



## **Notice of Privacy Practices**

**This notice is issued in accordance with the Health Insurance Portability and Accountability Act of 1996. It describes how medical information may be used and disclosed and how you can get access to this information. Please review it carefully.**

### **Important – Notice of Privacy Practices**

**It is important to read and understand this Notice of Privacy Practices. If you have any questions about this Notice, or would like further information concerning your privacy rights, please contact:**

**Community Child Guidance Clinic**

**Nancy Dube, Privacy Officer**

**317 North Main Street, Manchester, CT 06042**

**(860) 643-2101**

### **Notice of Privacy Practices**

**Effective Date: April 14, 2003**

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### **Purpose of the Notice of Privacy Practices**

This Notice of Privacy Practices (the “Notice”) is meant to inform you of the uses and disclosures of protected health information that we may make. It also describes your rights to access and control protected health information and certain obligations we have regarding the use and disclosure of protected health information.

“Protected health information” refers to information created and received by us, including demographic information, that may reasonably identify the client and that relates to their past, present or future physical or mental health or condition, or payment for the provision of health care. We are required by law to maintain the privacy of protected health information. We are also required to provide you with this Notice of our legal duties and privacy practices with respect to protected health information and to abide by the terms of the Notice that is currently in effect. However, we may change our notice at any time. The new revised Notice will apply to all of the protected health information maintained by us. You will not automatically receive a revised Notice. If you would like to receive a copy of any revised Notice, you should access our web site at [www.ccginc.org](http://www.ccginc.org), contact Community Child Guidance Clinic, or ask at your next appointment.

## How We May Use or Disclose Your Protected Health Information

Community Child Guidance Clinic will ask you to sign a consent form that allows Community Child Guidance Clinic to use and disclose protected health information for treatment, payment and health care operations. You will also be asked to acknowledge that a copy of this Notice was made available to you.

The following categories describe some of the different ways that we may use or disclose protected health information. Even if not specifically listed below, Community Child Guidance Clinic may use and disclose protected health information as permitted or required by law or as authorized by you. We will make reasonable efforts to limit access to protected health information to those persons or classes of persons, as appropriate, in our workforce who need access to carry out their duties. In addition, we will make reasonable efforts to limit the protected health information to the minimum amount necessary to accomplish the intended purpose of any use or disclosure and to the extent such use or disclosure is limited by law.

- **For Treatment** – We may use and disclose protected health information to provide mental health treatment and related services. For example, protected health information may be used to clarify medication management with a pharmacy. With your permission, we may also disclose protected health information to individuals or facilities that will be involved with care after services at Community Child Guidance Clinic are completed and for other treatment reasons. We may also use or disclose protected health information in an emergency.
- **For Payment** – We may use and disclose protected health information so that we can bill and receive payment for the treatment and related services. For billing and payment purposes, we may disclose the health information to your payment source, including an insurance or managed care company, Medicaid, or another third party payor. For example, we may need to give the health plan information about the treatment received so that the health plan will pay us or reimburse us for the treatment, or we may contact the health plan to confirm coverage or to request prior authorization for a proposed treatment.
- **For Health Care Operations** – We may use and disclose health information as necessary for operations of the Community Child Guidance Clinic, such as quality assurance and improvement activities, reviewing the competence and qualifications of mental health care professionals, medical review, funding sources, legal services and auditing functions, and general administrative activities of Community Child Guidance Clinic.
- **Business Associates** – there may be some services provided by our business associates, such as a billing service, transcription company or legal or accounting consultants. We may disclose protected health information to our business associates so that they can perform the job we have asked them to do. To protect the health information, we require our business associates to enter into a written contract that requires them to appropriately safeguard your information.
- **Appointment Reminders** – We may use and disclose protected health information in order to make reminder calls, texts or emails regarding appointments at Community Child Guidance Clinic.
- **Emergency Circumstances** – In the event of a catastrophe or disaster, we may disclose 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 we determine that it is in the client's best interest based on our professional judgment or if we reasonably infer that you would not object.

- **Public Health Activities** – We may disclose 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 child abuse or neglect; 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 protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, accreditation, licensure and disciplinary actions.
- **Judicial and Administrative Proceedings** – If you are involved in a lawsuit or a dispute, we may disclose protected health information in response to your authorization or a court or administrative order. We may also disclose protected health information in response to a court order or other lawful process if such disclosure is permitted by law.
- **Law Enforcement** – We may disclose protected health information for certain law enforcement purposes if permitted or required by law. For example - to report emergencies; to comply with a court order, warrant, or similar legal process; or to answer certain requests for information concerning crimes.
- **Research Purposes** – Protected health information may be used or disclosed for research purposes, but only if:
  1. The use and disclosure of the information has been reviewed and approved by a special Privacy Board; and
  2. Only if you have provided authorization.
- **To Avert a Serious Threat to Health or Safety** – We may use and disclose protected health information when necessary to prevent a serious threat to the client’s health or safety or the health or safety 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 protected health information as required by military command authorities or the Department of Veteran Affairs. If required by law, we may disclose protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by law. If required by law, we may disclose protected health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Workers’ Compensation** – We may use or disclose protected health information as permitted by laws relating to workers’ compensation or related programs.
- **Marketing/Fundraising** – We require written consent of parent/guardian before use and disclosure of any identifiable health information for the purposes of marketing and fundraising. We require written consent of parent/guardian for any protected health information disclosed, in exchange for direct or indirect compensation, for the outside entity to communicate about its own products or services encouraging the use or purchase of those products or services. Our clients will not be required to or unknowingly participate in any marketing or fundraising activities.

- **Special Rules Regarding Disclosure of Psychiatric, Substance Abuse and HIV-Related Information** – For disclosures concerning protected health information relating to care for psychiatric 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 your authorization, a court order, or as otherwise required by law. For example, all communications between the client and a psychologist, psychiatrist, social worker and other therapists, counselors, and mentors will be privileged and confidential in accordance with Connecticut and Federal law.
- **Substance abuse treatment information** – If the treatment provided is in a specialized substance abuse program, the confidentiality of alcohol and drug abuse patient records is protected by Federal law and regulations. We may not say to a person outside the program that someone attends the program, or disclose any information identifying them as an alcohol or drug abuser, unless:
  1. You provide written consent;
  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 law and regulations do not protect any information about a crime committed by a patient 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 and 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 only as permitted or required by Connecticut law.
- **Minors** – We will comply with Connecticut law when using or disclosing protected health information of minors. For example, if you are an unemancipated minor consenting to outpatient mental health treatment and or substance abuse treatment related to outpatient mental health treatment or alcohol/drug dependence, and you have not requested that another person be treated as a personal representative, you may have the authority to consent to the use and disclosure of your health information.

### **When We May Not Use or Disclose Your Protected Health Information**

Except as described in this Notice, or as permitted by Connecticut or Federal law, we will not use or disclose protected health information without written authorization.

Written authorization will specify particular uses or disclosures that you choose to allow. Under certain limited circumstances, Community Child Guidance Clinic may condition treatment on the provision of your authorization.

If you do authorize us to use or disclose the protected health information for reasons other than treatment, payment or health care operations, you may revoke your authorization in writing at any time by contacting Community Child Guidance Clinic's Privacy Officer. If you revoke your authorization, we will no longer use or disclose the protected health information for the purposes covered by the authorization, except where we have already relied on the authorization.

### ***Psychotherapy Notes***

Your signed authorization or a court order is required for any use or disclosure of psychotherapy notes except to carry out certain treatment,

Payment, or health care operations and for use by Community Child Guidance Clinic for treatment, for training programs, or for defense in a Legal action.

### **Your Health Information Rights**

Described below are your rights to protected health information and how you may exercise these rights.

- **Right to Request Restrictions of Protected Health Information** – You have the right to request certain restrictions or limitations on the protected health information we use or disclose. You may request a restriction or revise a restriction on the use or disclosure of protected health information by providing a written request stating the specific restriction requested. You can obtain a Request for Restriction form from Community Child Guidance Clinic. We are not required to agree to your requested restriction. If we do agree to accept your requested restriction, we will comply with your request except as needed to provide emergency treatment. If restricted protected health information is disclosed to a health care provider for emergency treatment, we will request that such health care provider not further use or disclose the information. In addition, you and Community Child Guidance Clinic may terminate the restriction if the other party is notified in writing of the termination. Unless you agree, the termination of the restriction is only effective with respect to protected health information created or received after we have informed you of the termination.
- **Right to Receive Confidential Communications** – You have the right to request a reasonable accommodation regarding how you receive communications of protected health information. You have the right to request an alternative means of communication or an alternative location where you would like to receive communications. You may submit a request in writing to Community Child Guidance Clinic requesting confidential communications. You can obtain a request for Confidential Communications form from Community Child Guidance Clinic.
- **Right to Access, Inspect and Copy Your Protected Health Information** – You have the right to access, inspect and obtain a copy of the protected health information that is used to make decisions about care for as long as the protected health information is maintained by Community Child Guidance Clinic. To access, inspect and copy protected health information, you must submit your request in writing to Community Child Guidance Clinic. If you request a copy of the information, we will charge a fee for the costs of preparing, copying, mailing or for other supplies associated with your request. We may deny, in whole or in part, your request to access, inspect and copy protected health information under certain limited circumstances. If we deny your request, we will provide you with a written explanation of the reason for the denial. You may

have the right to have this denial reviewed by an independent health care professional designated by us to act as a reviewing official. This individual will not have participated in the original decision to deny your request. You may also have the right to request a review of our denial of access through a court of law. All requirements, court costs and attorney's fees associated with a review of denial by a court are your responsibility. You should seek legal advice if you are interested in pursuing such rights.

- **Right to Amend Your Protected Health Information** – You have the right to request an amendment to protected health information for as long as the information is maintained by or for Community Child Guidance Clinic. Your request must be made in writing to Community Child Guidance Clinic and must state the reason for the requested amendment. You can obtain a Request for Amendment form from Community Child Guidance Clinic. 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. We may rebut your statement of disagreement. If you do not wish to submit a written statement disagreeing with the denial, you may request that your request for amendment and your denial be disclosed with any future disclosure of your relevant information.
- **Right to Receive An Accounting of Disclosures of Protected health Information** – You have the right to request an accounting of certain disclosures of protected health information by Community Child Guidance Clinic or by others on our behalf. To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning on or after April 14, 2003, that is within six (6) years from the date of your request. The first accounting provided within a twelve-month period will be free. We will charge you a reasonable, cost-based fee for each future request for an accounting within a single twelve-month period. However, you will be given the opportunity to withdraw or modify your request for an accounting of disclosures in order to avoid or reduce the fee.
- **Receipt of Notice** – You may view a copy of this Notice at our web site, [www.ccginc.org](http://www.ccginc.org), review the copy available in our reception area, or request a copy.
- **Right to Complain** – You may file a complaint with us or the Secretary of Health and Human Services if you believe the above identified client's privacy rights have been violated by us. You may file a complaint with us by completing the Privacy Practice Complaint Form and submitting this form to our Privacy Officer. You or the identified client will not be penalized for filing a complaint and we will make every reasonable effort to resolve your complaint with you.

Community Child Guidance Clinic, Inc.

Nancy Dube, Privacy Officer

317 North Main Street, Manchester, CT 06042

860-643-2101