



3 Pearson Way Enfield, CT 06082 860-741-3701

Important Notice of Privacy Practices

Allied Community Programs, Inc.

**THIS NOTICE DESCRIBES HOW CONFIDENTIAL INFORMATION ABOUT YOU MAY
BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

- **It is important to read and understand this Notice of Privacy Practices before signing the Consent and Acknowledgment Form.**
- **If you have any questions about this Notice or would like further information concerning your privacy rights, please contact Allied.**

Allied Community Programs, Inc.
Karen Peabody ▪ Allied Privacy Officer
Three Pearson Way ▪
Enfield, Connecticut 06082
860.741.3701

Notice of Privacy Practices
Effective Date: September 23,
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;
- notify you of a breach of your unsecured protected health information;
- provide you with this Notice of our legal duties and privacy practices with respect to your protected health information; and
- abide by the terms of the Notice that is currently in effect.

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.alliedgroup.org, contact Allied Community Programs, Inc. or ask at your next appointment with Allied.

How We May Use or Disclose Your Protected Health Information

Allied will ask you to sign a consent form that allows Allied 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, Allied 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. 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 Allied 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.
- **For Health Care Operations** - We may use and disclose your health information as necessary for operations of Allied, 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 Allied. For example, physician ordered treatments and medical consulting activities may be information disclosed to best coordinate your health care needs.
- **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 associate 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.
- **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.
- **Facility Directory** - Except for individuals admitted to a hospital for psychiatric disabilities or to a substance abuse treatment program, unless you object, we may include limited information about you in our facility directory while you are a client at the facility, including your name, location in the facility, and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. Your information and religious affiliation may also be given to a member of the clergy, even if the clergy member does not ask for you by name.
- **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. 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 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. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients’ need for privacy of their medical information. Before we use or disclose protected health information for research, the project will have to be approved through this research approval process, but we may, however, disclose protected health information about you to people preparing to conduct a research project, so long as the medical information they review does not leave the facilities.
- **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, counter-intelligence, 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.
- **Required by Law** - We will disclose your protected health information when required to do so by federal, state or local law.

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 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 client records is protected by Federal law and regulations. Generally, we may not say to a person outside the program that you attend the program, or disclose any information identifying you as an alcohol or drug abuser, 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.
- 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 Allied, 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. We must obtain your written authorization before using your health information or sharing it with others for:

- ☒ Marketing. We may not disclose any of your protected health information for marketing purposes if we will receive direct or indirect financial remuneration not reasonably related to the costs incurred for making the communication without your written authorization.
- ☒ Psychotherapy Notes. An express written 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 Allied for treatment, for training programs, or for defense in a legal action.
- ☒ Sale of Protected Health Information. We will not sell your protected health information to third parties without your written authorization. The sale of health information, however, does not include a disclosure for public health purposes, for research purposes where Allied will only receive payment for our costs to prepare and transmit the protected health information, for treatment and payment purposes, for the sale, transfer, merger or consolidation of Allied, for a business associate or its subcontractor to perform certain functions on our behalf, or for other purposes permitted or required by law.

Your written authorization will specify particular uses or disclosures that you choose to allow. Under certain limited circumstances, Allied may condition treatment on the provision of an authorization, such as for research related to treatment. You may revoke your authorization in writing at any time by contacting Allied'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.

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 Allied. You may require a restriction on disclosure of your protected health information to a health plan (other than a federal health care program that requires Allied to submit information) and Allied must agree (unless otherwise required by law) to your request, if it is for purposes of payment or other health care operations (but not treatment) if you paid out of pocket, in full, for the item or service to which the protected health information pertains. Otherwise, we are not required to agree to your requested restriction. If or when we 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 Allied may terminate the restriction (other than a restriction to a health plan for purposes of payment) 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 Allied requesting confidential communications. You can obtain a Request for Confidential Communications form from Allied.
- **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 Allied. You also have the right to obtain an electronic copy of any of your protected health information that we maintain in electronic format. 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 Allied. 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 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 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 Allied.

Your request must be made in writing to Allied and must state the reason for the requested amendment. You can obtain a Request for Amendment form from Allied. 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 Allied or by others on our behalf. To request an accounting of disclosures, you must submit a request in writing, stating a time period 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. Please note that, at times, companies we work with (called “business associates”) may have access to your protected health information. When you request an accounting of disclosures from Allied, we may provide you with the accounting of disclosures or the names and contact information of our business associates, so that you may then contact them directly for an accounting of disclosures.
- **Right to Request Transmission of Your Protected Health Information in Electronic Format** – You may direct us to transmit an electronic copy of your protected health information that we maintain in electronic format to an individual or entity you designate. To request the transmission of your electronic health information, you must submit the request in writing to Allied.
- **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 Allied. In addition, you may obtain a copy of this Notice at our web site, www.alliedgroup.org.
- **Right to Complain** – You may file a complaint with us or the Secretary 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.

Karen Peabody, Privacy Officer
Allied Community Programs
3 Pearson Way
Enfield, CT 06082
860-741-3701

Allied Community Programs, Inc.
Consent and Acknowledgment Form

I consent to the use or disclosure of my protected health information by Allied Community Programs, Inc. ("Allied Community Programs, Inc.") to any person or organization for the purposes of carrying out treatment, obtaining payment or conducting certain healthcare operations. Protected health information used or disclosed by Allied Community Programs, Inc. may include HIV/AIDS related information, psychiatric and other mental health information, and drug and alcohol treatment information, as long as such information is used or disclosed in accordance with Connecticut and Federal law, which may require you to provide specific authorization. I understand that information regarding how Allied Community Programs, Inc. will use and disclose my information can be found in Allied Community Programs, Inc.'s Notice of Privacy Practices. I understand that this consent is effective for as long as Allied Community Programs, Inc. maintains my protected health information.

By signing below, I understand and acknowledge the following:

- I have read and understand this consent; and
- I have received Allied Community Programs, Inc.'s Notice of Privacy Practices currently in effect.

Print Name of Individual or Personal Representative

Signature of Individual or Personal Representative

Date

If signed by the individual's representative, describe the legal authority of the representative to act on behalf of the individual: _____

Unable to obtain written consent and acknowledgment because:

- Individual refused
- Emergency treatment situation
- Individual not able to sign due to incompetence or other medical reason
- Other: _____

Please return to: Allied Community Programs

**▪ Three Pearson Way • Enfield CT06082 Fax:
(860) 741-6870**