a copy of your clinical or billing records or other written information that may be used to make decisions about your care, subject to some exceptions. Your request must be made in writing. If we maintain your health information electronically in a designated record set, you have the right to receive an electronic copy of such information and to direct us to transmit an electronic copy directly to a third party designated by you. In most cases we may charge a reasonable fee for our costs in copying and mailing your requested information. If you are denied access to health information, in some cases you have a right to request review of the denial.

Request Amendment: You have the right to request amendment of your health information maintained by us for as long as the information is kept by or for us. Your request must be made in writing and must state the reason for the requested amendment.We may deny your request for amendment if the information (a) was not created by us, unless the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by or for us; (c) is not part of the information to which you have a right of access; or (d) is already accurate and complete, as determined by us. If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

Request an Accounting of Disclosures: You have the right to request an "accounting" of certain disclosures of your health information. This is a listing of disclosures made by us or by others on our behalf, but does not include disclosures for treatment, payment and health care operations, disclosure made pursuant to your Authorization, and certain other exceptions.To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning after April 13, 2003 that is within six years from the date of your request. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

Right to be Notified of a Breach of Unsecured Protected health Information: You have the right to be notified of a breach of your Protected Health Information within 60 days of discovery of the breach.Request a Paper Copy of This Notice: You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. In addition, you may obtain a copy of this Notice at our website at www.WesternConnecticutHealthNetwork.org.

Request Confidential Communications: You have the right to request that we communicate with you concerning your health matters in a certain manner such as calling you at work rather than at home. We will accommodate your reasonable requests.

SPECIAL REQUIREMENTS AND RULES REGARDING DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE, GENETIC TESTING AND HIV-RELATED INFORMATION

Subject to some exceptions, state laws generally requires your consent to disclose your health information. For disclosures concerning health information relating to care for psychiatric conditions, substance abuse, genetic testing and HIV-related testing and treatment ("Sensitive Information") special restrictions may apply. In general, Sensitive Information may not be disclosed without your written permission or a court order.

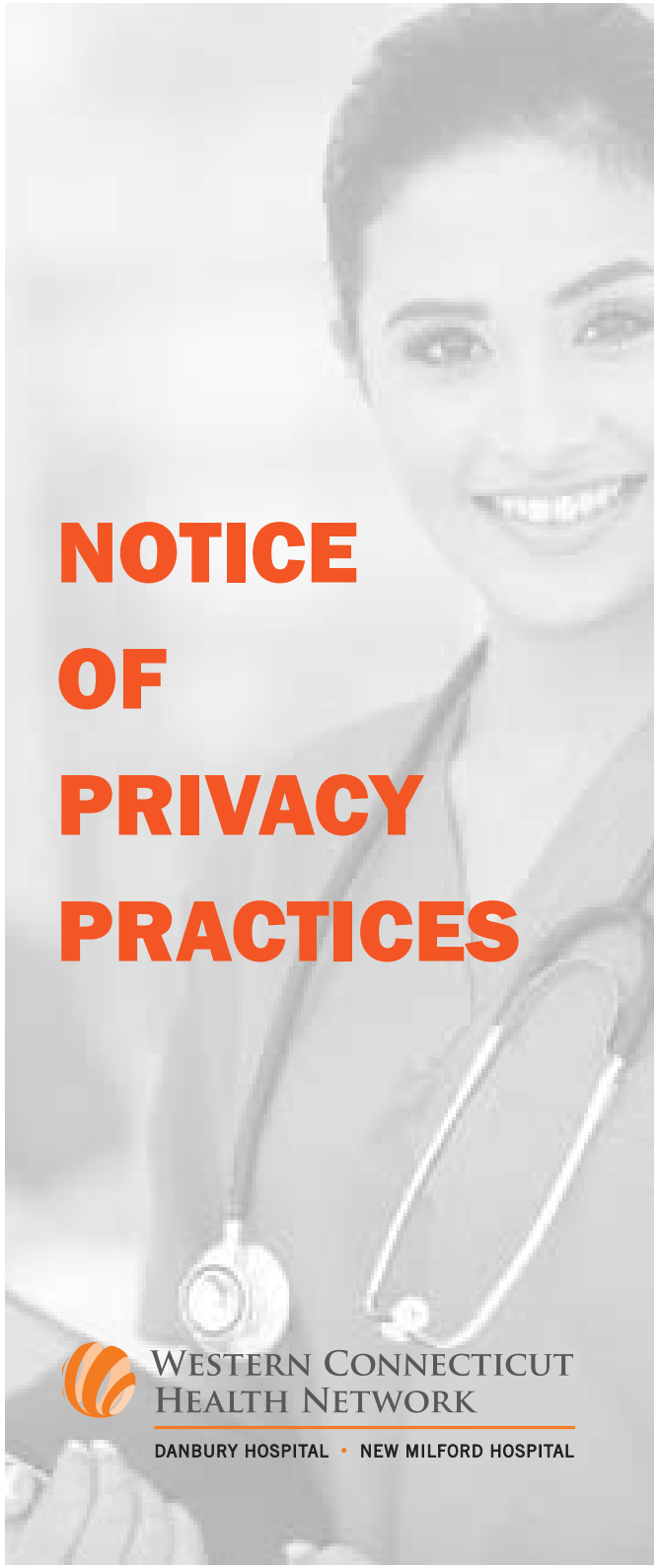
FOR FURTHER INFORMATION OR TO FILE A PRIVACY COMPLAINT

If you have any questions about this Notice or would like further information about our privacy practices, please contact the Western Connecticut Health Network Privacy Hotline at (203) 739-6430. If you believe that your privacy rights have been violated, you may file a complaint in writing with us or with the Office of Civil Rights in the U.S. Department of Health and Human Services. To file a privacy complaint with us, contact the Western Connecticut Health Network Privacy Hotline at (203) 739-6430. We will not retaliate against you if you file a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all health information already received and maintained by us as well as for all health information we receive in the future. We will provide a copy of the revised Notice upon request.

D83195-B Rev. 9-13



NOTICE OF PRIVACY PRACTICES

WESTERN CONNECTICUT HEALTH NETWORK

DANBURY HOSPITAL • NEW MILFORD HOSPITAL

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.

This Notice applies to: The Danbury Hospital; New Milford Hospital; Eastern New York Medical Services, PC; Western Connecticut Home Care, Inc; Western Connecticut Health Network Affiliates; Western Connecticut Medical Group, Inc; and the Danbury and New Milford Hospital Medical Staffs; collectively "Western Connecticut Health Network"We are required by law to maintain the privacy of your health information; to provide you this detailed Notice of our legal duties and privacy practices relating to your health information; to notify affected individuals following a breach of unsecured health information and to abide by the terms of the Notice that are currently in effect. With respect to the Danbury and New Milford Hospital Medical Staffs, this Notice applies to uses and disclosures of your health information by the medical staff in relation to services you receive while a Hospital inpatient or outpatient. Your health information will be shared among the entities covered by this Notice on an ongoing basis for treatment, payment and health care operations and other purposes associated with the joint management of the medical record.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT & HEALTH CARE OPERATIONS

The following lists various ways in which we may use or disclose your health information for purposes of treatment, payment and health care operations without your written permission.

For Treatment: We will use and disclose your health information in providing you with treatment and services and coordinating your care and may disclose information to other providers involved in your care. Your health information may be used by doctors and nurses, as well as by lab technicians, dieticians, physical therapists or other personnel involved in your care. For example, the doctor may need to discuss your treatment or condition with the consulting physician or appropriate physician involve in your care.

For Payment: We may use and disclose your health information for billing and payment purposes. We may disclose your health information to an insurance or managed care company, Medicare, Medicaid or another third party payor. For example, we may contact Medicare or your health plan to confirm your coverage or to request prior approval for services that will be provided to you.

For Health Care Operations: We may use and disclose your health information as necessary for health care operations, such as management, personnel evaluation, education and training and to monitor our quality of care. We may disclose your health information to another entity with which you have or had a relationship if that entity requests your information for certain of its health care operations or health care fraud and abuse detection or compliance activities. For example, health information of patients may be combined and analyzed for purposes such as evaluating and improving quality of care and planning for services.

SPECIFIC USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

The following lists various ways in which we may use or disclose your health information.

Hospital Directory: Unless you object, we will include certain limited information about you in our Danbury Hospital or New Milford Hospital patient directory while you are a patient. This information may include your name and your location in the Hospital. We also prepare and provide a list of congregants only to clergy associated with your congregation. Our directory does not include specific medical information about you. We may disclose directory information to members of the clergy and to people who ask for you by name.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose health information about you to a family member, close personal friend or other person you identify, including clergy, who is involved in your care.

Emergencies: We may use or disclose your health information as necessary in emergency treatment situations.

As Required By Law: We may use or disclose your health information when required by law to do so.

Fundraising Activities: We may use certain limited information to contact you in an effort to raise funds for the Western Connecticut Health Network and its operations. We may disclose to a business associate or an institutionally related foundation without your authorization: Demographic information, dates of service, department of service information, treating physician, outcome information, and health insurance status. Fundraising communication may be provided to you, but you have the right to opt out of receiving it. The communication will include how to opt out of receiving any further fundraising communications. If you choose to opt out, we will treat it as a revocation of authorization.

Appointment Reminders: We may use or disclose health information to remind you about appointments.

Treatment Alternatives and Health-Related Benefits and Services: We may use or disclose your health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.

Business Associates: We may disclose your protected health information to a contractor or business associate that needs the information to perform services for us. Our business associates are responsible to keeping this information confidential.

Public Health Activities: We may disclose your health information for public health activities. These activities may include, for example, reporting to a public health authority for preventing or controlling disease, injury or disability, reporting child abuse or neglect or reporting births and deaths.

Reporting Victims of Abuse, Neglect or Domestic Violence: If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your health information to notify a government authority, if authorized by law or if you agree to the report.

Health Oversight Activities: We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure actions or for activities involving government oversight of the health care system.

Judicial and Administrative Proceedings: We may disclose your health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process; efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.

Law Enforcement: We may disclose your health information for certain law enforcement purposes, including, for example, to comply with reporting requirements; to comply with a court order, warrant, or similar legal process; or to answer certain requests for information concerning crimes.

Research: We may use or disclose your health information for research purposes if the privacy aspects of the research have been reviewed and approved, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations: We may release your health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

To Avert a Serious Threat to Health or Safety: When necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person, we may use or disclose health information, limiting disclosures to someone able to help lessen or prevent the threatened harm.

Military, Veterans and Other Specific Government Functions: If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities. We may disclose health information for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.

Workers' Compensation: We may use or disclose your health information to comply with laws relating to workers' compensation or similar programs.

Inmates/Law Enforcement Custody: If you are under the custody of a law enforcement official or a correctional institution, we may disclose your health information to the institution or official for certain purposes including the health and safety of you and others.

Disaster Relief: Unless you object, we may disclose health information about you to a disaster relief organization.

USES AND DISCLOSURES WITH YOUR AUTHORIZATION

We will obtain your written authorization for: (1) most uses and disclosures of psychotherapy notes (as defined by HIPAA); (2) uses