



109 Legion Avenue, New Haven, CT 06519. 203-562-2264. Fax 203-401-2040. www.continuumct.com

NOTICE OF PRIVACY PRACTICES

Revised Effective Date: August 1, 2023

Your Information * Your Rights * Our Responsibilities

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Pledge to You

At Continuum of Care, Inc. (“Continuum”), we understand that health care information about you is personal and we are committed to protecting this information. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. The medical information we record and maintain is known as Protected Health Information, or PHI. PHI may come from any of the providers from whom you have received services.

<u>Your Rights</u>	<u>Your Choices</u>	<u>Our Uses and Disclosures</u>
<p>You have the right to:</p> <ul style="list-style-type: none"> • Get a copy of your paper or electronic medical record; • Correct your paper or electronic medical record when an error is present; • Request confidential communication; • Ask us to limit the information we share; • Get a list of those with whom we’ve shared your information; • Get a copy of this privacy notice; • Choose someone to act for you; and • File a complaint if you believe your privacy rights have been violated. 	<p>You have some choices in the way that we use and share information as we:</p> <ul style="list-style-type: none"> • Tell family and friends about your condition; • Provide disaster relief; • Provide mental health care and other services; • Market our services and sell your information; and • Raise funds. 	<p>We may use and share your information as we:</p> <ul style="list-style-type: none"> • Treat you; • Run our organization; • Bill for your services; • Help with public health and safety issues; • To do research; • Comply with the law; • Respond to organ and tissue donation requests; • Work with a medical examiner or funeral director; • Address workers’ compensation, law enforcement, and other government requests; and • Respond to lawsuits and legal actions, such as subpoenas or court orders.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We are required to provide you with this notice about our privacy practices and legal duties with respect to your PHI and to abide by the terms of this notice as then in effect. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will not use or share your information other than as described here unless you provide us with written authorization. You can revoke your written authorization at any time by except as described in the authorization.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.



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Get an electronic or paper copy of your medical record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

Get a list of those with whom we’ve shared information

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for certain disclosures that we are not required to include (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy upon request.

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will confirm this person has authority to act for you before we take any action.

Right to request restrictions

You may request, in writing, that we restrict certain uses and disclosures of your information. We are not required to agree to a requested restriction, except for requests to limit disclosures to your health plan for purposes of payment or health care operations when you have paid for the item or service covered by the request out-of-pocket and in full (and when such uses or disclosures are not required by law).

File a complaint if you feel your rights are violated

If you believe that your privacy rights have been violated, you may file a complaint in writing with Continuum’s HIPAA Privacy Officer, Clients Rights Officer, or with the Office of Civil Rights. To file a complaint with the Continuum, please contact:

- HIPAA Privacy Officer, 109 Legion Ave. New Haven CT 06519, 203-562-2264; or
- Client Right’s Officer, 109 Legion Ave. New Haven CT 06519, 203-562-2264

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue SW, Room 509F HHH Bldg., Washington, DC 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

*We will not retaliate against you in any way for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a preference for how we share your information in the situations described below, talk to us.



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In these cases, you have both the right and choice to tell us to:

Share information with your family, close friends, or others involved in your care; and share information in a disaster relief situation. *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.*

In these cases, we never share your information unless you give us written permission:

Sale of your information, most marketing purposes, and most sharing of psychotherapy notes

In the case of fundraising:

We may contact you to support our fundraising efforts, but you can tell us not to contact you again and may opt out of requests at any time.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treatment

We will use and disclose your health information in providing you with treatment and coordinating your care. We may disclose your health information to other providers involved in your care. For example, our residential & clinical staff may report changes in your condition to your physician or a doctor treating you for an injury may ask another doctor about your overall health condition.

Running our organization

We can use and disclose your health information to run our organization, improve your care, and contact you when necessary. For example, we use health information about you to manage your treatment and services.

Bill for your services/payment

We may use and disclose your health information so that we can bill and receive payment for our services. We may disclose your health information to your representative, or to an insurance or managed care company, Medicare, Medicaid or another third party payer. For example, we may contact Medicare or Medicaid or your health insurance company to confirm your coverage or to request prior approval for services that will be provided to you or we may give information about you to your health insurance plan so it will pay for your services.

Help with public health and safety issues

We can share health information about you for certain situations such as: preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; and preventing or reducing a serious threat to anyone's health or safety.

Research

We can use or share your information for certain research purposes.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.



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Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you: for workers' compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; and for special government functions such as military, national security, and presidential protective services.

Judicial and administrative proceedings

We may disclose information in response to certain judicial or administrative proceedings if permitted or required by law. This includes, for examples disclosures of information in response to an appropriate subpoena, discovery request, or court order such as a warrant.

Special Rules Regarding Disclosure of HIV, Psychiatric/Behavioral Health, and Substance Abuse Information

Special authorization may be needed to release information related to psychiatric or behavioral health conditions, substance abuse, or HIV-related testing and treatment. Such information may be shared for limited purposes such as treatment planning or coordinating care with medical, psychiatric, behavioral health, or substance abuse providers. Except as otherwise legally permitted, no such information shall be transmitted to anyone else without written consent or authorization as provided under Connecticut law and Federal Regulation 42 CFR Part 2.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact Continuum's HIPAA Privacy Officers:

- HIPAA Privacy Officers, 109 Legion Ave. New Haven CT 06519, 203-562-2264

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.