



## NOTICE OF PRIVACY PRACTICES

**Continuum of Care, Inc.  
67 Trumbull Street  
New Haven, CT 06510**

Effective Date: April 14, 2003

This notice describes how medical/health information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

As your provider of residential services, we respect the privacy of your personal health information and are committed to maintaining your confidentiality. We are required by law to:

- A. Maintain the privacy of your health information;
- B. Provide you this detailed Notice of our legal duties and privacy practices relating to your health information; and
- C. Abide by the terms of the Notice that are currently in effect.

### **I. WITH YOUR CONSENT WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

We have described these uses and disclosures below and provided examples of the types of uses and disclosures we may make in each of these categories.

#### **For Treatment**

We will use and disclose your health information in providing you with treatment and services and coordinating your care. We may disclose your health information to other providers involved in your care, such as physicians, nurses, physical therapists, occupational therapists, speech therapists, social workers, case managers, and home health aides. For example, our residential staff may report changes in your condition to your physician.

#### **For Payment**

We may use and disclose your health information so that we can bill and receive payment for our services. We may disclose your health information to your representative, or to an insurance or managed care company, Medicare, Medicaid or another third party payer. For example, we may contact Medicare or Medicaid or your health insurance company to confirm your coverage or to request prior approval for services that will be provided to you.

#### **For Health Care Operations**

We may use and disclose your health information as necessary for health care operations, such as evaluation of personal performance, education/training and to monitor our quality of care. We may disclose your health information to another entity with which you have or had a relationship if that entity requests your information for certain of its health care operations or health care fraud and abuse detection or compliance activities. For example, health information of many patients may be combined and analyzed for purposes such as evaluating and improving quality of care and planning services.

## **II. WE MAY USE AND DISCLOSE PERSONAL HEALTH INFORMATION ABOUT YOU FOR OTHER SPECIFIC PURPOSES.**

We have described various ways in which we may use or disclose your health information.

### **Individuals Involved in Your Care or Payment for Your Care**

Unless you object, we may disclose health information about you to a family member, close personal friend or other person you identify, including clergy, who is involved in your care.

### **Emergencies**

We may use or disclose health information as necessary in emergency treatment situations.

### **Appointment Reminders**

We may use or disclose health information to remind you about appointments.

### **Disaster Relief**

We may disclose health information about you to a disaster relief organization.

### **As Required By Law**

We may use or disclose your health information when required by law to do so.

### **To Avert a Serious Threat to Health or Safety**

We may 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. However, any disclosure would be made only to someone able to help prevent the threat.

### **Public Health Activities**

We may disclose your health information for public health activities. These activities may include, for example, reporting to a public health authority for preventing or controlling disease, injury or disability; reporting child abuse or neglect or reporting births and deaths, or to notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

### **Health Oversight Activities**

We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure actions or for activities involving government oversight of the health care system.

### **Business Associates**

We may disclose your protected health information to a contractor or business associate that needs the information to perform services for the Agency. Our business associates are committed to preserving the confidentiality of this information.

### **Judicial and Administrative Proceedings**

We may disclose your health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process; efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.

### **Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations**

We may release your 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 tissue.

### **Law Enforcement**

We may disclose your health information for certain law enforcement purposes, including, for example, compliance with reporting requirements, court orders, warrants, or similar legal process; or to respond to certain requests for information concerning crimes.

### **Research**

We may use or disclose your health information for research purposes if the privacy aspects of the research have been reviewed and approved, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

### **Military, Veterans and other Specific Government Functions**

If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities. We may disclose health information for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations

### **Worker's Compensation**

We may use or disclose your health information to comply with laws relating to workers' compensation or similar programs.

### **Law Enforcement Custody**

If you are under the custody of a law enforcement official or a correctional institution, we may disclose your health information to the institution or official for certain purposes including the health and safety of you and others.

### **Fundraising Activities**

We may use certain limited information to contact you in an effort to raise funds for the Agency and its operations.

### **Treatment Alternatives and Health-Related Benefits and Services**

We may use or disclose your health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.

## **III. YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES OF PERSONAL HEALTH INFORMATION**

We will use and disclose your personal health information (other than as described in this Notice or required by law) only with your written Authorization. You may revoke your Authorization in writing at any time. If you revoke your Authorization, we will no longer use or disclose your health information for the purposes covered by that Authorization, except where we have already relied on that Authorization.

## **IV. YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION**

Following is a listing of your rights regarding your personal health information. Exercise of these rights may require submitting a written request to the Agency. At your request, the Agency will supply you with the appropriate form to complete.

### **Request Restrictions**

You have the right to request restrictions on our use or disclosure of your health information for treatment, payment, or health care operations. You also have the right to request restrictions on

the health information we disclose about you to a family member, friend, or other person who is involved in your care or the payment for your care. We are not required to agree to your requested restriction (except that if you are competent you may restrict disclosures to family members or friends). If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment.

#### **Right of Access to Personal Health Information**

You have the right to inspect and obtain a copy of your clinical or billing records or other written information that may be used to make decisions about your care, subject to some limited exceptions. Your request must be made in writing. We may charge a reasonable fee for our costs in copying and mailing your requested information. We may deny your request to inspect or receive copies in certain circumstances. If you are denied access to health information, in some cases you have a right to request review of the denial. This review would be performed by a licensed health care professional designated by the Agency who did not participate in the decision to deny.

#### **Right to Request Amendment**

You have the right to request amendment of any personal health information maintained by the Agency for as long as the information is kept by or for the Agency. Your request must be made in writing and must state the reason for the requested amendment. We may deny your request for amendment if the information:

- A. Was not created by the Agency, unless the originator of the information is no longer available to act on your request;
- B. Is not part of the health information maintained by or for the Agency;
- C. Is not part of the information to which you have a right of access; or
- D. Is already accurate and complete, as determined by the Agency. 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.

#### **Right to an Accounting of Disclosures**

You have the right to request an "accounting" of our disclosures of your personal health information. This is a listing of certain disclosures made by the Agency or by others on our behalf, but does not include disclosures for treatment, payment and health care operations, disclosure made pursuant to your Authorization, or certain other expectations.

To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning after April 13, 2003 that is within six years from the date of your request. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

#### **Right to Request Confidential Communications**

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

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

Special authorization may be needed to release information related to psychiatric conditions, drug abuse, alcohol abuse, or HIV-related testing and treatment. Such information may be for the purposes of treatment planning or coordinating care with medical, psychiatric or substance abuse providers or to receive payment. No information shall be transmitted to anyone else without written consent or authorization as provided under Connecticut General Statutes Chapter 899C Connecticut PA 89-246 and Federal Regulation 42 CFR Part 2.

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

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the Privacy Officer. If you believe that your privacy rights have been violated, you may file a complaint in writing with the Agency or with the Office of Civil Rights in the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint. To file a complaint with the Agency, please contact:

Privacy Officer  
67 Trumbull Street  
New Haven, CT 06510  
(203) 562-2264

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

We will promptly revise this Notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all health information already received and maintained by the Agency as well as for all health information we receive in the future. We will provide a copy of the revised Notice upon request.