

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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.**

Your Rights

When it comes to your health information, you have certain rights. You have the right to:

Get a copy of your paper or electronic medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You can access your medical records via Yale New Haven Health - MyChart: <https://mychart.ynhhs.org/>

Request an amendment of your medical record

- You can ask us to add an amendment to your record if you think an important piece of information is missing from your health record, or that information contained within the record is incorrect. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to 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.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. *We are not required to agree to your request, and we may say “no” if it would affect your care.*
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- Additional copies are available online at www.familycenters.org/fchc

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- If you believe your privacy rights have been violated, you may complain by contacting our Privacy Officer at 203-413-445. We will take no retaliatory action against you for filing a complaint.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, by visiting their website at <https://www.hhs.gov/hipaa/filing-a-complaint> or mail at 200 Independence Avenue, S.W., Washington, D.C. 20201.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us how to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Share information as we provide mental health care
- Share information as we market out services and sell your information
- Share your information as we raise funds

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and 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.

In these cases we never share your information unless you give us written permission:

- Most marketing purposes
- Sale of your information
- Most sharing of case of psychotherapy notes, specialized substance program records, and HIV-related testing and treatment
- In fundraising: *We may contact you for fundraising efforts, but you can tell us not to contact you again.*

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- As permitted by the Health Insurance Portability and Accountability Act (HIPAA) for treatment, payment, and operations, Family Centers securely shares your health information with the statewide health information exchange (Connie). The State of Connecticut mandates Family Centers’ participation.

For more information see:

www.hhs.gov/oct/privacy/hipaa/understanding/consumers/index.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our offices, and on our web site.

**Effective Date: September 23, 2013
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continued



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Our Uses & Disclosures

We typically use or share your health information in the following ways:

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Do research. We may use or share your information for health research.

Comply with the law We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Work with a medical examiner or funeral director We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Treat you We can use your health information and share it with other professionals who are treating you. *Example:* A doctor treating

you for an injury asks another treating doctor about your overall health condition.

- **Run our organization** We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example:* We use health information about you to manage your treatment and services.
- **Bill for your services** We can use and share your health information to bill and get payment from health plans or other entities. *Example:* We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.



If you have any questions about this Notice or would like further information concerning your privacy rights, please contact:

Family Centers Inc.
HIPAA Privacy Officer
40 Arch Street, Greenwich,
CT 06830
203-413-4457

Special Rules Regarding Disclosure of Mental Health, Substance Abuse, HIV and Reproductive Health Information Related Information

For disclosures concerning protected health information relating to care for mental health 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, or other 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, your permission will be needed for certain disclosures, but not emergencies, certain reporting requirements and other disclosures specifically allowed under Federal law.
- **HIV-related information.** We will disclose HIV-related information as permitted or required by Connecticut law. For example, your HIV-related protected health information, if any, may be disclosed in the event of a significant exposure to HIV-infection to personnel of Family Centers Inc., another person, or a known partner. Any use and disclosure for such purposes will be to someone able to reduce the outcome of the exposure and limited in accordance with Connecticut and Federal law.
- **Reproductive Health Care Privacy Final Rule.** Signed attestation is required from individuals requesting PHI related to reproductive healthcare stating that the information will not be used against a provider or patient in legal cases related to the provision of reproductive healthcare.



Family Centers SMS Terms & Conditions

When you have consented for text messages from Family Centers, you will receive text messages related to your relationship with Family Centers, including the following communications:

- Appointment reminders/cancellations
- Transportation information
- Follow-up messages
- Event invitations and reminders

No mobile information will be shared with third parties/affiliates for marketing/promotional purposes.

Message frequency may vary depending on the type of communication or mostly related to your appointment status.

Message and data rates may apply for any messages sent to you from us and to us from you. If you have any questions about your text plan or data plan, it is best to contact your wireless provider. These fees may vary if the message is sent domestically or internationally.

You may opt-in to receive SMS messages from Family Centers in the following ways

- Verbally, during registration or anytime during your visits.
- By submitting an online form as part of the registration.

You can opt out of receiving SMS messages at any time. To do so, reply "STOP" to any SMS message you receive. Alternatively, you can contact us directly to request removal from the text option as a preferred option of communication.

If you are experiencing any issues, you can reply with the keyword HELP. Or, you can get help directly from us by calling 203-869-4848.

If you do not wish to receive SMS messages, you can choose not to check the SMS consent box on our registration form.

Standard Messaging Disclosures:

- Message and data rates may apply.
- You can opt-out at any time by texting "STOP."
- For assistance, text "HELP" or visit our [Privacy Policy](#) and [Terms and Conditions](#) at Family Center website.
- Message frequency may vary.