



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. We will also notify you if there is a breach of your unsecured medical information, as required by law or regulation. Please review this notice carefully. Your personal doctor or health care provider may have different notices or policies regarding the use and disclosure of your medical information, which is referred to under the applicable law, the Health Insurance Portability and Accountability Act or HIPPA, as protected health information or PHI.

I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

Please note that this notice does not list every use or disclosure. Instead, it gives examples of the most common uses and disclosures. Without 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. However, we must obtain your authorization to use or disclose psychotherapy notes with the following exceptions: (i) the person who originated them may use them for treatment; and (ii) we may use or disclose the psychotherapy notes for our own training; to defend ourselves in legal proceedings brought by you; to Health and Human Services to investigate or determine our compliance with the Privacy rules; to avert a serious and imminent threat to public health or safety; to a health oversight agency for lawful oversight of the originator of the psychotherapy notes, for the lawful activities of a coroner or medical examiner, or as required by law. Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of your individual medical record. Psychotherapy notes exclude medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of diagnosis; functional status; treatment plans; symptoms; prognosis, and progress to date.

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. We will not use or disclose your genetic information for underwriting purposes.

Except for purposes of your treatment, where we are providing information to you or your authorized representative or acting pursuant to an authorization, we will always try to ensure that the information that is used or disclosed will be limited to the minimum necessary, taking into account practical or technological limitations.

II. 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.

III. SPECIFIC USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

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

We may disclose information about you to a relative, a friend, or any other person that you identify, provided that the information is directly relevant to that person's involvement with your health care or payment for that care. In addition, we may use or disclose your protected health information to notify a member of your family, your personal representative, another person responsible for your care, or certain disaster relief agencies of your location, general condition, or death. If you are incapacitated, there is an emergency, or you otherwise do not have the opportunity to agree or object to this use or disclosure, we will do what in our judgment is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the person's involvement with your health care.

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 federal, state or local 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 by written contract 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.

We may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. However, your written authorization generally will be obtained for any use or disclosure of PHI for marketing, which means a communication to encourage you to purchase or use a product or service. Your written authorization would also be required for any sale of PHI. The privacy laws of Connecticut or other federal laws might impose a stricter privacy standard. If these stricter laws apply, we will comply with the stricter law.

IV. LIMITATIONS ON DISCLOSURE OF HIV-RELATED INFORMATION

Confidential HIV-related information is information concerning whether a person has been counseled regarding HIV infection, has been the subject of an HIV-related test, or has HIV infection, HIV-related illness or AIDS. This information is deemed confidential and sharing of it is subject to additional restrictions under Connecticut Law.

V. 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. Generally, we are not required to agree to your request, although we will comply with a restriction request if (i) except as otherwise required by law, the disclosure is to a group health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment) and (ii) the PHI pertains solely to a health care item or service for which we or other health care provider has been paid in full. If we do agree to a request, a restriction may later be terminated by your written request, by agreement between you and us, or by us unilaterally for health information created or received after we have notified you that we have removed the restrictions, and for emergency treatment.

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 or other supplies of your requested information. If we do not maintain the health information but know where it is maintained, you will be informed of where to direct your request.

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. Such written submission by you or your personal representative will be included with any future disclosure of your PHI. We may deny your request for amendment if the request is not in writing or does not contain a reason to support the request.

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 for 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. Special rules apply to accounting of electronic health records.

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. Your request should indicate in what form you want the disclosure (for example, paper or electronic). The first list that you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing that list. We will notify you of the cost involved and you may choose to withdraw or modify your request at any time before the costs are incurred.

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. Our current privacy notice is posted in our waiting room.

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. We will not ask you reasons for your request. Your request must specify how or where you wish to be contacted.

Personal Representatives - You may exercise your rights through a personal representative. Your personal representative will be required to provide evidence of his or her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take any of the following forms (i) a power of attorney for health care purposes, notarized by a notary public;(ii) a court order of appointment of the person as the conservator or guardian of the individual; or(iii) an individual who is the parent of a minor child.

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 Jill Pluta, LMFT, Clinical Director.

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, Jill Pluta, LMFT, Clinical Director at 203-426-8103.

VII. 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. Any revised version of this notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, your rights, our duties, or other privacy practices stated in this notice, in accordance with federal distribution rules.

VIII. CONCLUSION

PHI use and disclosure by us is regulated by the Federal law known as HIPAA. You may find these rules at 45 Code of Federal Regulation Parts 160 and 164. This notice attempts to summarize those regulations. The regulations will supersede any discrepancies between the information in this notice and the regulations.