

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.

## Notice of Privacy Practices

**Effective Date: April 24, 2019**

**Original Effective Date: April 14, 2003**

**Updated February, 2010**

**Updated July, 2012**

**Updated August, 2013**

**Updated April, 2019**

**Updated March, 2020**

**Updated May, 2020**

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

This Notice of Privacy Practices (the "Notice") is meant to inform you about the privacy and confidentiality of your health information and how your health information may be used and disclosed by United Community & Family Services, Inc. ("UCFS" or "we" or "us"). It also describes your rights to access and control your health information and certain obligations we have regarding the use and disclosure of your health information.

Your "health information" for purposes of this Notice 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.

UCFS is part of an organized health care arrangement including participants in Oregon Community Health Information Network (OCHIN). A current list of OCHIN participants is available at [www.ochin.org](http://www.ochin.org). As a business associate of UCFS, OCHIN supplies information technology and related services to UCFS and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and access clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by UCFS with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operation purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your resident location to improve the clinical benefits you receive.

The personal health information may include past, present and future medical information as well as information outlined in the Privacy Rules. The information to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent. However, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested you will be provided a list of entities to which your information has been disclosed.

We are required by law to maintain the privacy of your health information and to notify you in the event that there is a breach of your unsecured 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 health information and to abide by the terms of the Notice that are currently in effect. We may change the terms of this Notice at any time. The new revised Notice will apply to all of your health information maintained by us. You will not automatically receive a revised Notice. If you would like to receive a copy of the then-current Notice at any time you can obtain it through our web site at [www.ucfs.org](http://www.ucfs.org), by contacting UCFS, or by asking at your next appointment.

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

UCFS provides services through a broad continuum of programs, including outpatient medical services, behavioral health, dental, community based behavioral health, adult day care, and residential care. This Notice describes UCFS's practices and policies and applies to any health care professional authorized to enter information into our electronic health record, including our licensed providers, all departments and units within UCFS, any volunteers within UCFS, and any trainees or students at UCFS as part of a clinical program or similar educational program.

UCFS will ask you to sign a consent form that allows UCFS to use and disclose your 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 health information. Even if not specifically listed below, UCFS may use and disclose your health information as permitted or required by law or as authorized by you. We will make reasonable efforts to limit access to your 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 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 health information to provide you with medical treatment and related services. Your health information may be used or disclosed to a treatment provider involved in your care. If we are permitted to do so, we may also disclose your 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 health information in an emergency situation. In certain circumstances, we may disclose health information about you to people outside of UCFS, such as family members, clergy or others that are involved in your care (as described below).
- **For Payment** - We may use and disclose your 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 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 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 health 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 outside entities under contract with UCFS to provide certain services involving the use of health information (known as "business associates"), such as a billing service, transcription company or legal or accounting consultants. We may disclose your 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 and report any breaches of health information to us.
- **Appointment Reminders** - We may use and disclose 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 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 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 or payment for your health care. In addition, we may disclose your 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.
- **Personal Representatives** - You may designate an individual (a health care representative) to exercise certain medical decision-making on your behalf, or one may be designated by a court (e.g., a legal guardian) or by law (e.g., a parent if you are a minor). We will make sure the person has authority to act on your behalf as your personal representative, provided that we may not treat the person as your personal representative in certain circumstances.

- **Public Health Activities** - We may disclose your health information for public health purposes, including 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, to report births, deaths or other vital events, or report child abuse or neglect; for quality, safety or effectiveness of products regulated by the Food and Drug Administration; to notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition; to an employer about a work-related illness or injury if we provide care at the employer's request; or to provide proof of immunization to a school.
- **Health Oversight Activities** - We may disclose your 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 health information in response to your authorization or a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process in certain situations in accordance with applicable law.
- **Law Enforcement** - We may disclose your 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; answering certain requests for information concerning crimes; evidence of criminal conduct on our premises; or identifying or locating a fugitive, suspect, witness, or missing person.
- **Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations** - We may release 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 health information may be used or disclosed for research purposes, but only if the use and disclosure of health 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 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 such disclosure would only be made to someone we believe can help prevent or lessen the threat.
- **Specialized 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 or the Department of Veterans Affairs. We may disclose your health information to authorized Federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by law. We may disclose your 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. We may also disclose health information to correctional facilities about an inmate at such a facility in certain circumstances.
- **Workers' Compensation** - We may use or disclose your health information as permitted by laws relating to workers' compensation or related programs.
- **Special Rules Regarding Disclosure of Mental Health, Substance Use Disorder and HIV-Related Information** – Generally, we may disclose your health information for treatment, payment or health care operations purposes. Disclosures of health information relating to care for mental health conditions, substance use disorders (including drug or alcohol use), HIV-related testing and treatment, or minors, may be subject to certain special restrictions and require your specific authorization before we are permitted to make any such disclosure. 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 specific 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 or permitted 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 Use Disorder diagnosis and treatment information. If you are treated in a specialized substance use disorder program (including by a specialized substance use disorder provider at one of our facilities), any records of that treatment or otherwise pertaining to your substance use disorder are subject to heightened confidentiality and non-disclosure restrictions under Federal and state law and regulations. We may not disclose that you have been diagnosed with or received treatment for a substance use disorder 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, or to a qualified service organization or an entity with administrative control over a program covered under these Federal laws and regulations.

Violation of Federal laws and regulations governing the confidentiality of substance use disorder treatment records 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 use disorder program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations also allow information about suspected child abuse or neglect to be reported under State law to appropriate State or local authorities. The Federal law and regulations governing substance use disorder treatment records can be found at 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2.

- 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 affecting personnel of UCFS, another person, or a known partner in certain circumstances.
- Minors. We will comply with Connecticut law when using or disclosing health information of minors. For example, if you are an un-emancipated 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 Health Information**

Except as described in this Notice, or as permitted by Connecticut or Federal law, we will not use or disclose your 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 treatment related to research. If you do authorize us to use or disclose your 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 health information for the purposes covered by the authorization, but your revocation will not affect uses or disclosures made in reliance on the authorization prior to its revocation.

#### ***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 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 Health Information*

A signed authorization is required for the use or disclosure of your 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 health information. The following briefly describes how you may exercise these rights.

- **Right to Request Restrictions of Your Health Information** - You have the right to request certain restrictions or limitations on the health information we use or disclose about you. You may request a restriction or revise a restriction on the use or disclosure of your 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 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 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 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 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 Health Information** - You have the right to access, inspect and obtain a copy (in paper or electronic form) of your health information that is used to make decisions about your care for as long as the 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 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 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 appeal this denial to 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 may want to seek legal advice if you are interested in pursuing your rights through a court.

- **Right to Amend Your Health Information** - You have the right to request an amendment to your 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 Health Information** - You have the right to request an accounting (a list) of certain disclosures of your health information by UCFS or by others on our behalf during the preceding six (6) years. To request an accounting of disclosures, you must submit a request in writing. 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](http://www.ucfs.org).
- **Right to File a Complaint** - 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.
- **UCFS Contact** - If you have any questions regarding this Notice, would like to contact UCFS regarding any aspects of the Notice or Forms referenced in the Notice, or you would like to file a complaint, you can contact UCFS's Privacy Officer using the contact information below:

United Community & Family Services, Inc.  
34 East Town Street  
Norwich, CT 06360  
Attention: Sharon Laliberte, Privacy Officer  
Telephone: 860-822-4148