

***THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.***

We are required by law to maintain the privacy of your health information; to provide you this detailed Notice of our legal duties and privacy practices relating to your health information; and to abide by the terms of the Notice that are currently in effect.

**I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

The following lists various ways in which we may use or disclose your health information for purposes of treatment, payment and health care operations.

- **For Treatment.** We will use and disclose your health information in providing you with treatment and services and coordinating your care and may disclose information to other providers involved in your care. Your health information may be used by doctors involved in your care and by other clinicians as well as by physical therapists, pharmacists, and suppliers of medical equipment or other persons involved in your care. For example, we will contact your physician to discuss your plan of care.
- **For Payment.** We may use and disclose your health information for billing and payment purposes. 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 your health plan to confirm your coverage or to request prior approval for services that will be provided to you.
- **For Health Care Operations.** We may use and disclose your health information as necessary for health care operations, such as management, personnel evaluation, education and training and to monitor our quality of care. We may disclose your health information to another entity with which you have or had a relationship if that entity requests your information for certain of its health care operations or health care fraud and abuse detection or compliance activities. For example, health information of many patients may be combined and analyzed for purposes such as evaluating and improving quality of care and planning for services.

**II. SPECIFIC USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

The following lists various ways in which we may use or disclose your health information.

- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose health information about you to a family member, close personal friend or other person you identify, including clergy, who is involved in your care.
- **Emergencies.** We may use or disclose your health information as necessary in emergency treatment situations.
- **As Required By Law.** We may use or disclose your health information when required by law to do so.
- **Business Associates.** We may disclose your protected health information to a contractor or business associate who needs the information to perform services for the Provider. Our business associates are committed to preserving the confidentiality of this information.
- **Public Health Activities.** We may disclose your health information for public health activities. These activities may include, for example, reporting to a public health authority for preventing or controlling disease, injury or disability; reporting child abuse or neglect or reporting births and deaths.

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- **Reporting Victims of Abuse, Neglect or Domestic Violence.** If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your health information to notify a government authority, if authorized by law or if you agree to the report.
- **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure actions or for activities involving government oversight of the health care system.
- **To Avert a Serious Threat to Health or Safety.** When necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person, we may use or disclose health information, limiting disclosures to someone able to help lessen or prevent the threatened harm.
- **Judicial and Administrative Proceedings.** We may disclose your health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process; efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.
- **Law Enforcement.** We may disclose your health information for certain law enforcement purposes, including, for example, to comply with reporting requirements; to comply with a court order, warrant, or similar legal process; or to answer certain requests for information concerning crimes.
- **Research.** We may use or disclose your health information for research purposes if the privacy aspects of the research have been reviewed and approved, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.
- **Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations.** We may release your health information to a coroner, medical examiner, and funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.
- **Disaster Relief.** We may disclose health information about you to a disaster relief organization.
- **Military, Veterans and other Specific Government Functions.** If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities. We may disclose health information for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.
- **Workers' Compensation.** We may use or disclose your health information to comply with laws relating to workers' compensation or similar programs.
- **Inmates/Law Enforcement Custody.** If you are under the custody of a law enforcement official or a correctional institution, we may disclose your health information to the institution or official for certain purposes including the health and safety of you and others.
- **Fundraising Activities.** We may use certain limited information to contact you in an effort to raise funds for the Provider and its operations.
- **Appointment Reminders.** We may use or disclose health information to remind you about appointments.
- **Treatment Alternatives and Health-Related Benefits and Services.** We may use or disclose your health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.

### III. **USES AND DISCLOSURES WITH YOUR AUTHORIZATION**

Except as described in this Notice, we will use and disclose your health information only with your written Authorization. You may revoke an Authorization in writing at any time. If you

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revoke an Authorization, we will no longer use or disclose your health information for the purposes covered by that Authorization, except where we have already relied on the Authorization.

### IV. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Listed below are your rights regarding your health information. Each of these rights is subject to certain requirements, limitations and exceptions. Exercise of these rights may require submitting a written request to the Provider. At your request, the Provider will supply you with the appropriate form to complete. You have the right to:

- **Request Restrictions.** You have the right to request restrictions on our use or disclosure of your health information for treatment, payment, or health care operations. You also have the right to request restrictions on the health information we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care.
- We are not required to agree to your requested restriction (except that if you are competent you may restrict disclosures to family members or friends). If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment.
- **Access to Personal Health Information.** You have the right to inspect and obtain a copy of your clinical or billing records or other written information that may be used to make decisions about your care, subject to some exceptions. **Your request must be made in writing.** In most cases we may charge a reasonable fee for our costs in copying and mailing your requested information.
- We may deny your request to inspect or receive copies in certain circumstances. If you are denied access to health information, in some cases you have a right to request review of the denial. This review would be performed by a licensed health care professional designated by the Provider who did not participate in the decision to deny.
- **Request Amendment.** You have the right to request amendment of your health information maintained by the Provider for as long as the information is kept by or for the Provider. **Your request must be made in writing and must state the reason for the requested amendment.**

We may deny your request for amendment if the information (a) was not created by the Provider, unless the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by or for the Provider; (c) is not part of the information to which you have a right of access; or (d) is already accurate and complete, as determined by the Provider.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

- **Request an Accounting of Disclosures.** You have the right to request an “accounting” of certain disclosures of your health information. This is a listing of disclosures made by the Provider or by others on our behalf, but does not include disclosures for treatment, payment and health care operations, disclosure made pursuant to your Authorization, and certain other exceptions.
- To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning after April 13, 2003 that is within six years from the date of your request. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.
- **Request a Paper Copy of This Notice.** You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of

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this Notice at any time. In addition, you may obtain a copy of this notice at our website, [www.theconnectioninc.org](http://www.theconnectioninc.org).

- **Request Confidential Communications.** You have the right to request that we communicate with you concerning your health matters in a certain manner. We will accommodate your reasonable requests.

### **V. SPECIAL RULES REGARDING DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION**

For disclosures concerning health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment, special restrictions may apply. Except as provided below and as 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 be disclosed without your special authorization.

- **Psychiatric information.** If needed for your diagnosis or treatment in a mental health program, psychiatric information may be disclosed. Certain limited information may be disclosed for payment purposes.
- **HIV-related information.** HIV-related information may be disclosed for purposes of treatment or payment.
- **Substance abuse treatment.** If you are treated in a specialized substance abuse program, your special authorization will be needed for most disclosures, not including emergencies.

### **VI. FOR FURTHER INFORMATION OR TO FILE A COMPLAINT**

If you have any questions about this Notice or would like further information concerning your privacy rights, please send a written request to:

**The Connection Inc.  
Susan M. Phillips  
Privacy Officer  
100 Roscommon Drive  
Suite 203  
Middletown, CT 06457**

If you believe that your privacy rights have been violated, you may file a complaint in writing with the Provider or with the Office of Civil Rights in the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint.

To file a complaint with the Provider, you must submit your complaint in writing to: Privacy Compliance Official, The Connection, Inc., 100 Roscommon Drive, Suite 203, Middletown CT 06457. If you wish to discuss your complaint, you may call the Privacy Compliance Official at 860-343-5500.

### **VII. CHANGES TO THIS NOTICE**

We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all health information already received and maintained by the Provider as well as for all health information we receive in the future. We will provide a copy of the revised Notice upon request. **Page 5 of 5 of this document, signed receipt of "Notice of Privacy Practices", and is on file at location.**

## CONSENT AND ACKNOWLEDGMENT FORM

I consent to the use or disclosure of my protected health information by The Connection Inc. to any person or organization for the purposes of carrying out treatment, obtaining payment or conducting certain healthcare operations. Protected Health Information (PHI) used or disclosed by The Connection Inc. may include HIV/AIDS related information, psychiatric and other mental health information, and drug and alcohol treatment information, as long as such information is used or disclosed in accordance with State and Federal law, which may require you to provide specific authorization. I understand that information regarding how The Connection Inc. will use and disclose my information can be found in The Connection's Notice of Privacy Practices. I understand that this consent is effective for as long as The Connection Inc. maintains my protected health information.

By signing below, I understand and acknowledge the following:

- I have read and understand this consent; and
- I have received The Connection's Notice of Privacy Practices currently in effect.

\_\_\_\_\_  
Print Name of Individual or Personal Representative

\_\_\_\_\_  
Signature of Individual or Personal Representative

\_\_\_\_\_  
Date

If signed by the individual's representative, describe the legal authority of the representative to act on behalf of the individual: \_\_\_\_\_

Unable to obtain written consent and acknowledgment because:

- Individual refused
  - Emergency treatment situation
  - Individual not able to sign due to incompetence or other medical reason
  - Other: \_\_\_\_\_

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