HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) – PROVIDER NOTICE OF PRIVACY PRACTICES

**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**

Individual Rights

You have the right, following a written request, to get a copy of or receive electronically, your protected health information that we use to make decisions about you. If an electronic copy is not readily producible, we will provide a hard copy and will charge you a reasonable, cost-based fee. You have the right to request a list of certain instances where we have disclosed protected health information about you for reasons other than treatment, payment, or related administrative purposes for six years prior to the date of the request. If there is any breach of your unsecured protected health information, you have the right to be notified by us and you have the right to complain if you believe your rights have been violated. If you believe that information in your record is incorrect or if important information is missing, you have the right to request in writing that we amend the existing information. You have the right to request that we contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

Your Choices

You have both the right and choice to tell us to: share information with your family, close friends, or others involved in your care; share information in a disaster relief situation; and include your information in a hospital directory. If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We will never share your information unless you give us written permission for: marketing purposes; the sale of your information; and most psychotherapy notes. We will not contact you with any individual fundraising requests.

Uses and Disclosures of Health Information

We use health information about you for treatment (diagnostic testing, prescription, referral, etc.), to obtain payment (submit claims and/or encounters to billing services and/or clearinghouses, and/or collection agencies, etc.), for administrative purposes (reporting, utilization management, quality improvement and surveys, etc.), and to evaluate the quality of care that you receive.
We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Any of our business associates with access to your protected health information are required to follow privacy and security regulations to protect confidentiality.

We may use or disclose identifiable health information about you without your authorization for several reasons. Subject to certain requirements, we may give out health information without your authorization: for public health and safety issues; for auditing purposes; for research studies; in certain emergency situations; to address workers’ compensation, law enforcement and other government requests; to respond to organ and tissue donation requests, if applicable; to work with medical examiners and funeral directors, if applicable; and to comply with the law.

In all other situations, we will ask for your written authorization before using or disclosing information. You can later revoke that authorization to stop any future uses and disclosures.

We may apply a change to our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in a prominent location at each program site. You may also request a full copy of our notice at any time. For more information or if you have questions about our privacy practices, contact the Compliance Officer listed below.

You may request in writing that we restrict and/or not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request, but we are not legally required to agree to it except in situations where you have paid out-of-pocket for health-related services.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access or amendment to your records, you may contact the CSI Compliance Officer listed below. You may also send a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights, by sending a letter to 200 Independence Avenue, S.W. Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Our Legal Duty

We are required by law to protect the privacy of your information, promptly notify you if a breach occurs that may have compromised the privacy or security of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.
ACKNOWLEDGMENT

This PROVIDER NOTICE OF PRIVACY PRACTICES is required by the Health Information Portability and Accountability Act.

A more detailed description of HIPPA is posted at each facility and is available on request.

CSI Privacy Officer

340 West Newberry Road
Bloomfield, CT 06002
(860) 683-7173 Phone