



109 Legion Avenue. New Haven, CT. 06519. 203-562-2767. Fax 203-562-0990. www.continuumct.com

NOTICE OF PRIVACY PRACTICES

Revised Effective Date August 1, 2020

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: We understand that healthcare information about you is personal and are committed to protecting information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care generated by any of the separate facilities and providers described below.

Continuum of Care, Inc. is federally and state mandated to maintain the privacy of your healthcare information and want you to know about our practices for protecting your health information. Continuum of Care, Inc. is required to abide by the terms of this notice. The medical information we maintain may come from any of the providers from whom you have received services. The medical information we record and maintain is known as Protected Health Information, or PHI. We will not use or disclose your PHI without your permission, except as described in this notice.

<u>Your Rights</u>	<u>Your Choices</u>	<u>Our Uses and Disclosures</u>
<p>You have the right to:</p> <p>Get a copy of your paper or electronic medical record;</p> <p>Correct your paper or electronic medical record when an error is present;</p> <p>Request confidential communication;</p> <p>Ask us to limit the information we share;</p> <p>Get a list of those with whom we've shared your information;</p> <p>Get a copy of this privacy notice;</p> <p>Choose someone to act for you; and</p> <p>File a complaint if you believe your privacy rights have been violated.</p>	<p>You have some choices in the way that we use and share information as we:</p> <p>Tell family and friends about your condition; in accordance with applicable regulations and laws.</p> <p>Provide disaster relief;</p> <p>Include you in an agency directory;</p> <p>Provide mental health care and other services;</p> <p>Market our services and sell your information; and</p> <p>Raise funds.</p>	<p>We may use and share your information as we:</p> <p>Treat you; Bill for your services;</p> <p>Run our organization;</p> <p>Help with public health and safety issues;</p> <p>To avert a serious threat to health or safety;</p> <p>To do research; Comply with the law;</p> <p>Respond to organ and tissue donation requests;</p> <p>Work with a medical examiner or funeral director;</p> <p>Address workers' compensation, law enforcement, and other government requests; and</p> <p>Respond or participate in depositions, hearings, lawsuits, and legal actions.</p>



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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.

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. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. 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. Ask us how to do this. 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.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or healthcare item 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. We will say “yes” unless a law or other legally-binding mandate (such as a contractual obligation) requires us to share that information.

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 those about treatment, payment, and healthcare operations, and certain other disclosures (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 promptly.

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 make sure the person has this authority and can act for you before we take any action.

Right to Request Restrictions

You may request, in writing, that we not use or disclose healthcare information about you for treatment, payment or healthcare operations, or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request and work to accommodate it when possible, but we are not legally required to accept it unless all of the conditions below are met which include:

- You request that your information is not shared with an insurer for purposes of payment or other purposes unrelated to your treatment; you pay all charges associated with the services you received out-of-pocket in full; and we are not required by law to release your information to the insurer. We will inform you of our decision on your request within 15 days of receipt of the request. All written requests or appeals should be submitted to our HIPPA Privacy or Client Rights Officer listed below.



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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 of Care, Inc., 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, S.W., Washington, D.C. 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 clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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; share information in a disaster relief situation; and include your information in a hospital directory

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. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

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

Marketing purposes, sale of your information, 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 such requests at any time. We will never market your personal information without your consent and we will never sell your personal information.

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, such as physicians, nurses, physical therapists, occupational therapists, speech therapists, social workers, case managers, emergency first responders, and home health aides. For example, our residential & clinical staff may report changes in your condition to your physician. Otherwise, we will only disclose your information pursuant to an authorization, court order, or as otherwise by law

**Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

For disclosures concerning health information related to care for psychiatric conditions, substance abuse, or HIV-related testing and treatment, special restrictions may apply. Exceptions are provided below and are specifically permitted or required under state or federal law, health information relating to care for psychiatric conditions, substance abuse, or HIV-related testing and treatment may not disclose without your special authorization.



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

Special authorization may be needed to release information related to psychiatric conditions, drug abuse, alcohol abuse, or HIV-related testing and treatment. Such information may be for the purposes of treatment planning or coordinating care with medical, psychiatric or substance abuse providers or to receive payment. No information shall be transmitted to anyone else without written consent or authorization as provided under Connecticut General Statutes Chapter 899C Connecticut PA 89-246 and Federal Regulation 42 CFR Part 2.

Running our organization

We can use and share your health information to run our organization, improve your care, and contact you when necessary.

**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.

**Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

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.

Do research

We can use or share your information for health research.

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.

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

Respond to lawsuits and legal actions

We may disclose information for certain law enforcement purposes if permitted or required by law.

**Examples include: in response to a court or administrative order, warrant, suspicious death, or in response to a subpoena.*



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Consent not required for disclosure

We want to make sure you are aware that we may share information for the disclosure or transmission of communications or records of a client in the following situations pursuant to **Connecticut General Statutes 52-146f** as specifically limited to:

1. Communications or records may be disclosed to other persons engaged in the diagnosis or treatment of the client or may be transmitted to another mental health facility to which the client is admitted for diagnosis or treatment if the psychiatrist in possession of the communications or records determines that the disclosure or transmission is needed to accomplish the objectives of diagnosis or treatment.
 - a. In these cases, you shall be informed that the communications or records will be so disclosed or transmitted. For purposes of this subsection, persons in professional training are to be considered as engaged in the diagnosis or treatment of the clients.
2. Communications or records may also be disclosed when the psychiatrist determines that there is substantial risk of imminent physical injury by the client to him/herself or others or when a psychiatrist, in the course of diagnosis or treatment of the client, finds it necessary to disclose the communications or records for the purpose of placing the client in a mental health facility, by certification, commitment or otherwise, provided the provisions of **Connecticut General Statutes Sections 52-146d to 52-146j**, inclusive.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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

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 the Agency HIPAA Privacy Officer.

HIPAA Privacy Officer
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NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability & Accountability Act (“HIPPA”), I have certain rights to privacy regarding my protected health information. I acknowledge that I have received, read and understand continuum’s Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information, as revised August 1, 2020. I understand that Continuum of Care, Inc. has the right to change its Notice of Privacy Practices from time to time and that notification will be made to me when changes occur. I understand that I may contact Continuum of Care, Inc. at the address below to obtain a current copy of the Notice of Private Practices. I understand that I may request in writing that Continuum restrict how my private information is used or disclosed to carry out treatment, payment or healthcare operations. I also understand Continuum of Care, Inc. is not required to agree to my requested restrictions, and must demonstrate reason why in these instances consistent with the privacy Practice procedures.

Client Name (print)

Date

Signature of Client

Date

Signature of Guardian/Conservator of Person

Date

Signature of Witness

Date

OFFICE USE ONLY

_____ I attempted to obtain the client’s signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below.

Date: _____

Initials: _____

Reason: _____

Staff Signature: _____