

SUMMARY NOTICE OF PRIVACY PRACTICES

THIS NOTICE IS A SUMMARY OF HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND RELEASED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS CAREFULLY.

A complete explanation of the privacy practices of PCRC can be found in the attached Notice of Privacy Practices (the "Notice"). The law requires us to give you a copy of the Notice and to follow the practices described in it. The attached Notice tells you in more detail how we may use your child's protected health information and who we can share that information with. It also explains in more detail the rights you and your family have regarding protected health information.

USE AND RELEASE OF PROTECTED HEALTH INFORMATION

- ◆ We will use or release protected health information to provide medical and mental health treatment to your family.
- ◆ We will use or release protected health information to bill insurance companies or anyone who is responsible for the bill.
- ◆ We will use or release protected health information to make sure we receive payment for medical and mental health treatment.
- ◆ We will use or release information to help us evaluate the quality of care we provide.
- ◆ We will make reasonable efforts to make sure only people who need to know your protected information so they can do their jobs will be able to use it.
- ◆ The law allows us to use or release protected health information without your specific consent in certain cases.
- ◆ When another person does a job for us, that person may see protected health information.

PRIVACY RIGHTS

- ◆ You may have the right to ask us not to use or release certain protected health information about you and your family.
- ◆ You may have the right to tell us how you want us to communicate protected health information to you.
- ◆ You may have the right to see and change protected health information for as long as PCRC keeps your records.
- ◆ You may have the right to ask the Privacy Officer to give you a listing of releases of protected health information.

QUESTIONS OR COMPLAINTS

If you have any questions or complaints about our privacy practices, please contact:
Lower Naugatuck Valley Parent Child Resource Center
Laura Mutrie, LCSW
Privacy Officer
30 Elizabeth Street
Derby, CT 06418
(203) 954-0543

PLEASE SIGN THE ATTACHED CONSENT AND ACKNOWLEDGEMENT FORM SO THAT PCRC CAN USE AND RELEASE PROTECTED HEALTH INFORMATION AS DESCRIBED IN PCRC'S NOTICE OF PRIVACY PRACTICES.

Notice of Privacy Practices

Effective Date: April 14, 2003

Please note: Because you are the parent or legal guardian of a minor child, the law gives you legal authority to act on behalf of the minor child. Therefore, you are considered the “Personal Representative” of the minor child, and legally all the rights and responsibilities described in the privacy notice apply to you.

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 protected health information and certain obligations we have regarding the use and disclosure of protected health information.

“Protected health information” is information about your child and your family created and received by us, including demographic information, that may reasonably identify your child and that relates to your child’s past, present or future physical or mental health or condition, or payment for the provision of your child’s health care.

We are required by law to maintain the privacy of your protected health information. We are also required by law to provide this Notice of our legal duties and privacy practices with respect to 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 protected health information maintained by us.

How We May Use or Disclose Protected Health Information

Lower Naugatuck Valley Parent Child Resource Center (LNVPCRC) will ask you to sign a consent form that allows LNVPCRC to use and disclose protected health information about your child 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 protected health information. Even if not specifically listed below, LNVPCRC may use and disclose your child’s protected health information as permitted or required by law or as authorized by you. We will make reasonable efforts to limit access to 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 protected health information to provide your child with medical treatment and related services. Protected health information may be used in supervision, during team meetings, or during case conference. 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 child’s care after leaving LNVPCRC and for other treatment reasons. We may also use or disclose protected health information in an emergency situation.
- **For Payment** - We may use and disclose protected health information so that we can bill and receive payment for the treatment and related services your child receives. For billing and

payment purposes, we may disclose health information to a payment source, including an insurance or managed care company, Medicare, Medicaid, or another third party payor. For example, we may need to give your child's health plan information about the treatment received so the health plan will pay us or reimburse us for the treatment, or we may contact the health plan to confirm your child's coverage or to request prior authorization for a proposed treatment.

- **For Health Care Operations** - We may use and disclose health information as necessary for operations of LNVPCRC, 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 LNVPCRC. For example, an auditor's review of agency finances may include records of billings for service.
- **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 protected health information to our business associate so that they can perform the job we have asked them to do. To protect your child's health information, we require our business associates to enter into a written contract that requires them to appropriately safeguard the information.
- **Appointment Reminders** - We may use and disclose protected health information to contact you as a reminder that you and your child have an appointment at LNVPCRC.
- **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 and your child.
- **Individuals Involved in Your Child's Care or Payment of Your Child's Care** - Unless you object, we may disclose 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 child's health care to notify the person of your child's location or general condition or payment related to your child's health care. In addition, we may disclose 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 child's best interest based on our professional judgment or if we reasonably infer that you would not object.
- **Public Health Activities** - We may disclose 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 reporting child abuse or neglect; preventing or controlling disease, injury, or disability; reporting births, deaths or other vital statistics; 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 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 your child is involved in a lawsuit or a dispute, we may disclose protected health information in response to your authorization or a court or administrative order. We may also disclose 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 protected health information 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 protected health information to a coroner, medical examiner, or funeral director.
- **Research Purposes** - Protected health information may be used or disclosed for research purposes, but only if the use and disclosure of information has been reviewed and approved by a special Privacy Board or Institutional Review Board, or if you provide authorization for the participation in the research.
- **To Avert a Serious Threat to Health or Safety** - We may use and disclose protected health information when necessary to prevent a serious threat to your child's 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.
- **Workers' Compensation** - We may use or disclose protected health information as permitted by laws relating to workers' compensation or related programs.
- **Special Rules Regarding Disclosure of Psychiatric, Substance Abuse and HIV-Related Information** - For disclosures concerning protected health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment, 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 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 your child and a clinician, APRN, psychiatrist, social worker and certain therapists and counselors will be privileged and confidential in accordance with Connecticut and Federal law.
- HIV-related information. We may disclose HIV-related information as permitted or required by Connecticut law. For example, your child's HIV-related information, if any, may be disclosed without 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 LNVPCRC, 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, 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 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, LNVPCRC 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 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 LNVPCRC's Privacy Officer. If you revoke your authorization, we will no longer use or disclose 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 LNVPCRC for treatment, for training programs, or for defense in a legal action.

Health Information Rights

You have the following rights with respect to your child's protected health information. The following briefly describes how you may exercise these rights.

- **Right to Request Restrictions of Protected Health Information** - You have the right to request certain restrictions or limitations on the protected health information we use or disclose about your child. You may request a restriction or revise a restriction on the use or disclosure of protected health information by providing a written request stating the specific restriction requested. You can obtain a Request for Restriction Form from LNVPCRC. 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 your child 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 LNVPCRC 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 LNVPCRC requesting confidential communications. You can obtain a Request for Confidential Communications Form from LNVPCRC.
- **Right to Access, Inspect and Copy Your Protected Health Information** - You have the right to access, inspect and obtain a copy of protected health information that is used to make decisions about your child's care for as long as the protected health information is maintained by LNVPCRC. To access, inspect and copy protected health information that may be used to make decisions about your child, you must submit your request in writing to LNVPCRC. 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 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 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 such rights.

- **Right to Amend Protected Health Information** - You have the right to request an amendment to protected health information for as long as the information is maintained by or for LNVPCRC. Your request must be made in writing to LNVPCRC and must state the reason for the requested amendment. You can obtain a Request for Amendment Form from LNVPCRC. 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 protected health information by LNVPCRC 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 LNVPCRC.
- **Right to Complain** - You may file a complaint with us or the Secretary of Health and Human Services if you believe your child's 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.

LNVPCRC
Laura Mutrie, LCSW
Privacy Officer
30 Elizabeth Street
Derby, CT 06418
(203) 954-0543