

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

Listed below are your rights regarding your health information. Each of these rights is subject to certain requirements, limitations and exceptions. Exercise of these rights may require submitting a written request to Newtown Youth and Family Services, Inc. At your request, Newtown Youth and Family Services, Inc. will supply you with the appropriate form to complete. You have the right to:

**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 limit the health information we disclose about you to anyone.

**Access to Personal Health Information** – If you are an adult, when your treatment is over, 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 exceptions. If you are a parent of a child client, 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 care, subject to some exceptions. Your request must be made in writing. If we prepare copies for you, 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 your denial. This review would be performed by a licensed health care professional designated by Newtown Youth and Family Services, Inc. who did not participate in the decision to deny.

**Request Amendment** – You have the right to request changes of your health information maintained by Newtown Youth and Family Services, Inc. for as long as the information is kept by or for Newtown Youth and Family Services, Inc. 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 Newtown Youth and Family Services, Inc., (b) is not part of the health information maintained by or for Newtown Youth and Family Services, Inc.; (c) is not part of the information

to which you have a right to access; or (d) is already accurate and complete, as determined by Newtown Youth and Family Services, Inc.

If we deny your request to 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.

**Request an Accounting of Disclosures** – You have the right to request list of certain disclosures of your health information. This is a listing of disclosures made by Newtown Youth and Family Services, Inc. or by others on our behalf, but does not include disclosures for treatment, payment and health care operations, disclosure made pursuant to your Authorization, and certain other exceptions. To request an accounting of disclosures, you must submit a request in writing, stating a time period that is within six years from the date of your request.

**Request a Paper Copy of This 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.

**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.

### **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 our Clinical Director who serves as our 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 Newtown Youth and Family Services, Inc. please contact Judy O'Callaghan, LCSW, Clinical Director at 203-426-8103 ext 231.

### **CHANGES TO 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.

# **Newtown Youth & Family Services**

## **Important Notice of Privacy Practices**

### **Newtown Youth & Family Services, Inc.**

17 Church Hill Road  
121 Mount Pleasant Road  
Newtown, CT 06470

It is important to read and understand this Notice of Privacy Practices before signing a Consent and Acknowledgement Form. If you have any questions about the Notice or would like further information concerning your privacy rights please ask to speak to our Privacy Officer.

# Notice of Privacy Practices

Newtown Youth & Family Services is required by law to maintain the privacy of your health information; to provide you this detailed notice of our legal duties and privacy practices relating to your health information; and to abide by the terms of the notice that are currently in effect.

## **USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

With your written authorization we may use or disclose your health information in the following ways:

**For Treatment** - We will use and disclose your health information in providing you with treatment and services and coordinating your care, and we may disclose information to other providers involved in your care. Your health information may be used by your psychiatrist or primary care physician involved in your care and by other persons and providers involved in your care.

**For Payment** – We may use and disclose your health information for billing and payment purposes. We may disclose your health information to your representative, or to an insurance or managed care company, Medicare, Medicaid or another third party payer. We may contact Medicaid or your health plan 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 within Newtown Youth and Family Services, Inc. organization as necessary for health care operations, such as management, personnel evaluation, training and/or 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 its health care operations or health care fraud and abuse detection or compliance activities.

## **USES AND DISCLOSURES WITH YOUR AUTHORIZATION**

NYFS will use and disclose your health information only with your written Authorization. You may revoke an Authorization in writing at any time. If you revoke an 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 the Authorization.

## **SPECIFIC USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

The following lists various ways in which we may use or disclose your health information, in some cases without your authorization, as permitted by law:

**Emergencies** – We may use or disclose your health information as necessary in emergency treatment situations.

**As Required By Law** – We may use or disclose your health information when required by law to do so.

**Business Associates** – We may disclose your protected health information to a contractor or business associate who needs the information to perform services for Newtown Youth and Family Services, Inc. Our business associates are committed to preserving the confidentiality of this information.

**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.

**Reporting Victims of Abuse, Neglect or Domestic Violence** – If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your health information to notify a government authority, if authorized by law or if you agree to report.

**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.

**To Avert a Serious Threat to Health or Safety** – When necessary to prevent a perceived serious threat to your health or safety or the health or safety of the public or another person, we may use or disclose health information, limiting disclosures to

someone able to help lessen or prevent the threatened harm.

**Judicial and Administrative Proceedings** – We may disclose your health information in response to a court or administrative order.

**Law Enforcement** – We may disclose your health information for certain law enforcement purposes, including, for example, to comply with reporting requirements; to comply with a court order, warrant, or similar legal process; or to answer 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, or if you authorize the use or disclosure.

**Disaster Relief** – We may disclose health information about you to a disaster relief organization.

**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.

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

**Inmates/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.

**Appointment Reminders** – We may use or disclose your health information to remind you about appointments.