



TEL (203) 481-4248 | FAX (203) 483-7727
342 Harbor Street, Branford, CT 06405

Notice of Privacy Practices

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.

I. PURPOSE OF THE NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices ("Notice") is meant to inform you of the ways we may use or disclose your protected health information ("PHI"). It also describes your rights to access and control your PHI and certain obligations we have regarding use and disclosure of your PHI. Branford Counseling & Community Services ("BCCS") is required by law to maintain the privacy of your PHI and wants you to know about our practices for protecting your health information. BCCS is required by law to provide you with this Notice of our legal duties and privacy practices with respect to your PHI and to abide by the terms of the Notice that is currently in effect. The medical information we maintain may come from any of the providers from whom you have received services. The information about you created and received by us, including demographic information, that may reasonably identify you and that relates to your past, present or future physical or mental health or condition or payment for the provision of your health care is known as Protected Health Information, ("PHI"). We will not use or disclose your PHI without your permission, except as described in this Notice. We may revise our Notice at any time. The new revised Notice will apply to all of your PHI 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 contact our Privacy Officer at the number listed above.

II. HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe some of the different ways that we may use or disclose your PHI. Even if not specifically listed below, BCCS may use and disclose your PHI as permitted or as required by law or as authorized by you. We will make reasonable efforts to limit access to your PHI to those persons or classes of persons, as appropriate, in our workforce who needs access to carry out their duties.

FOR TREATMENT - We may use and disclose your PHI to provide and coordinate the treatment, medication and services that you receive. Your PHI may also be used to refer you to other providers or to send your records to another treating health care professional.

FOR PAYMENT - We may use and disclose your PHI so that we can bill and receive payment for the treatment and related services you receive. For example, we may contact your health insurer to certify your eligibility for benefits or to request prior authorization for treatment. We may provide your insurer with details regarding your treatment to determine if your insurer will cover your treatment.

FOR HEALTH CARE OPERATIONS - We may use and disclose your PHI as necessary for the operations of BCCS, such as quality assurance and improvement activities. For example, we may disclose your information to internal staff for evaluation of the quality of services provided.

APPOINTMENT REMINDERS - We may use and disclose PHI to contact you as a reminder that you have an appointment with BCCS.

PUBLIC HEALTH ACTIVITIES - We may disclose your PHI to a public health authority that is authorized by law to collect or receive such information, such as mandated reporting of disease, injury or vital statistics.

VICTIMS OF ABUSE, NEGLECT OR DOMESTIC VIOLENCE - We may disclose your PHI to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.

HEALTH OVERSIGHT ACTIVITIES - We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections.

JUDICIAL PROCEEDINGS - If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court order if permitted by law.

LAW ENFORCEMENT - We may disclose your PHI for certain law enforcement purposes if permitted or required by law.

TO AVERT SERIOUS THREAT - We may use or disclose your PHI when necessary to prevent a serious threat to the health or safety of you or others. Any disclosure would be to someone able to help prevent the threat.

NATIONAL SECURITY MATTERS - We may use and disclose your PHI without your authorization to authorized Federal officials for the purpose of conducting national security and intelligence activities. These activities may include protective services for the President and others.

WORKERS' COMPENSATION - We may disclose your PHI as authorized by, and to comply with, workers' compensation laws and other similar programs providing benefits for work-related injuries or illnesses.

SPECIAL RULES REGARDING MENTAL HEALTH RECORDS, SUBSTANCE ABUSE TREATMENT INFORMATION 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 generally 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 an Authorization or, in certain circumstances, if the court orders disclosure.

MENTAL HEALTH INFORMATION - Certain mental health treatment information may be disclosed for treatment and payment purposes as permitted or as 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 psychologist, psychiatrist, social worker and certain therapists and counselors will be privileged and confidential in accordance with State and Federal law.

SUBSTANCE ABUSE TREATMENT INFORMATION - If you are receiving treatment or diagnosis for substance abuse, the confidentiality of alcohol and drug abuse client records is protected by Federal law and regulations.

HIV-RELATED INFORMATION - We may disclose HIV-related information as permitted or required by State 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 BCCS, another person or a known partner (if certain conditions are met).

III. YOUR PRIVACY RIGHTS. YOU HAVE THE RIGHT TO:

- Request, in writing, restrictions on certain uses and disclosures of your PHI,
- Receive reasonable confidential communication of PHI, e.g. contact you at a place of your choosing,
- Inspect and copy your medical record by written request, with some exceptions. You have the right to obtain an electronic copy of any of your protected health information that we maintain in electronic format. You have the right to request that BCCS transmit a copy of your protected health information directly to another person or entity designated by you. BCCS reserves the right to deny the request, to which you may make a further appeal,
- Request an amendment of your medical record for as long as the information is maintained by or for the BCCS. BCCS reserves the right to deny the request, to which you may make a further appeal,
- Receive an accounting of BCCS disclosures of your PHI during the six years prior to your request,
- Receive a paper copy of this Notice,
- Request transmission of your PHI in electronic format,
- Receive notification following a breach of your unsecured PHI,
- Restrict the disclosure of PHI to health plans for the purposes of payment if you paid out-of-pocket in full for the health services or item to which the information relates,
- File a complaint with us or with the Secretary of Health and Human Services.

You may revoke an authorization at any time, except to the extent that we have already acted on it.

IV. HOW YOU CAN REPORT A PROBLEM

If you feel your privacy rights have been violated, you may file a complaint with the BCCS Privacy Officer at (203) 481-4248, or the Secretary of the United States Department of Health and Human Services (DHHS), Office for Civil Rights (OCR) at: U.S. DHHS, OCR, J.F. Kennedy Federal Building - Room 1875, Boston, Massachusetts 02203. Voice phone: (617) 565-1340. TDD: (617) 565-1343. FAX: (617) 565-3809.

There will be no retaliation for filing a complaint.

WOULD YOU LIKE MORE INFORMATION?

If you have questions and would like more information, you may contact the BCCS Privacy Officer at (203) 481-4248.