

Community Health Resources, Inc. (CHR)
(North Central Counseling Services, Inc. and Genesis Center, Inc.)

Effective April 14, 2003

NOTICE OF PRIVACY RIGHTS

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.

A. PURPOSE OF THIS NOTICE

Community Health Resources, Inc. and its service divisions -North Central Counseling Services, Inc. and Genesis Center, Inc. (collectively, "CHR"), operate as affiliated covered entities, which means that for purposes of compliance with the Federal Privacy Standards, you will be receiving a joint Notice of Privacy Practices from CHR, and that the above entities may use Your Protected Health Information (PHI) for conducting health care operations. CHR is committed to the privacy and confidentiality of Your PHI. Federal and State laws require us to have policies and procedures to safeguard the privacy of Your PHI.

Federal law requires CHR to provide You with a written notice regarding its duties and practices in using Your PHI. This Notice applies to any of Your PHI created and/or maintained by CHR. This includes information that we receive from Your other health care providers. This Notice describes the ways in which we may use or disclose Your PHI. It also describes Your rights and CHR's duties concerning such uses or disclosures. CHR is required to abide by this Notice.

CHR reserves its right to change this Notice and to make the changes effective for all PHI acquired before and after any changes to this Notice. We will post a copy of the current Notice and its effective date, in our offices and on our website at: www.chrhealth.org.

B. USES AND DISCLOSURES OF PHI WITHOUT YOUR WRITTEN AUTHORIZATION

1. **Treatment, Payment and Health Care Operations.** This section lists the ways that we may use and disclose Your PHI (except Psychotherapy Notes as described below) for treatment, payment, and health care operations without obtaining Your written consent. We have included some examples, but not every normal and routine type of use or sharing of information.
 - a. **Treatment.** We may use Your PHI to provide You treatment and services. We may disclose or share Your PHI with doctors, clinicians, and other persons who are involved in Your health care. For example, we may share information with other clinicians or physicians for coordination and planning of Your care.
 - b. **Payment.** We may use Your PHI so that we may bill and receive payment from You, an insurance company, or another third party. For example, Your insurer will require certain information to support our claim for payment.

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- c. **Health Care Operations.** We may use Your PHI in order to perform necessary administrative and business operations. For example, we may use Your PHI to evaluate whether the services we offer are effective. Health Care Operations includes, but is not limited to, conducting quality improvement activities, reviewing the competence or qualifications of health care professionals, case management and care coordination, contacting of health care providers and patients with information regarding treatment alternatives, conducting or arranging for legal counsel, medical review and auditing functions, including fraud and abuse detection, business planning and development, management activities relating to compliance with State and Federal laws, resolution of internal grievances, and activities in connection with a sale of assets.
- * Federal law allows CHR to use and disclose Your PHI (except Psychotherapy Notes described below) for treatment, payment and health care operations without Your consent. However, since State law continues to require that we obtain Your consent for disclosure of PHI for payment purposes, coordination of care with other providers, and the disclosure of certain sensitive information protected under State law, we will request Your consent for disclosures of PHI upon Your admission or intake.
2. **Other Permitted Disclosures.** Unless State law, such as drug, alcohol, psychiatric or HIV-related information confidentiality laws protect PHI, CHR may disclose Your PHI without Your consent or without providing You with the opportunity to object as follows:
- a. **As required by law.** We may disclose Your PHI when required by Federal, State, or local law. For example, we are required by the Federal Department of Health and Human Services (DHHS) to disclose Your PHI in order for them to see if we are complying with privacy regulations.
- b. **Public Health Authorities.** We may disclose Your PHI to public health authorities that by law can collect PHI for the purpose of preventing disease, injury, disability, or information about suspected abuse or neglect.
- c. **Government Authorities.** We may disclose Your PHI to governmental authorities for the purpose of reporting suspected abuse and/or neglect of children, the elderly or the mentally retarded.
- d. **Communicable Diseases.** We may disclose Your PHI to persons exposed to a communicable disease if authorized by law to make such a disclosure.
- e. **Health Oversight Agencies.** We may disclose Your PHI to a health oversight agency as authorized by law, in connection with audits, civil, administrative, or criminal investigations, licensure or disciplinary actions; or for monitoring compliance and quality, and program eligibility (e.g., Medicare, Medicaid, and State of Connecticut Department of Public Health).
- f. **Judicial or Administrative Proceedings.** We may disclose Your PHI to courts or administrative agencies that hear lawsuits or disputes. If we receive a court order, or a subpoena, issued by a judge or other person, we can release Your PHI. This can happen only if we have tried to notify You of the request for disclosure.

- g. **Workers' Compensation.** We may disclose Your PHI to worker's compensation programs if Your condition was a work-related illness or injury.
- h. **Law Enforcement Officials.** We may disclose Your PHI to law enforcement officials to report criminal activity.

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- i. **Coroners, Medical Examiners, and Funeral Directors.** We may disclose Your PHI to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may disclose Your PHI to a funeral director, as permitted by law.
- j. **Organ Procurement Organizations or Tissue Banks.** If You are an organ donor, we may disclose Your PHI to agencies that handle organ or tissue donation or transplantation.
- k. **Research.** Occasionally, we do research. Your PHI may be used for research in certain limited circumstances. Because all research requires special approval, we will not use Your information for research until a research project has been approved.
- l. **To Prevent a Serious Threat to Health or Safety.** We may use or disclose Your PHI to prevent a serious threat to the health or safety to You, another person or the public; or, if necessary, to apprehend an individual involved in a violent crime that we believe may have caused serious physical harm to You.
- m. **Military and Veterans.** If You are a member of the armed forces, we may use or disclose Your PHI as required by military authorities.
- n. **National Security and Intelligence Agencies.** We may disclose Your PHI to authorized Federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.
- o. **Correctional Institutions.** If You are an inmate of a correctional facility or under law enforcement custody we may use or disclose Your PHI for the institution to provide You with: health care; to protect the health or safety of You or another person; or for the safety and security of the facility.

C. USES AND DISCLOSURES OF PHI IN SPECIAL SITUATIONS.

1. **Appointment Reminders, Marketing and Fundraising.** CHR may contact You to remind You of an appointment or provide information about treatment alternatives or other health-related benefits and services that may be of interest to You, and to conduct fundraising by and for CHR.
2. **Family Members and Friends.** We may disclose Your PHI to family members and friends who are involved in Your care or who help pay for Your care. For example, we may make such disclosures when:
 - (a) We have Your verbal agreement to do so;
 - (b) We make such disclosures and You do not object; or
 - (c) We can tell from the circumstances that You would not object to such disclosures.

We also may disclose Your PHI to family members or friends in instances when You are unable to agree or object to such disclosures. This can happen if we feel it is in

Your best interests to make disclosures that relate to that family member or friend's involvement in Your care.

For example, in an emergency, we may share information with the family member or friend that comes with you to our offices.

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D. USES AND DISCLOSURES BASED ON YOUR WRITTEN AUTHORIZATION.

Except for the purposes listed above, we will not use Your PHI for any other purposes unless we have Your specific written authorization. You have the right to revoke a written authorization, except to the extent it has already been relied upon, at any time as long as You do so in writing. If You revoke an authorization, we will stop the use of Your PHI for the purposes listed in the authorization.

E. SPECIAL RULES FOR PSYCHIATRIC, DRUG AND ALCOHOL AND HIV-RELATED PROTECTED INFORMATION.

Protected Psychiatric Information: State law provides special protections when it comes to psychiatric information. This information includes: communications between a psychiatrist, psychologist, licensed professional counselor, and licensed social worker as well as those working under their supervision and his or her clients. In general, psychiatric PHI will not be disclosed without Your written consent.

Under certain circumstances, PHI will be released without Your consent. These limited circumstances include:

- (i) To another health care provider for the purpose of treatment and diagnosis (without notice to You);
- (ii) When there is substantial risk of imminent physical injury to You or others and the information is necessary to place You in a treatment facility;
- (iii) To a court as part of a court ordered psychiatric examination;
- (iv) In a civil court proceeding if You introduce Your condition as an element of a claim or defense;
- (v) After Your death, when Your condition is introduced by a party through You or as a beneficiary of You and a court finds it to be in the interest of justice to disclose such psychiatric information;
- (vi) To the State Department of Public Health (DPH), Department of Children and Families (DCF), Department of Social Services, (DSS) or the State Department of Mental Health & Addiction Services (DMHAS) in connection with an inspection or investigation;
- (vii) To the family or legal representative of a victim of a homicide committed by You;
- (viii) To individuals or agencies involved in the collection of fees for psychiatric services; and
- (ix) To DMHAS or DCF in connection with CHR receiving payment for services funded by such agency (without notice to You).

Psychotherapy Notes: Federal law treats Psychotherapy notes differently than other psychiatric information by prohibiting disclosure without authorization, unless it is disclosed for the reasons specified above in (i), (iii), (iv), (ix) above, and (iv) to the extent that the use is made to defend a legal action brought against us by You. You may not have access to any psychotherapy notes, as they are not a part of the medical record. Psychiatric notes are notes recorded by a mental health professional documenting or analyzing communications within a counseling session. You may have access to the following psychiatric information: medication orders, treatment type and frequency, clinical test results, summaries of diagnoses, functional status, treatment plan symptoms, prognosis and progress to date.

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Protected Drug and Alcohol Abuse Information: As a general rule, protected drug and alcohol information is confidential and may not be used without Your authorization or pursuant to Federal law. Exceptions for disclosure of protected drug and alcohol information without Your authorization are as follows:

- To medical personnel to address a real medical emergency;
- Protection for a diagnosis of drug overdose or alcohol intoxication or a diagnosis made solely for the purpose of providing evidence for use by law enforcement authorities;
- To qualified personnel for the purpose of conducting research, management audits, and program evaluation, as long as You are not identified;
- Pursuant to a court order where good cause for such disclosure has been established;
- Communications between a program and an entity and an affiliated covered entity having administrative control over CHR;
- To a Business Associate performing services on the CHR's behalf;
- Limited communications with law enforcement regarding a crime committed or threatened by You on our premises;
- The reporting of incidents of suspected child abuse and neglect to the appropriate State authorities; and
- To the FDA when they assert that Your health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction.

* These exceptions do not apply to Psychotherapy Notes, unless one of the drug/alcohol exceptions also satisfies one of the exceptions for disclosures of Psychotherapy Notes.

Protected HIV-Related Information: Special rules under State law also limit the disclosure of HIV-related information. CHR may not disclose such information without Your specific written authorization, unless such disclosure is made to any of the following:

- Public health official as required or allowed by State or Federal law;
- Health care provider for the purpose of treatment;
- Medical examiner to determine the cause of death;
- Provider committee or another organization for the purpose of oversight or monitoring of CHR;

- Health care workers experiencing a significant occupational exposure to HIV infection;
- Pursuant to a court order;
- For Life and health insurers;
- To Your partner by a physician caring for You and Your partner if it is believed by the physician that Your partner is at significant risk for transmission; and
- If You are a minor, to Your parents or legal guardian, unless the physician determines there is cause, as defined by law, not to disclose to them.

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F. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.

CHR is required to notify You if it cannot abide by a requested restriction. You have the following rights regarding Your PHI. You may exercise each of these rights, in writing, by providing us with a completed form that You can obtain from any CHR office. In some instances, we may charge You for the cost(s) of providing You with information. Information regarding how to exercise Your rights can be obtained from any CHR employee.

1. **Right to Inspect and Copy.** You have the right to inspect and copy Your PHI, except for Psychotherapy Notes, information collected for use in a court proceeding, or certain other information protected by Federal law governing clinical laboratories. We may deny Your request in certain circumstances. If You are denied access to Your PHI, You may request that the denial be reviewed.
2. **Right to Amend.** You have the right to request an amendment of Your PHI that is maintained by or for our offices. We may deny Your request if it is not accurate or complete.
3. **Right to an Accounting of Disclosures.** You have the right to request a list of the uses of Your PHI made by us for a period of six years prior to the date of Your request and within 60-90 days of Your request, but not including any disclosures prior to April 14, 2003. An accounting includes only those disclosures that CHR is required by law to account.
4. **Right to Request Restrictions.** You have the right to request a restriction how we use Your PHI for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about You to family and friends of Your location, general condition and/or death, and to notify others who may be involved in Your care. We are not required to agree to Your request.
5. **Right to Request Confidential Communications.** You have the right to request that we talk with You about Your health care in a certain confidential

way or at a certain location. For example, You can ask that we only contact You in our offices.

6. **Right to Revoke.** You have the right to revoke Your Authorization and Consent, except to the extent relied upon by notifying CHR's Privacy Officer.
7. **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this Notice. You may ask us for another copy of this Notice at any time, even if You have agreed to receive this Notice electronically.

G. QUESTIONS OR COMPLAINTS: If You have any questions regarding this Notice or wish to receive additional information about our privacy practices, please contact our Privacy Officer at:

Community Health Resources, Inc. (CHR)
995 Day Hill Road, Windsor, CT 06095
(860) 731-5522 Ex: 203

If You believe Your privacy rights have been violated, You have the right to file a complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with CHR, contact our Privacy Officer at the address and phone number listed above. All complaints must be submitted in writing. ***You will not be retaliated against for filing a complaint.***

