

East Haven Counseling & Community Services

Notice of Privacy Practices

Effective Date: Nov. 1, 2017

Revised Effective Date: April 14, 2003

Revised Effective Date: February 17, 2010

Revised Effective Date: January 1, 2012

Revised Effective Date: January 1, 2014

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. IF YOU HAVE ANY QUESTIONS, CONTACT OUR PROGRAM MANAGER IN WRITING OR CALL 203-468-3297.

WHO HAS TO ABIDE BY THESE PRIVACY PRACTICES

The following individuals will abide by the privacy practices in this Notice:

- Any health care professional that provides services to you through East Haven Counseling & Community Services, or EHCCS.
- All members of the EHCCS workforce including employees, students, interns, independent contractors and volunteers who provide services to those programs.

OUR PLEDGE TO YOU

We understand that health information about you is personal and we are committed to protecting that information. Your clinical record is created to help us provide you quality care, as well as to meet legal requirements. This Notice applies to all the records of your care generated or maintained by EHCCS.

We are required by law to:

- Maintain the privacy of your protected health information.
- Give you this Notice of our legal duties and privacy practices with respect to your protected health information.
- Follow the terms of our Notice that is currently in effect.

We will also make reasonable efforts to:

- Limit access to your protected health information to only those at EHCCS who need access to carry out their duties.

- Limit disclosure of protected health information, to the extent practicable, to a Limited Data Set or to the minimum necessary to accomplish the intended purpose of the disclosure.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

EHCCS will ask you to sign a consent form that allows us to use and disclose your protected health information for treatment, payment and health care operations. You will also be asked to acknowledge receipt of this Notice.

The following categories describe some of the different ways that we may use or disclose your protected health information without your prior authorization. *Even if not specifically listed below, EHCCS may use and disclose your protected health information as permitted or required by law or as authorized by you.*

- **For Treatment** — We may use and disclose your protected health information to provide you psychiatric or medical treatment. Your protected health information may be disclosed to our after-hours crisis service for coordination of care. We may also use or disclose your protected health information in an emergency situation. For example, if your psychiatrist or social worker determines that you are in danger of hurting yourself or someone else, he/she can disclose information about your

diagnosis and treatment so that you can be safely transported to an emergency facility and/or hospitalized.

- **For Payment** — We may use and disclose your protected health information so that we can bill and receive payment for treatment. For example, we may need to give information to your insurance company, Medicare or Medicaid about the treatment you received so they will pay us, or we may contact your health plan to confirm your coverage or to request prior authorization for a proposed treatment. (Note: Only limited psychiatric information may be disclosed without your authorization for billing purposes)
- **For Health Care Operations** — We may use and disclose your protected health information as necessary to support our health care operations, such as conducting clinical case reviews, critical incident reviews and chart audits to improve the quality of our services.
- **Business Associates** — There may be some services provided by our business associates, such as lawyers and accountants. We may disclose your protected health information to our business associates so that they can perform the job we have asked them to do. Business Associates must comply with all HIPAA privacy and security standards.
- **Appointment Reminders** — We may use and disclose protected health information to contact you as a reminder that you have an appointment at EHCCS.
- **Treatment Alternatives and Other Health-Related Benefits and Services** — We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives and to tell you about health-related benefits and services that may be of interest to you.
- **Individuals Involved in Your Care** — Unless you object, we may disclose your protected health information to a family member, relative, close friend or any other person you identify as an emergency contact, if the information relates to the person's involvement in your health care. In addition, we may disclose your protected health information to a public or private entity authorized by law to assist in a disaster relief effort. If you are unable to agree or object to such a disclosure, we may disclose such information if it is in your best interest based on our professional judgment or if we reasonably infer that you would not object.
- **Public Health Activities** — We may disclose your protected health information to a public health authority that is authorized by law to collect or receive such information such as for the purpose of preventing or controlling disease, injury or disability, reporting deaths, reporting child or adult abuse or neglect, notifying individuals of recalls of products they may be using, notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
- **Health Oversight Activities** — We may disclose your protected health information to a health oversight agency, such as the state Department of Mental Health and Addiction Services, for activities authorized by law, such as audits, investigations, inspections and licensure.
- **Judicial and Administrative Proceedings** — If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order.
- **Law Enforcement** — We may disclose your protected health information for certain law enforcement purposes if permitted or required by law. For example, we may report emergencies or suspicious deaths, or

answer certain requests for information concerning crimes.

- **Coroners, Medical Examiners, Funeral Directors** — We may release your protected health information to a coroner, medical examiner or funeral director to request an autopsy or Medical Examiner's report.
- **Research Purposes** — Your protected health information may be used for research purposes, but only if the privacy aspects of the research have been reviewed and approved by a special Privacy Board or Institutional Review Board, or if you provide authorization.
- **To Avert a Serious Threat to Health or Safety** — We may use and disclose your protected health information when necessary to prevent a serious threat to your health and the safety or health of the public or another person. Any disclosure, however, would be to someone able to help prevent the threat.
- **Military and National Security** — If required by law, if you are a member of the armed forces, we may use and disclose your protected health information as required by military command authorities or the Department of Veterans Affairs. If required by law, we may disclose your protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by law.
- **Fundraising Activities** — We may use information about you to contact you for fundraising purposes, but you have the right to opt out of receiving any such future communications.
- **Workers' Compensation** — We may use or disclose your protected health information as permitted by laws relating to workers' compensation or related programs.
- **Special Rules Regarding Disclosure of Mental Health, Substance Abuse and HIV-Related Information** — For disclosures concerning protected health information relating to care for mental health conditions, substance abuse or HIV-related testing and treatment, special restrictions may apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign a special authorization or a court orders the disclosure.
- **Mental Health Information** — Certain mental health information may be disclosed for treatment, payment and health care operations as permitted or required by law. Otherwise, we will only disclose such information pursuant to an authorization, court order or as otherwise required by law. For example, all communications between you and a psychiatrist or social worker will be considered privileged and confidential in accordance with Connecticut and federal laws.
- **Substance abuse treatment information** — If you are treated in a specialized substance abuse program, the confidentiality of alcohol and drug abuse patient records is protected by federal law and regulations. Generally, we may not say to a person outside the program that you attend the program, or disclose any information identifying you as an alcohol or drug abuser, unless: (1) you consent in writing; (2) the disclosure is allowed by a court order; or (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation. Violation of these federal laws and regulations by us is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal laws/regulations do not protect any information about a crime committed by a client either at the substance abuse program or against any person who works for the program or about any threat to

commit such a crime. Federal laws/regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

- **HIV-related information** — We may disclose HIV-related information as permitted or required by Connecticut law. For example, your HIV-related information, if any, may be disclosed without your authorization for treatment purposes, certain health oversight activities, pursuant to a court order, or in the event of certain exposures to HIV by personnel of EHCCS, another person, or a known partner.

WHEN WE MAY NOT USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Except as described in this Notice, or as permitted by Connecticut or federal laws, we will not use or disclose your protected health information without your written authorization. Your written authorization will specify particular uses or disclosures that you choose to allow. You may revoke your authorization in writing at any time by contacting your EHCCS provider or at **595 Thompson Ave., East Haven, CT 06512**.

A signed authorization or a court order is required for any use or disclosure of psychotherapy notes except to carry out treatment, payment or healthcare operations and for use by EHCCS for treatment, training purposes, or for defense in a legal action.

A signed authorization is required for the use or disclosure of your protected health information for marketing purposes.

EHCCS will not sell or receive payment for your protected health information except in certain specified circumstances, such as to provide you with a copy of your record.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION: All written requests pertaining to these rights should be submitted to: **Program manager, East Haven Counseling & Community Services, 595 Thompson Ave., East Haven, CT 06512**.

- In most cases, **you have the right to look at or get a copy of your protected health information** that we use to make decisions about your care for as long as the information is maintained by EHCCS. To do so, you must submit a written request. If you request a copy of the information, we may charge a fee for the costs of preparing, copying, mailing or related supplies. You also have the right to receive an electronic copy of any of your PHI maintained at EHCCS in an electronic format. We will provide a copy or summary of your health information, usually within 30 days of your request.
- If you believe that information in your record is incorrect or incomplete, **you have the right to request that we amend your protected health information** for as long as the information is maintained by EHCCS. Please send a written request to the program manager providing your reason for the requested amendment. If we deny your request for amendment, we will give you a written denial, within 60 days, including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

YOU HAVE THE RIGHT TO KNOW WHEN YOUR PROTECTED HEALTH INFORMATION HAS BEEN RELEASED

- You have the right to request a list of disclosures we have made of your protected health information. This list will not include: (1) disclosures made for treatment, payment and health care operations, as previously described; or (2) disclosures to you; or (3) disclosures made in circumstances where you have given specific and separate authorization; or (4) certain other disclosures in accordance with the law.
- To request an accounting of disclosures, you must submit a written request to the program manager, stating a time period beginning on or after April 14, 2003, that is within six years from the date of your request. The first accounting provided within a 12-month period will be free. We may charge you a reasonable, cost-based fee for each future request for an accounting within a single 12-month period.

- *Breach Notification:* EHCCS will provide a written notification to you and other entities, as required, in the event of a breach (unauthorized acquisition, access, use or disclosure) of your protected health information that compromises the security or the privacy of the information.

YOU HAVE THE RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS: You have the right to request in writing that protected health information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home. You may notify our program manager in writing about how you would like us to communicate with you. We will accommodate reasonable requests.

YOU HAVE THE RIGHT TO REQUEST RESTRICTIONS ON THE USE OR DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION: You may make a written request to restrict our use or disclosure of your protected health information. You may make the following written request: that we not use or disclose information for treatment, payment or health care operations except when (1) specifically authorized by you; (2) when we are required by law to disclose the information; or (3) in an emergency. We will consider your request but we are not legally required to accept it.

If you pay for a service out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.

In addition, Connecticut state law may provide you with greater protection than the Health Insurance Portability Accountability Act. In situations where this is the case, EHCCS, will comply with the applicable Connecticut law.

YOU HAVE THE RIGHT TO REQUEST A PAPER COPY OF THIS NOTICE: You may receive a paper copy of this Notice upon request even if you have agreed to receive this Notice electronically.

IF WE CHANGE OUR POLICIES: If we change our policies, the changes will apply to all of your protected health information maintained by us. You will not automatically receive a revised Notice. When we make a material change in our policies, we will post the revised Notice in prominent areas and on our website. If you would like to receive a copy of any revised Notice you should ask at your next appointment. Copies of the current Notice will be available at all times at our facility. The effective date is printed at the beginning of the Notice.

TO REGISTER A COMPLAINT

- If you are concerned that we may have violated your privacy rights, you may contact our *Program Manager, 595 Thompson Avenue, East Haven, CT. 06512.*
- You may send a written complaint to the U.S. Department of Health and Human Services, Region I- Office of Civil Rights, Government Center, J.F. Kennedy Federal Building, Room 1875, Boston, MA 02203 or visit www.hhs.gov/ocr/privacy/hipaa/complaints
- You will not be penalized for filing a complaint and we will make every reasonable effort to resolve your complaint with you.