

request an alternative means of communication or an alternative location where you would like to receive communications. You may submit a request in writing to UCFS requesting confidential communications. You can obtain a Request for Confidential Communications form from UCFS.

- ♦ **Right to Access, Inspect and Copy Your Protected Health Information** - You have the right to access, inspect and obtain a copy of your PHI that is used to make decisions about your care for as long as the PHI is maintained by UCFS. To access, inspect and copy your PHI that may be used to make decisions about you, you must submit your request in writing to UCFS. If you request a copy of the information, we may charge a fee for the costs of preparing, copying, mailing or other supplies associated with your request. We may deny, in whole or in part, your request to access, inspect and copy your PHI under certain limited circumstances. If we deny your request, we will provide you with a written explanation of the reason for the denial. You may have the right to have this denial reviewed by an independent health care professional designated by us to act as a reviewing official. This individual will not have participated in the original decision to deny your request. You may also have the right to request a review of our denial of access through a court of law. All requirements, court costs and attorney's fees associated with a review of denial by a court are your responsibility. You should seek legal advice if you are interested in pursuing your rights through a court.
- ♦ **Right to Amend Your Protected Health Information** - You have the right to request an amendment to your PHI for as long as the information is maintained by or for UCFS. Your request must be made in writing to UCFS and must state the reason for the requested amendment. You can obtain a Request for Amendment form from UCFS. 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. We may rebut your statement of disagreement. If you do not wish to submit a written statement disagreeing with the denial, you may request that your request for amendment and your denial be disclosed with any future disclosure of your relevant information.
- ♦ **Right to Receive An Accounting of Disclosures of Protected Health Information** - You have the right to request an accounting of certain disclosures of your PHI by UCFS or by others on our behalf. To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning on or after April 14, 2003 that is within six (6) years from the date of your request. The first accounting provided within a twelve-month period will be free. We may charge you a reasonable, cost-based fee for each future request for an accounting within a single twelve-month period. However, you will be given the opportunity to withdraw or modify your request for an accounting of disclosures in order to avoid or reduce the fee.
- ♦ **Right to Obtain A Paper Copy of 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 this Notice at any time by contacting UCFS. In addition, you may obtain a copy of this Notice at our web site, [www.ucfs.org](http://www.ucfs.org).
- ♦ **Right to Complain** - You may file a complaint with us or the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. You will not be penalized for filing a complaint and we will make every reasonable effort to resolve your complaint with you.

United Community & Family Services, Inc.  
34 East Town Street  
Norwich, CT 06360  
Attention: Sharon Laliberte, 860-892-7042 x 218

## UNITED COMMUNITY & FAMILY SERVICES, INC. CLIENT'S RIGHTS AND RESPONSIBILITIES

United Community & Family Services, Inc. (UCFS) is committed to providing quality of care to our clients and their families. We encourage clients and their families to be aware of their rights and responsibilities as listed below:

### YOU HAVE THE RIGHT TO:

1. Receive considerate and respectful care based on professional standards of practice.
2. Receive services without discrimination on the basis of race, color, sex, marital status, religion, age, handicap, sexual orientation or preference, national origin, ancestry or diagnosis.
3. Establish advance directives and participate in ethical decision making.
4. Receive an explanation of your diagnosis, treatment, and prognosis in terms you can understand.
5. Receive the necessary information to participate in decisions about your care and to give your informed consent before any diagnostic or therapeutic procedure is performed.
6. Refuse any treatment, except as prohibited by law, and to be informed of the consequences of making this decision, which may include informing Department of Children and Families or Protective Services.
7. Expect that your personal privacy will be respected by all staff of the agency.
8. Expect that your medical records will be kept confidential in accordance with UCFS' Notice of Privacy Practices.
9. Know UCFS' policy for accessing and disclosing information in your medical records and reviewing your medical record, upon request, at a mutually designated time.
10. Receive a full explanation of any research or experimental procedure proposed for treatment and the opportunity to give your informed consent before any procedure will begin.
11. Know the name and qualification of all individuals providing service and how to contact that person.
12. Obtain another medical opinion prior to any procedure.
13. Have your legal custodian access your written medical records by appointment.
14. Ask for and receive information on your financial liability and an explanation of charges, including services that will be charged to your insurance.
15. File a complaint, either verbally or in writing, about services rendered without fear of discrimination from UCFS. Please call 8:30 a.m. to 4:30 p.m.
  - ♦ Sharon Laliberte, Director of Quality Improvement, (860) 892-7042 x 218.
  - ♦ If not satisfied with the resolution, you have the right to contact Charles Seeman, President and CEO, at (860) 889-2375.

*An appeal process is available through the UCFS Professional Advisory Committee.*

### YOU ARE RESPONSIBLE FOR:

1. Providing accurate personal, financial, insurance and medical information, including all medications and treatments, which is being followed necessary to establish your plan of care.
  2. Asking questions if you do not understand the explanation of your diagnosis, treatment, prognosis or any instructions.
  3. Following rules and regulations that are posted within the UCFS facilities while in those facilities.
  4. Not carrying any type of weapons when receiving treatment.
  5. Not harming or being abusive to other persons including UCFS staff.
  6. Keeping all scheduled appointments, arriving on time, and being able to participate in treatment.
  7. Notifying UCFS with 24 hours notice or as soon as you are aware that you cannot keep an appointment.
  8. Informing the health care professionals regarding any changes or reactions to medication and/or treatment.
  9. Paying for services promptly including co-payments at the time of service.
  10. Advising UCFS of any problems or dissatisfaction with the service being provided.
  11. Extending to agency staff the same courtesy given to you.
  12. Developing and participating in your treatment planning.
  13. Providing for the supervision and safety of your children while in the facility.
- UCFS policy concerning failure to notify the agency of a cancellation and/or a need to re-schedule may result in you being placed on a waiting list, being charged for a missed appointment and/or being terminated from services.

## UNITED COMMUNITY & FAMILY SERVICES, INC.

Notice of Privacy Practices—Effective Date: April 14, 2003

### and Client's Rights and Responsibilities

#### **Purpose of the Notice of Privacy Practices**

This Notice of Privacy Practices (the "Notice") is meant to inform you of the uses and disclosures of protected health information (PHI) that we may make. It also describes your rights to access and control your PHI and certain obligations we have regarding the use and disclosure of your PHI.

Your "PHI" is information about you created and received by us, including demographic information, that may reasonably identify you and that relates to your past, present or future physical or mental health or condition, or payment for the provision of your health care.

We are required by law to maintain the privacy of your PHI. We are also required by law to provide you with this Notice of our legal duties and privacy practices with respect to your PHI and to abide by the terms of the Notice that is currently in effect. However, we may change our notice at any time. The new revised Notice will apply to all of your PHI maintained by us. You will not automatically receive a revised Notice. If you would like to receive a copy of any revised Notice you should access our web site at [www.ucfs.org](http://www.ucfs.org), contact United Community & Family Services, Inc. ("UCFS") or ask at your next appointment.

#### **How We May Use or Disclose Your Protected Health Information**

UCFS provides services through a broad continuum of programs, including outpatient medical services, behavioral health, dental, adult day care, assisted living and residential care.

UCFS will ask you to sign a consent form that allows UCFS to use and disclose your PHI for treatment, payment and health care operations. You will also be asked to acknowledge receipt of this Notice.

The following categories describe some of the different ways that we may use or disclose your PHI. Even if not specifically listed below, UCFS may use and disclose your PHI as permitted or required by law or as authorized by you. We will make reasonable efforts to limit access to your PHI to those persons or classes of persons, as appropriate, in our workforce who need access to carry out their duties. In addition, if required, we will make reasonable efforts to limit the PHI to the minimum amount necessary to accomplish the intended purpose of any use or disclosure and to the extent such use or disclosure is limited by law.

- ♦ **For Treatment** - We may use and disclose your PHI to provide you with medical treatment and related services. If you seek services from more than one department of UCFS, your health history, demographic information and any other information needed for coordinating your care may be used by any UCFS department providing services to you, but not information concerning behavioral health treatment or counseling, except in an emergency. Your PHI may be used for the purpose of providing information to a treatment provider involved in your care. If we are permitted to do so, we may also disclose your PHI to individuals or facilities that will be involved with your care after you leave UCFS and for other treatment reasons. We may also use or disclose your PHI in an emergency situation.
- ♦ **For Payment** - We may use and disclose your PHI so that we can bill and receive payment for the treatment and related services you receive. For billing and payment purposes, we may disclose your health information to your payment source, including an insurance or managed care company, Medicare, Medicaid, or another third party payor. For example, we may need to give your health plan information about the treatment you received so your health plan will pay us or reimburse us for the treatment, or we may contact your health plan to confirm your coverage or to request prior authorization for a proposed treatment. If any of your services are paid for by the State of Connecticut as part of a grant, we may disclose your health information to support the services we provided you under the grant.

- **For Health Care Operations** - We may use and disclose your health information as necessary for operations of UCFS, such as quality assurance and improvement activities, reviewing the competence and qualifications of health care professionals, medical review, legal services and auditing functions, and general administrative activities of UCFS. Your health information may be used by UCFS to perform case management for State, Federal or local funding sources. We may also use an external clinical record reviewer in connection with our quality assurance activities. We may also disclose your health information to students or trainees who learn at UCFS to improve certain skills.
- **Within UCFS** - Your information may be used by any UCFS department as necessary for treatment, payment and health care operations purposes so long as only the minimum amount of information necessary is used by UCFS for the purposes of payment and health care operations. If you seek services from a substance abuse treatment program within UCFS, your substance abuse related information will only be used without your consent by another UCFS department for treatment purposes in an emergency.
- **Business Associates** - There may be some services provided by our business associates, such as a billing service, transcription company or legal or accounting consultants. We may disclose your PHI to our business associate so that they can perform the job we have asked them to do. To protect your health information, we require our business associates to enter into a written contract that requires them to appropriately safeguard your information.
- **Appointment Reminders** - We may use and disclose PHI to contact you as a reminder that you have an appointment at UCFS.
- **Treatment Alternatives and Other Health-Related Benefits and Services** - We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives and to tell you about health related benefits, services, or medical education classes that may be of interest to you.
- **Individuals Involved in Your Care or Payment of Your Care** - Unless you object, we may disclose your PHI to a family member, a relative, a close friend or any other person you identify, if the information relates to the person's involvement in your health care to notify the person of your location or general condition or payment related to your health care. In addition, we may disclose your PHI to a public or private entity authorized by law to assist in a disaster relief effort. If you are unable to agree or object to such a disclosure we may disclose such information if we determine that it is in your best interest based on our professional judgment or if we reasonably infer that you would not object.
- **Public Health Activities** - We may disclose your PHI to a public health authority that is authorized by law to collect or receive such information, such as for the purpose of preventing or controlling disease, injury, or disability; reporting births, deaths or other vital statistics; reporting child abuse or neglect; notifying individuals of recalls of products they may be using; notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
- **Health Oversight Activities** - We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, accreditation, licensure and disciplinary actions.
- **Judicial and Administrative Proceedings** - If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to your authorization or a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process if such disclosure is permitted by law.

- **Law Enforcement** - We may disclose your PHI for certain law enforcement purposes if permitted or required by law. For example, to report gunshot wounds; to report emergencies or suspicious deaths; to comply with a court order, warrant, or similar legal process; or to answer certain requests for information concerning crimes.
- **Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations** - We may release your PHI to a coroner, medical examiner, funeral director, or, if you are an organ donor, to an organization involved in the donation of organs and tissues.
- **Research Purposes** - Your PHI may be used or disclosed for research purposes, but only if the use and disclosure of your information has been reviewed and approved by a special Privacy Board or Institutional Review Board, or if you provide authorization.
- **To Avert a Serious Threat to Health or Safety** - We may use and disclose your PHI when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. Any disclosure, however, would be to someone able to help prevent the threat.
- **Military and National Security** - If required by law, if you are a member of the armed forces, we may use and disclose your PHI as required by military command authorities or the Department of Veterans Affairs. If required by law, we may disclose your PHI to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by law. If required by law, we may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Workers' Compensation** - We may use or disclose your PHI as permitted by laws relating to workers' compensation or related programs.
- **Special Rules Regarding Disclosure of Mental Health, Substance Abuse and HIV-Related Information** - For disclosures concerning PHI relating to care for mental health conditions, substance abuse, HIV-related testing and treatment or minors, special restrictions may apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign a special Authorization or a court orders the disclosure.
  - **Mental health information.** Certain mental health information may be disclosed outside UCFS for treatment, payment and health care operations as permitted or required by law. Otherwise, we will only disclose such information pursuant to an authorization, court order or as otherwise required by law. For example, all communications between you and a psychologist, psychiatrist, social worker and certain therapists and counselors will be privileged and confidential in accordance with Connecticut and Federal law.
  - **Substance abuse treatment information.** If you are treated in a specialized substance abuse program, the confidentiality of alcohol and drug abuse patient records is protected by Federal law and regulations.
    1. You consent in writing;
    2. The disclosure is allowed by a court order; or
    3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of these Federal laws and regulations by us is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the substance abuse program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

- **HIV-related information.** We may disclose HIV-related information as permitted or required by Connecticut law. For example, your HIV-related information, if any, may be disclosed without your authorization for treatment purposes, certain health oversight activities, pursuant to a court order, or in the event of certain exposures to HIV by personnel of UCFS, another person, or a known partner.
- **Minors.** We will comply with Connecticut law when using or disclosing PHI of minors. For example, if you are an unemancipated minor consenting to a health care service related to HIV/AIDS, venereal disease, abortion, outpatient mental health treatment or alcohol/drug dependence, and you have not requested that another person be treated as a personal representative, you may have the authority to consent to the use and disclosure of your health information.

#### **When We May Not Use/Disclose Your Protected Health Information**

Except as described in this Notice, or as permitted by Connecticut or Federal law, we will not use or disclose your PHI without your written authorization.

Your written authorization will specify particular uses or disclosures that you choose to allow. Under certain limited circumstances, UCFS may condition treatment on the provision of an authorization, such as for research related to treatment. If you do authorize us to use or disclose your PHI for reasons other than treatment, payment or health care operations, you may revoke your authorization in writing at any time by contacting UCFS's Privacy Officer. If you revoke your authorization, we will no longer use or disclose your PHI for the purposes covered by the authorization, except where we have already relied on the authorization.

#### *Psychotherapy Notes*

A signed authorization or court order is required for any use or disclosure of psychotherapy notes except to carry out certain treatment, payment, or health care operations and for use by UCFS for treatment, for training programs, or for defense in a legal action.

#### *Marketing*

A signed authorization is required for the use or disclosure of your PHI for a purpose that encourages you to purchase or use a product or service except for certain limited circumstances such as when the marketing communication is face-to-face or when marketing includes the distribution of a promotional gift of nominal value provided by UCFS.

#### **Your Health Information Rights**

You have the following rights with respect to your PHI. The following briefly describes how you may exercise these rights.

- **Right to Request Restrictions of Your Protected Health Information** - You have the right to request certain restrictions or limitations on the PHI we use or disclose about you. You may request a restriction or revise a restriction on the use or disclosure of your PHI by providing a written request stating the specific restriction requested. You can obtain a Request for Restriction form from UCFS. We are not required to agree to your requested restriction. If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you with emergency treatment. If restricted PHI is disclosed to a health care provider for emergency treatment, we will request that such health care provider not further use or disclose the information. In addition, you and UCFS may terminate the restriction if the other party is notified in writing of the termination. Unless you agree, the termination of the restriction is only effective with respect to PHI created or received after we have informed you of the termination.
- **Right to Receive Confidential Communications** - You have the right to request a reasonable accommodation regarding how you receive communications of PHI. You have the right to