United Community & Family Services
Patient Handbook

Our Mission…

UCFS improves the health and well-being of the community.

Our Vision…

United Community & Family Services will be the premier community based organization providing health and human services to individuals and families in Eastern Connecticut.

UCFShealthcare.org
United Community & Family Services
Patient Handbook

Locations Where You Can Get Care

**The Edward and Mary Lord Family Health Center**
47 Town Street
Norwich, CT 06360
(860) 892-7042
*Adult Primary Care, Pediatric Medicine, Gynecology, Behavioral Health Services & Dental

**Griswold Health Center**
226 East Main Street
Griswold, CT 06351
(860) 376-7040
*Adult Primary Care, Pediatric Medicine & Behavioral Health Services

**Office Hours:**
Pediatric & Adult Primary Care
Monday - Thursday – 8 am – 7 pm
Friday - 8 am – 5 pm
1st & 3rd Saturday of each month – 9 am – 1 pm
Women’s Health
Monday - Friday – 8 am – 5 pm
Dental
Monday - Thursday – 8 am – 7 pm
Friday - 8 am – 5 pm
1st & 3rd Saturday of each month – 9 am – 1 pm
Behavioral Health Services
Monday - Thursday: 8 am - 7 pm
Friday - 8 am - 5 pm

**New London Behavioral Health Office**
351 North Frontage Road, Suite 24
New London, CT 06230
(860) 442-4319
*Behavioral Health Services

**Office Hours:**
Behavioral Health Services
Monday & Wednesday - 8 am – 6 pm
Tuesday & Thursday – 8 am – 8 pm
Friday - 8 am - 5 pm

**Plainfield Health Center**
120-122 Plainfield Road
Moosup, CT 06354
(860) 822-4938
*Adult Primary Care, Pediatric Medicine & Behavioral Health Services

**Office Hours:**
Pediatric & Adult Primary Care
Monday, Thursday and Friday – 8 am – 5 pm
Tuesday - 7 am - 6 pm
Wednesday – 8 am – 7 pm
Behavioral Health Services
Monday, Wednesday, Friday – 8 am – 5 pm
Tuesday - 8 am - 7 pm
Thursday – 7 am – 6 pm

Free parking is available in all locations.
Norwich and Griswold locations are on the bus line.
Wheelchair accessibility.

**Note:**
* Services offered in specific health center
UCFS now has electronic health records in all locations. You may be able to be seen at another location if the site you generally attend is not open.
Locations Where You Can Get Care

School Based Health Center at Montville High School
800 Old Colchester Road
Oakdale, CT 06353
(860) 822-4914
*Pediatric Medicine & Behavioral Health Services

Office Hours:
Pediatric Health Services
Monday, Wednesday & Friday – 7:30 am – 2:30 pm
Behavioral Health Services
Monday- Friday – 7:30 am – 2:30 pm

School Based Health Center at Norwich Technical High School
7 Mahan Drive
Norwich, CT 06360
(860) 822-4909
*Pediatric Medicine & Behavioral Health Services

Office Hours:
Pediatric Health Services
Tuesday & Thursday – 7:30 am – 2:30 pm
Behavioral Health Services
Tuesday & Thursday – 7:30 am – 2:30 pm

School Based Health Center at Norwich Free Academy
305 Broadway
Norwich, CT 06360
(860) 425-5557
*Pediatric Medicine & Behavioral Health Services

Office Hours:
Pediatric Health Services
Monday -Friday – 7:35 am – 2:30 pm
Behavioral Health Services
Monday - Friday – 7:35 am – 2:30 pm

School Based Health Center at Kelly STEAM Magnet Middle School
25 Mahan Drive
Norwich, CT 06360
(860) 934-1101
*Behavioral Health Services

Office Hours:
Behavioral Health Services
Monday-Friday - 8:00 am - 3 pm

School Based Health Center at Global Studies Magnet Middle School at Teachers Memorial
15 Teachers Dr.
Norwich, CT 06360
(860) 934-1150
*Behavioral Health Services

Office Hours:
Behavioral Health Services
Tuesday & Thursday - 8:00 am - 3 pm

School Based Health Center at Stanton Elementary School
386 New London Turnpike
Norwich, CT 06360
(860) 934-1107
*Behavioral Health Services

Office Hours:
Behavioral Health Services
Monday, Wednesday, Friday - 9:00 am - 4:00 pm

4-22-19
**How to Make an Appointment:**
Call the health center/office you wish to be seen at to schedule an initial appointment or to schedule a follow up appointment. You will be asked to indicate if you have a preferred provider. You can also visit the patient portal page on our website, [www.ucfs.org](http://www.ucfs.org) to submit requests to have a customer service representative contact you to schedule first time appointments, or to reschedule/cancel existing appointments. Please let us know if you have a hearing, visual or physical impairment or if you need an interpreter so we can accommodate your needs.

**Same Day Appointments**
We offer same-day medical appointments, plus walk-in care for urgent dental examinations and treatment. Whenever possible, we suggest that you call ahead to make an appointment. Medical services offer evening hour appointments on select nights in each location that offers medical care. We recommend being seen by your primary care provider but you may be able to be seen at another site based on your need. Between the hours of 8 a.m. – 4:30 p.m., Monday through Friday nurses are available to advise you regarding medical concerns.

**After-Hours Telephone Care**
If you are experiencing a medical emergency, please call 911. If possible, go the emergency room at the hospital nearest you.

For all other health concerns, call the health center number and you will be connected to the health center’s answering service who will forward all calls and concerns to the provider on-call. You will be asked to provide your name, telephone number and a description of your medical, dental or behavioral health concern. All calls will be returned within 30 minutes.

**Canceling an Appointment**
We understand that sometimes it is not possible to keep an appointment. We have a 24-hour cancellation policy and ask that you please let us know if you need to cancel your appointment at least 24 hours in advance of your scheduled appointment, or as soon as possible. This can be done by calling the office where you receive care or by visiting the Patient Portal.

**Transportation**
As a client or parent/guardian of a client of UCFS you are responsible for transportation arrangements to and from the clinic. All programs are located and staffed to address the ease of access for clients seeking services. Our offices are located to provide easy access to individuals near public transportation and convenient to other community facilities.

**Arriving for an Appointment**
Please arrive 15 minutes before your scheduled appointment to allow time for check-in and registration. If this is your first visit, please arrive 30 minutes before your scheduled appointment to allow time to complete new patient paperwork (You may also visit the Patient Portal to download registration paperwork ahead of time). For every visit, please bring your insurance card and a list of your current medications.

**What to Bring to the First Visit**
- Insurance card
- Documentation of income (2 pay stubs) for participation in the Sliding Fee Scale (discounted fee based on income)
- Complete medical history and records from previous physician, including specialists
- A list of current prescription medications, including immunizations and allergies
- If you are a legal guardian for a minor, please bring proof of guardianship.

We will make copies of all of the above the first time you visit, and keep them on file; however, to ensure we have the most updated information, we do request to review and update your personal information at each visit and complete registration paperwork once a year. We also require you to submit documentation of income once a year to re-establish your Sliding Fee Scale.
Procedure for Medical Emergency While on Site
In the event an emergency medical situation requiring emergency treatment arises while the client is on site, staff will call 911 for emergency personnel to respond. Staff member notifies their direct Supervisor and completes the Incident Report.

Payment
Patients are requested to have their co-pay available at the time of services rendered. The co-pay amounts are located on the patient’s insurance card. We accept check, Visa, Mastercard and cash.

Insurance Information:
UCFS accepts most insurance plans. UCFS staff obtains health insurance authorization and re-authorizations as needed. Our staff can also provide assistance with applying for Supplemental Nutrition Assistance Program (SNAP) and pharmacy assistance programs. Staff assistance is also available for people interested in applying for Medicaid, HUSKY or Healthy Start.

UCFS provides services regardless of a person’s ability to pay, with or without insurance.

UCFS can assist you in meeting your financial obligation in the following ways:

Access to Care Program
• You may be eligible for free or low-cost medical insurance based on your household income.
• Our Access to Care Specialist can help you:
  • Find out if you are eligible for HUSKY, Medicaid, or a qualified health plan on Access Health CT
  • Complete the application process
  • Apply for free or reduced cost medications
  • Learn about other programs and services in the community

Please call (860) 822-4798 or email accesstocare@ucfs.org to schedule an appointment with an Access to Care Specialist.

Sliding Fee Scale
UCFS offers a sliding fee program for clients whose income is at or below 200% of the federal poverty level (FPL). UCFS’ sliding fee scale is based upon a client’s family size and household income. Clients who do not provide income information are responsible for services at UCFS’ standard rate. Please call (860) 822-4367 or email billing@ucfs.org to schedule an appointment.

Payment Arrangement for Current and Future Visits
The Payment Arrangement will allow you to make weekly, biweekly or monthly payments for the total costs for services incurred during that month. Please call (860) 822-4367 or email billing@ucfs.org to schedule a consultation.

Payment Plan for Outstanding Balances
The Payment Plan will allow you to make weekly, biweekly or monthly payments on your account until the entire outstanding balance is paid. The payment amount and number of payments will be decided during your financial consultation with the UCFS Patient Financial Counselor. Please call (860) 822-4367 or email billing@ucfs.org to schedule a consultation.

Medical Prescription Refills
For medical prescription refills, you must first contact your pharmacy. Please allow 48 hours for your request to be processed. For further assistance with a refill request, you can call the office where you receive care.

Note: If you are a Behavioral Health Services patient, please call the refill line at 860-892-7042 ext. 1796 and leave a message. All messages are returned within 48 hours.
Policy Regarding Treatment for Chronic Pain For all New Patients
Treating chronic pain can be challenging and it may take several types or combinations of treatments before you find relief. Your good health is our first concern and our health care professional will work together with you as a team to determine the best medical treatment plans for you.

This may be different from your previous care provider and will not include: opiates, except in rare cases, such as cancer. Opiates include: Vicodin, Percocet, Oxycontin and Morphine as well as other medications.

Referrals
Many insurance plans, especially managed care plans require referrals for a test or an appointment with a specialist. Referrals must be obtained for any services other than those rendered directly by your primary care provider. You will need to initiate these referrals as soon as possible after an appointment is made for a test or with a specialist.

Each insured person must choose a primary care physician who provides access to all other healthcare needs of the insured through referrals. Without referrals, the insurance will not pay for the visit and the cost may become your responsibility.

Normal procedure for ensuring that the referral process is easier for you is as follows:
- Read your insurance plan and become familiar with it.
- Consult your primary care physician when you have any medical problems in order to acquire referrals to specialists or tests.
- Allow at least 48 hours for the referral to be completed.
- Once the referral is completed, it will be faxed, telephoned or mailed to the physician, institution or other provider for action.
United Community & Family Service is a Patient Centered Medical Home (PCMH) Group Practice

We put you in the center of your health care. The PCMH model of care creates care teams that help you understand all of the services that you will receive, or may need in the future - even if the services are not being provided in our primary care office.

You, your family and our health center staff work as a team to ensure that you get the right care at the right time. At UCFS, our health care teams partner with you and your family and make every effort to understand and respect your unique needs, culture, values, and preferences.

We want you to be an active member of your care team. Our staff will ask you if you have a preferred provider. Our goal is to schedule your appointments with that preference in mind. We will support you in learning to manage and organize your own care. Recognizing that you and your family are core members of the care team, we will work hard to provide you with comprehensive and coordinated care that is based on evidence based practice standards.

Here are a few ways we offer support:
- Pediatric weekend urgent care services so you do not have to visit the emergency room when your child is sick. Always call your UCFS pediatrician first.
- An online patient portal where you can request to schedule first time appointments, reschedule/cancel existing appointments, request lab results (Primary Care only) and submit updated personal information or simply ask a question.
- Evening hour appointments, same day appointments and round the clock telephone support
- Walk in urgent dental access at Norwich Health Center
- Assistance with referrals
- Patient appointment reminders
- Language line support for different languages
- Contacting you after inpatient or emergency room stay to see if you need a follow up appointment.
- When notified by the local hospital that you have been admitted, providing the hospital with a summary of your care.
- Providing specialists with a summary of care when we make a referral.

Patient Portal
Our online Patient Portal allows you to perform the following tasks from any location with Internet access:
*You must receive an email invitation to register for the patient portal. Please ask a member of our team for more information.
- Get direct access to health information
- Request and manage appointments
- View lab results
- Exchange secure messages with your provider
- Download intake paperwork
- View your records from any internet enabled device
- Update demographic information
- Pay bills
HEALTHY LIFESTYLE RESOURCES

**Smoking Cessation**
CT Quitline: 1-800-QUIT NOW, www.quitnow.net/connecticut
Backus Hospital Freedom from Smoking Group
860-889-8331 - $50 fee that is refunded if all sessions are attended
Day Kimball Quit Smoking Education Classes:
860-928-6541 x2083 or 2015
Ledge Light Health District, New London
Commit to Quit: 860-448-4882 x309

**Nutrition**
TVCCA Women, Infant, Children Program (WIC):
860-425-6620
Day Kimball Women, Infant, Children Program (WIC): 860-928-3660

**Gambling**
Bettor Choice Gambling Treatment Program:
Norwich, New London: 860-823-3094
CT Council on Problem Gambling:
www.ccpg.org, 1-888-789-7777
Problem Gambling Services: 860-344-2244
Live chat available at www.ucfs.org

**Diabetes Management**
Diabetes Management Center, Backus Hospital,
Norwich: (860) 892-6906
American Diabetes Association, 1-800-DIABETES,
www.diabetes.org

**Physical Fitness & Healthy Weight**
Backus Weight Loss Center,
Norwich: 860-425-8740
Enjoy LIFE (Lifelong Investment in Fitness & Exercise), Plainfield Recreation Center: 860-889-8331 x2405
Let’s Move! www.letsmove.gov
CURVES - Jewett City, 860-376-8325

**Mental Health, Stress Management and Substance Abuse**
United Community and Family Services
- Norwich: 860-892-7042
- Jewett City: 860-376-7040
- Plainfield: 860-822-4751
- Colchester: 860-537-7676
- New London: 860-442-4319
Southeastern Mental Health Authority, Norwich
860-859-4500
Alcoholics Anonymous CT: www.aact.org


**Heart Disease Management**
Backus Hospital Community Blood Pressure Screening, Norwich - held 3rd Wednesday of each month, 860-889-8331 ext.2495
American Heart Association
1-800-242-8721
www.heart.org
Million Hearts—resources to provide tools to help manage heart disease, stroke risks, and to promote healthy and manageable goals, www.millionhearts.hhs.gov
COMMUNITY RESOURCE LIST

Emergency Contacts

Police, Fire, Rescue – 911
Poison Control - 1.800.222.1222
Suicide Hotline - 1.800.273.8255
Domestic Violence Hotline 1.888.777.2900
Child Abuse Hotline 1.800.842.2288
Emergency Contraception - 1.888.668.25283

General Referral

United Way 2-1-1

By dialing 2-1-1, callers can get the most up-to-date information and referrals for all of their needs like shelter, clothing, financial, housing, food, and energy assistance.

Financial Assistance

CT Department of Social Services Programs
1.800.473.8909
www.ct.gov/dss

Norwich Human Services Programs
1.860.823.3778
www.norwichct.org

Housing Assistance

TVCCA Programs, Section 8 Housing
1.860.425.6545
www.tvcca.org

Norwich Housing Authority Programs
1.860.887.1605
www.norwichct.org

CT Housing & Finance Authority Programs
1.860.721.9501
www.chfa.org

Catholic Charities Programs
1.860.889.8346
www.ccfsn.org

Food Assistance

WIC and TVCCA Eldercare Programs
1.860.425.6545
www.tvcca.org

Food Assistance - continued

CT Supplemental Nutrition Assistance Program (SNAP)
1.800.842.1508
www.ct.gov/dss

Clothing and Furniture Assistance

Catholic Charities Programs
1.860.889.8346
www.ccfsn.org

Madonna Place Programs
1.860.886.6600
www.madonnaplacex.org

Salvation Army Programs - 1.860.889.2329

Energy Assistance

Connecticut Light & Power Programs
1.800.286.2828
www.cl-p.com

Yankee Gas Programs
1.800.438.2278
www.yankeegas.com

TVCCA Programs
1.860.425.6681
www.tvcca.org

Transportation & Communication

Transportation to Work Program
1.860.859.4100 x 22
www.ewib.com

Reliance House Transportation Program
1.860.885.1908 x 264
www.reliancehouse.org

Assurance Wireless Programs
1.800.392.3850
www.assurancewireless.com

VEYO, Total Transit Company
1.855-478-7350
Language Assistance
Literacy Volunteers of Eastern CT
1.860.443.4800
www.englishhelp.org

Employment
CT Works Programs
860.859.5777
www.ctdol.state.ct.us
Easter Seals Connecticut Work Program
860.859.4148
www.easterseals.com
Norwich Youth and Family Services
860.823.3782
www.norwichct.org
TVCCA Programs
860.425.6603
www.tvcca.org

Online Eligibility Screening
https://connect.ct.gov/access/
http://www.211navigator.org/
http://cafcacacalculator.caftca.org/

Health and Health Care Resources
Planned Parenthood
1.800.230.7526
www.plannedparenthood.org
CT Birth to Three System
1.800.505.7000
www.birth23.org
Mental Health Association of CT
1.800.529.1970
www.mhact.org
National Alliance on Mental Health Illness
860.882.0236
www.nami.org
Community Substance Abuse Centers
860.247.8300
www.csacmethadone.com

Alcoholics Anonymous
1.866.783.7712
www.aa.org

Health and Health Care Resources - continued
Narcotics Anonymous
1.800.627.3543
www.na.org
TVCCA Pharmacy Assistance Program
860.425.6582
www.tvcca.org
CT Bureau of Rehabilitation Service
860.424.4844
www.ct.gov/brs
CT Department of Veterans Affairs
860.887.9162
www.ct.gov/chva

Legal Services
CT Office of Health Care Access
1.800.797.9688
www.ct.gov/ohca
CT Office of Health Care Advocate
1.800.466.4446
www.ct.gov/oha
CT Office of Child Advocate
1.800.994.0939
www.ct.gov/oca
CT Parent Advocacy Center
1.800.445.2722
www.cpacinc.org
CT Office of Protection and Advocacy for Persons with Disabilities
860.297.4300
www.ct.gov/opapd
Office of Victim Services
1.800.822.8428
www.jud.ct.gov/crimevictim
**Relocation Assistance**

Norwich Human Services Programs  
860.823.3778  
www.norwichct.org

**Cultural Organizations**

Chinese & American Cultural Assistance Organization  
860.373.0606  
www.cocoa.org

**Cultural Organizations - continued**

Eastern Connecticut Asian & American Lions Club  
webmaster@aalionsclub.org  
www.e-clubhouse.org/sites/aaa

New London Korean Methodist Church  
doctorsmc@yahoo

First Haitian Baptist Church  
860.887.6193

**Sovereign Nations**

Mashantucket Pequot Health Department  
860.313.8014

The Mohegan Tribe Health Department  
860.862.6158

**Local Health Department**

Uncas Health District  
860.823.1189  
www.uncashd.org

Ledgelight Health District  
860.448.4882  
www.ledgelighthd.org

Northeast Health District  
860.774.7350  
www.nddh.org
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, Compliance Officer, (860) 892-7042 x 1218.
   • If not satisfied with the resolution, you have the right to contact Jennifer Granger, CEO, at (860) 889-2375.

An appeal process is available through the UCFS Quality Assurance Advisory Committee, which includes a clinical case review and conference between all treating providers.
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. Developing and participating in your treatment planning.
4. Following rules and regulations that are posted within the UCFS facilities while in those facilities.
5. Not carrying any type of weapons while at UCFS or when receiving treatment by UCFS staff.
6. Not harming or being verbally or physically abusive to other persons including UCFS staff.
7. Extending to agency staff the same courtesy given to you.
8. Keeping all scheduled appointments, arriving on time, and being able to participate in treatment.
9. Notifying UCFS with 24 hours notice or as soon as you are aware that you cannot keep an appointment.
10. Informing the health care professionals regarding any changes or reactions to medication and/or treatment.
11. Paying for services promptly including co-payments at the time of service.
12. Advising UCFS of any problems or dissatisfaction with the service being provided.
13. Providing for the supervision and safety of your children while in the facility.

If a client does not comply with above outlined responsibilities or if a significant unresolved conflict or barrier develops between the provider and the client, it may become necessary to terminate services. Most commonly, such situations follow an episode or repeated episodes of abusive or threatening language/behavior, abuse of prescribed medications, or extreme non-compliance with the treatment plan, an emotional or physical threat to any staff member or another UCFS client, harassment, intolerable family interference with the provider-client relationship, or involvement in any illegal activity involving UCFS.

Notice of Privacy Practices

Effective Date: April 14, 2003
Updated February, 2010
Updated July, 2012
Updated August, 2013

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 that we may make. It also describes your rights to access and control your protected health information and certain obligations we have regarding the use and disclosure of your protected health information.

Your “protected health information” 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 protected health information and to notify you in the event that there is a breach of your unsecured protected health information. We are also required by law to provide you with this Notice of our legal duties and privacy practices with respect to your protected health information 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 protected health information 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, 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, home health, 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 protected health information 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 protected health information. Even if not specifically listed below, UCFS may use and disclose your protected health information as permitted or required by law or as authorized by you. We will make reasonable efforts to limit access to your protected health information 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 protected health information 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 protected health information to provide you with medical treatment and related services. Your protected health information may be used for the purpose of providing protected health information to a treatment provider involved in your care. If we are permitted to do so, we may also disclose your protected health information 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 protected health information in an emergency situation.

- **For Payment** - We may use and disclose your protected health information 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 payer. 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 protected 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.

- **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 protected health information to our business associates 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 protected health information 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 protected health information 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 protected health information 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 protected health information 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 protected health information 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 protected health information 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 protected health information in response to your authorization or a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process if such disclosure is permitted by law.

- **Law Enforcement** - We may disclose your protected health information for certain law enforcement purposes if permitted or required by law. Examples include reporting gunshot wounds; reporting emergencies or suspicious deaths; complying with a court order, warrant, or similar legal process; or answering certain requests for information concerning crimes.

- **Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations** - We may release your protected health information 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 protected health information 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. UCFS participates in a number of activities and programs designed to promote better overall health and to allow us to serve you better. Part of these efforts includes screening some consumers for behaviors or habits that might make them less healthy or put them at risk. UCFS’s own staff, and its contracted health educators, may ask you various questions about your habits and day-to-day activities as part of the information intake screening for your treatment. This will help us treat you, and allow us to provide you with the best options for other services that you may wish to utilize. Information that you share with our providers, or health educators, will become part of your record.

• **Fundraising** – We may use certain information about you to contact you for fundraising purposes. This information may include your name, address and other contact information, age, gender, and date of birth, the dates that you received health care services, department of service information, your treating physician, your outcome information, and your health insurance status. You have the right to opt out of receiving fundraising communications.

• **To Avert a Serious Threat to Health or Safety** - We may use and disclose your protected health information 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 protected health information as required by military command authorities or the Department of Veterans Affairs. If required by law, we may disclose your protected health information to authorized federal officials for the conduct of lawful intelligence, counterintelligence, and other national security activities authorized by law. If required by law, we may disclose your protected health information 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 protected health information as permitted by laws relating to workers’ compensation or related programs.

• **Special Rules Regarding Disclosure of Mental Health, Substance Abuse and HIV-Related Information** – Generally, we may disclose your protected health information for treatment, payment or health care operations. For disclosures concerning protected health information relating to care for mental health conditions, substance abuse, HIV-related testing and treatment, or minors, certain special restrictions may also 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** - We will only disclose mental health 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. We may not disclose that you have received treatment for alcohol or drug abuse or any information regarding your treatment, unless:

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 protected health information 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 or 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 protected health information 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 protected health information 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 protected health information 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 protected health information 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. An authorization is not required to describe a health-related product or service provided by us; to make communications to you regarding your treatment or to direct or recommend alternative treatments, therapies, providers or settings of care for you.

**Sale of Protected Health Information**
A signed authorization is required for the use or disclosure of your protected health information in the event that UCFS directly or indirectly receives remuneration for such use or disclosure, except under certain circumstances as allowed by Federal or Connecticut law.

**Your Health Information Rights**
You have the following rights with respect to your protected health information. 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 protected health information we use or disclose about you. You may request a restriction or revise a restriction on the use or disclosure of your protected health information 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, unless it involves the disclosure of protected health information to a health plan for purposes of carrying out payment or health care operations that pertains solely to a health care item or service for which UCFS has been paid out of pocket in full. 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 protected health information 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 protected health information 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 protected health information. You have the right to 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 protected health information that is used to make decisions about your care for as long as the protected health information is maintained by UCFS. If we maintain your information electronically in a designated record set, then you have the right to
request an electronic copy of such information. To access, inspect and copy your protected health information 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 protected health information 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 attorneys’ 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 protected health information 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 protected health information 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. In the event UCFS maintains an electronic health record, an accounting of disclosures from the electronic health record related to treatment, payment or health care operations will be made only for the three (3) year period preceding the request.

- **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.

- **Right to Complain** - You may file a complaint with us or the Secretary of the 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 1218.