



GUILFORD YOUTH & FAMILY SERVICES

A Town of Guilford Agency
36 Graves Avenue
Guilford, CT 06437
Phone (203) 453-8047
Fax (203) 453-8044

NOTICE OF PRIVACY PRACTICES

Effective December 1, 2003

THIS NOTICE DESCRIBES HOW MEDICAL/PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At Guilford Youth & Family Services we are committed to maintaining the confidentiality of your medical and other protected health information ("PHI"). PHI is information about you or that may identify you; relates to your past, present or future physical or mental health condition; is obtained when you receive services at our facility; or is received from other providers (doctors, hospitals, etc.) Federal and state laws require us to protect the privacy of your protected health information and to provide you with a notice of our legal duties and privacy practices with respect to your protected health information. This Notice of Privacy Practices ("Notice") describes the ways in which we may use and disclose your medical/protected health information and how you can get access to this information. This Notice applies to uses and disclosures we may make of all your protected health information whether created by us in our practice or received by us from another healthcare provider. The privacy practices in this Notice, our organization's privacy policies and procedures, and federal and state privacy laws, must be followed by all members of our staff. Additionally, business associates or partners who have access to protected health information because of the work they do with us must follow these practices, policies and procedures. The Notice (with effective date) will be posted in our office. We are required to abide by the Notice, as currently in effect. We may change this Notice at any time and make the new provisions effective for all protected health information we already have about you as well as any protected health information we create or receive in the future. A revised copy of the Notice will be provided to you upon request. If you have any questions about this Notice or would like further information please call our Privacy Officer at the number listed above. In the process of using or disclosing your protected health information we may make incidental disclosures. We will take reasonable steps to limit incidental disclosures.

WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU TO PROVIDE TREATMENT TO YOU, TO OBTAIN PAYMENT FOR SERVICES RENDERED TO YOU, FOR HEALTHCARE OPERATIONS, AND OTHER PURPOSES WITHOUT PRIOR AUTHORIZATION AS DESCRIBED BELOW.

The following categories describe different ways that we use and disclose your protected health information. This is done in a safe, secure, and responsible manner. We have provided you with examples in certain categories; however not every use of disclosure in a category will be listed.

- We may use and disclose your protected health information in performing business activities that we call "healthcare operations." This includes internal operations, such as for general administrative activities and to monitor the quality of care you receive at our facility. This type of use is necessary for us to run our practice and to be sure that our clients are receiving quality care.
- As required by federal, state or local law or other judicial or administrative proceedings.
- As necessary in emergency treatment situations.
- For public health activities (including communicable disease reporting, reports of deaths, reporting adverse reactions to medications to the Food and Drug Administration and reports regarding the recall of products.)
- To make a report to a government authority if we believe that you have been a victim or a perpetrator of abuse or neglect, and if the report is either authorized by law or you agree to the report.
- For health oversight activities (including audits, investigations, inspections, licensure actions or other legal proceedings.)
- In response to a court or an administrative order, and in certain circumstances, in response to a subpoena, a discovery request, or any other lawful process by another party involved in the action. We will make a reasonable effort to inform you about the request.
- For certain law enforcement functions, including but not limited to:
 - Reporting certain types of wounds and/or other physical injuries (i.e. gunshot wounds);
 - Reports required by law;
 - Reporting emergencies or suspicious deaths;
 - Complying with a court order, warrant, subpoena (in certain circumstances), or other legal process;
 - Identifying or locating a suspect or missing person, material witness or fugitive;
 - Answering certain requests for information concerning crimes, about the victim of crimes;
 - Reporting and/or answering requests about a death we believe may be the result of a crime;
 - Reporting criminal conduct that took place on our premises; and
 - In emergency situation to report a crime, the location of the crime or victim or the identity, description and/or location of a person involved in the crime.
- If necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. We may only make the disclosure to a person or entity that would be able to help lessen or prevent the threatened harm.

- To appropriate military command authorities, if you are a member of the armed forces or a foreign military.
- To authorized federal officials conducting national security, counterintelligence, and intelligence activities authorized by law.
- To authorized federal officials, as needed, to provide protection to the President of the United States, other authorized persons, foreign heads of state or to conduct certain special investigations.
- To a correctional institution or law enforcement official, if you are an inmate in custody and the disclosure is for one of the following purposes:
 - To enable the correctional institution or law enforcement official to provide you with necessary healthy care services;
 - To protect your own health and safety;
 - To protect the health and safety of others; and/or
 - For the safety and security of the correctional institution.
- To comply with laws and regulations relating to workers' compensation or similar programs established by law that provides benefits for work-related injuries and/or illnesses.
- To inform you about treatment alternatives and health-related benefits and services that may be of interest to you. This may include telling you about: treatments; services; products; other health care providers; special programs; or nutritional services.
- To contact you to remind you about appointments or reschedule appointments.
- Any other actions necessary to perform our professional responsibilities.

Use and Disclosure of your protected health information to business associates

Guilford Youth & Family Services often must share your protected health information with third party business associates that do various activities for our organization (for example to a collection agency to collect on a bad debt.) In those instances, we will have a written contract with statements that protect the privacy of your health information.

There are other ways we may use or release your information, unless you disagree and let us know that in writing:

- We may disclose your protected health information to a family member or a close friend or other person you identify who is involved in your medical care or payment for your care.
- In the event of a disaster, to an organization assisting in disaster relief efforts. Even if you object to such a disclosure, we may share this information if necessary to respond to emergency circumstance.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding your protected health information that we maintain:

- Request a copy of or to see protected health information we use to make decisions about your care. If a request is denied, you may have a right to appeal that decision. **You must make this request in writing or by completing a form.**

- Request that we correct your record if you believe it contains wrong information or if important information is missing. We may deny your request under certain circumstance, in which case you have a right to insert a statement of disagreement into the medical record or to request that a copy of the denial and a copy of the initial request accompany all future disclosures of that protected health information. You must make this request in writing or by completing a form.
- Request an accounting of when we released your protected health information in response to state, federal or local laws for up to the last six years (after July 14, 2003.) Disclosures for treatment, payment or healthcare operations, disclosures to you or pursuant to your authorization, disclosures to persons involved in your care, disclosures of limited data sets, incidental disclosures, disclosures for national security purposes, and disclosures made to a correction or law enforcement official about an inmate in custody are not required to be included in this accounting. If you request an accounting more than once within a 12-month period we may charge you a reasonable fee for the accounting. The first accounting within a 12-month period will be provided at no charge. You must request this list in writing or by completing a form.
- Request that your protected health information be communicated to you in a confidential manner by using a mailing address that is different from your home address or a telephone number that is different from your home phone number.
- Request that we not use or disclose protected health information about you to persons involved in your care except when required by law or in an emergency. You may make this request in writing or by completing a form.
- You may request restrictions on the use and disclosure of your protected health information for treatment, payment and healthcare operations. You must request these restrictions by completing a form. If Guilford Youth & Family Services agrees to a reasonable restriction we will comply with your request. We do not have to agree to a requested restriction.
- To authorize in writing the release of other protected information for a purpose not described above. You may revoke your authorization at any time in writing. If you revoke an authorization we will no longer use or disclose your protected health information for the purposes covered by that authorization, except where we have already relied on the authorization.
- 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 by contacting our office in writing or by phone.

**DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE AND
HIV-RELATED INFORMATION.**

Use and Disclosure of Mental Health, Substance Abuse and HIV-Related Information.
For uses and disclosures of your protected health information related to care for mental health conditions, substance abuse, or HIV-related information, 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 if a court orders the disclosure.

- **Mental Health Information:** If needed for your diagnosis or treatment in a mental health program, mental health information may be disclosed as needed between your treatment team members, and very limited information may be disclosed for payment purposes. Otherwise mental health information may not be disclosed without your authorization, except as specifically permitted by state or federal law.
- **HIV-related Information:** HIV-related information will not be disclosed, except under limited circumstances set forth under state or federal law, without your specific written authorization.
- **Substance Abuse Treatment:** If you are treated in a substance abuse program, information which could identify you as alcohol or drug-dependant will not be disclosed without your specific authorization except for purposes of treatment or payment required or allowed under state or federal law.
- **Psychotherapy Notes:** A special authorization is required for the disclosure of psychotherapy notes, and special rules may apply which limit the information that is disclosed.

COMPLAINTS

If you believe that your privacy rights have been violated, you have the right to complain in writing and directed to:

**Sheila Villano
Finance Director
Town of Guilford
31 Park Street
Guilford, CT 06437**

There will be no penalty or retaliation against you or any individual for filing a complaint.
For more information, call our Privacy Officer at 203-453-8023.

If you wish to file a complaint with the Secretary of the Department of Health and Human Service, Office of Civil Rights, you may send a letter to:

**Office of Civil Rights, Region 1
Room 1875
J. F. Kennedy Federal Building
Government Center
Boston, MA 02203**