WATERSTONE
Addiction & Recovery Services
A Division of Waterstone Health
3190 Whitney Ave, Hamden | 32 Wall St, Madison | 400 Bayonet St, New London

NOTICE OF PRIVACY PRACTICES

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 Duties

We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties and privacy practices. We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change those terms and any changes made will be effective for all medical information we maintain. A copy of a revised notice will be available at your request. You may also address questions regarding our privacy practices, your privacy rights, or requests for additional information regarding your privacy to this person.

Permitted Uses and Disclosures

We may use and disclose your protected health information (PHI) in the ordinary course of our business. We have described some of these uses and disclosures in the following paragraphs:

- *Treatment*: We will provide information about your treatment only to people we have signed Release of Information forms for, for purposes of continuity of treatment and in instances listed below.
- *Payment*: We will bill your insurance company, you directly, or another person that may be responsible for payment of your account. We may need to contact your health plan to see if they will pay for the services we offer. Throughout this process, we may have to release details of your assessment and medical condition, if your health plan or other pay or requires this information to make payment.
- *Health Care Operations*: We often have to use specific patient information to conduct our normal business operations. For example, we routinely review past exams performed to maintain quality assurance goals. One type of review we may conduct is to select your billing information for review to conduct an audit or by external auditors.

Uses Requiring Your Approval and Signature

We may use PHI for purposes outside of treatment, payment, and health care operations when you approve. An "*authorization*" or "release of information" is written permission above and beyond the general consent that permits specific disclosures. When we are asked for information

for purposes outside of treatment, payment and health care operations, Waterstone will obtain an authorization from you before releasing information.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

Uses with Neither Consent nor Authorization

We may use PHI without your consent or authorization in the following circumstances:

- *Child Abuse***:** If I know, or have reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child's welfare, the law requires that I report such knowledge or suspicion to the Connecticut Department of Child and Family Services.
- *Elder/Disabled Adult Abuse***:** If I know, or have reasonable cause to suspect, that a vulnerable adult (disabled or elderly) is being abused, neglected, or exploited, We are required by law to immediately report such knowledge or suspicion to the Protective Services for the Elderly.
- *Health Oversight:* If a complaint is filed against us with the Connecticut Department of Health on behalf of the Board of Psychology, the Department has the authority to subpoena confidential mental health information from me relevant to that complaint.
- *Legal Proceedings***:** If you are involved in a legal proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under state law, and Waterstone will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform us that you are opposing the subpoena or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety***:** When you present a clear and immediate probability of physical harm to yourself, to other individuals, or to society, We may communicate relevant information concerning this to the potential victim, appropriate family member, or law enforcement or other appropriate authorities.

There may be additional disclosures of PHI that We are required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

Patient Rights

You have certain rights with respect to your medical information.

- *Requesting Restrictions*: You may ask us to limit our use or disclosure of your protected health information. We are not required to agree to your request, but if we agree to it, we will abide by your request except as required by law, in emergencies, or when the information is necessary to treat you. Your request must: 1) be in writing, 2) describe the information that you want restricted, 3) state if the restriction is to limit our use or disclosure, and 4) state to whom the restriction applies. You may revoke your restriction at any time.
- *Confidential Communications*: You may ask that we communicate with you in a particular way, or at a certain location, to maintain your confidentiality. Your request must be in writing and specify an alternate way that we can contact you confidentially. You do not have to give a reason for your request. You may revoke your request at any time. (For example, you may not want a family member to know you are seeing us. Upon your written request, we will send your bills to another address.)
- *Inspect and Copy*: You may request access to inspect and copy your medical information maintained in our records, including medical and billing records. Your request must be in writing. We will act on your request for copies by the 15th business day after we get the request. We will act on your request to inspect within 30 days after we get it or within 60 days if the information is stored at another location. If we must deny your request, we will send you a written denial. If this happens, you may request a review of the denial. We may charge you a fee for providing copies. If that is the case, we will advise you of the cost of those copies at the time that we arrange for you to pick them up or have them delivered to you. We will compute these fees based on state guidelines.

You may also have to pay for the cost of postage or shipping, depending on how you ask that we get these copies to you.

- *Amendment:* You may ask us to amend your health information if you believe that it is incorrect or incomplete. Your request must be in writing and must include a reason to support the amendment. Your request may be denied if we believe that the information is complete and accurate, if the information is not part of the medical information that you would be permitted to inspect or copy, or if we did not create the information.
- *Accounting of Disclosures*: You may request a list of non-routine disclosures that we have made of your medical information over the previous six (6) years. This does not include disclosures we make for your treatment, to seek payment for our services, or for our normal business operations as noted in the section on permitted uses and disclosures, or for those you authorize in writing. Your first request within a 12-month period is free, but we may charge for additional lists within the same 12-month period.
- *Paper Copy of This Notice*: You are entitled to receive a paper copy of our Notice of Privacy Practices, even if you have agreed to receive the notice electronically.

Questions and Complaints

- If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact our office at 203-245-0412.
- If you believe that your privacy rights have been violated and wish to file a complaint with our agency you may send your written complaint to Fax # 203-427-0441.
- You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We can provide you with the appropriate address upon request.
- You have specific rights under the HIPAA Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

Patient Authorizations for Certain Disclosures

We will request your written authorization for uses and disclosures of your medical information that we did not identify in this notice or for those not otherwise permitted by law. You may revoke your authorization in writing at any time.

This notice went into effect on today's date.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices. ☐

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT. ☐

Printed Patient Name

_____

Patient Signature_____

Date_____