



InterCommunity, Inc.
Community Behavioral Health Solutions

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.

Effective: April 1, 2003; Revised: September 30, 2010

I. Purpose of this Notice of Privacy Practices

InterCommunity, Inc. understands that your medical information is private and confidential. This Notice of Privacy Practices (this “Notice”) describes your rights with respect to your protected health information and our obligations, legal duties, and privacy practices 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.

InterCommunity, Inc. is required by Connecticut and Federal law to provide you with this Notice, to maintain the privacy of your protected health information, and to abide by the terms of this Notice currently in effect. If you would like to receive a copy of this Notice or a copy of any revised Notice, you should contact InterCommunity, Inc. via the contact information provided at the end of this Notice or visit our website at www.intercommunityct.org

*InterCommunity, Inc 281 Main St. East Hartford CT 06118
Phone: 860-569-5900 Fax: 860-569-5905*

II. How InterCommunity, Inc. May Use or Disclose Your Protected Health Information Without Your Authorization

Connecticut and Federal law permit certain uses and disclosures of protected health information without obtaining your prior authorization. The following categories describe some of the different ways that InterCommunity, Inc. is permitted to use and disclose protected health information without your authorization. The descriptions are intended to give you enough detail to put you on notice, but do not contain an exhaustive listing of the specific circumstances and limitations. Even if not specifically listed below, InterCommunity, Inc. may also use and disclose your protected health information as required by law or as authorized by you.

Treatment. InterCommunity, Inc. may use protected health information to provide you with medical treatment and related services and may disclose information to other providers involved in your care. It may share your protected health information with clinicians, counselors, doctors, and other persons involved in providing you treatment. For example, InterCommunity, Inc. may disclose your protected health information to another health care provider that requests such information to provide you with treatment.

Payment. InterCommunity, Inc. may use and disclose protected health information for billing and payment purposes. For example, InterCommunity, Inc. may use your protected health information to prepare your bill. It may also disclose such information to your insurance carrier or other entity responsible for payment to confirm your coverage and/or obtain payment.

Health Care Operations. InterCommunity, Inc. may use and disclose protected health information as necessary for health care operations, such as management, personnel evaluations, education and training, and to monitor and improve its quality of care. For example, your protected health information may be combined and analyzed for purposes of evaluating and improving InterCommunity, Inc.'s clinical programs.

Business Associates. InterCommunity, Inc. may disclose protected health information to business associates and may allow business associates to create, use, disclose, or receive protected health information on its behalf. All business associates enter into a written contract requiring the appropriate safeguard of your protected health information and are obligated to only use and disclosed your protected health information as provided for in this Notice.

Public Health Activities. InterCommunity, Inc. may disclose protected health information for public health activities, under certain limited circumstances, to certain persons or entities. A general description of some of the types of disclosures include, but are not limited to, disclosures to: i) a public health authority that is authorized by law to collect or receive such information for the purposes of preventing or controlling disease, injury or disability, or reporting births and deaths; ii) a public health authority or other government authority authorized to receive reports of child abuse or neglect; iii) a person engaged in certain activities with respect to a FDA regulated product or activity; iv) a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; or v) your employer if your care is being provided at the request of your employer and other specific conditions are met.

Personal Health Concerns. InterCommunity, Inc. may disclose protected health information to an authorized government authority if it reasonably believes that you are a victim of abuse, neglect, or domestic violence. You will be promptly informed of such disclosure unless InterCommunity, Inc. believes doing so would place you at risk of serious harm.

Health Oversight Activities. InterCommunity, Inc. may disclose protected health information to a health oversight agency for activities authorized by law, such as certain audits, investigations, inspections, licensures, disciplinary actions, or proceedings. Your protected health information may not be disclosed if you are the subject of the investigation or other activity.

Judicial and Administrative Proceedings. InterCommunity, Inc. may disclose protected health information in response to a court or administrative order, a subpoena, discovery request, or other lawful process, subject to certain restrictions and only to the extent permitted under Connecticut law.

Law Enforcement Purposes. InterCommunity, Inc. may disclose protected health information for law enforcement purposes as permitted or required by law. Such lawful purposes include, but are not limited to: i) the reporting of wounds or other physical injuries; ii) to comply with a court order, warrant, subpoena or summons, as permitted or required under Connecticut law; or iii) in response to a law enforcement official's request for information concerning crimes or deaths.

Coroners, Medical Examiners, Funeral Directors and Organ Donation Purposes.

InterCommunity, Inc. may disclose protected health information to coroners, medical examiners, funeral directors, or, if you are an organ donor, to an organ donation organization.

Research Purposes. InterCommunity, Inc. may use or disclose protected health information for research purposes with your prior authorization, or alternatively, if an Institutional Review Board or a Privacy Board approves an alteration or waiver of your authorization.

To Avert a Serious Threat to Health or Safety. InterCommunity, Inc. may disclose protected health information when necessary to prevent a threat to the health or safety of you, another person, or the public. It may also disclose protected health information when necessary for law enforcement authorities to identify or apprehend an individual. Protected health information will not be provided to law enforcement authorities to identify or apprehend an individual if the information was obtained by us in the course of treatment that relates to, or was initiated for, the purpose of treatment, counseling, or therapy which affects your propensity to commit the crime investigated.

Armed Forces, National Security and Intelligence Activities. Under certain conditions, InterCommunity, Inc. may disclose your protected health information: i) as deemed necessary by

military command authorities if you Armed Forces personnel; ii) to authorized Federal officials conducting lawful intelligence, counter-intelligence, or other national security activities; iii) for the protection of United States' executive officials or foreign heads of state; or iv) for authorized investigations.

Correctional Institutions and Custodial Situations. InterCommunity, Inc. may disclose protected health information to correctional institutions or law enforcement officials in custody of an inmate if: i) necessary for providing you health care, or for the health and safety of you, other inmates, correctional officers or correctional employees, or persons involved in your transportation; ii) necessary for law enforcement on the premises of the institution; or iii) necessary for the administration and maintenance of the safety, security, and good order of the institution.

Workers' Compensation. InterCommunity, Inc. may disclose protected health information, as required by law, relating to workers' compensation or other similar programs.

Appointment Reminders. InterCommunity, Inc. may use or disclose protected health information when contacting you to provide appointment reminders.

Alternative Treatment or Health-Related Benefits. InterCommunity, Inc. may use or disclose protected health information in offering alternative treatments or health-related benefits that may be of interest to you.

Fundraising Activities. InterCommunity, Inc. may use or disclose certain protected health information to contact you in the future regarding fundraising activities. InterCommunity, Inc. may use or disclose protected health information, limited to your demographic information (name, address, telephone number, dates of service, age and gender). We may also disclose such information to a business associate or to an institutionally related foundation for the same purpose. The money raised will be used to expand and improve the services and programs provided to the community.

III. Uses and Disclosures Requiring You to Agree or Object

Unless you object or cannot object due to a lack of capacity or emergency treatment, InterCommunity, Inc. may use your name, location within the facility, condition, and religious affiliation in its directory to provide such information to clergy and other persons that ask for you by name. It may disclose protected health information to individuals directly involved in your care or payment, including a family member, other relative or close friend with your agreement or when we infer such agreement from the circumstances, unless you are not present or are incapacitated. InterCommunity, Inc. may also disclose protected health information to a public or private entity authorized by law to assist in disaster relief effort. In such cases you will be afforded an opportunity to object if you are present, not incapacitated, and affording you such opportunity will not interfere with emergency efforts.

IV. How InterCommunity, Inc. May Use or Disclose Your Protected Health Information With Your Authorization

Except as described in this Notice, or as permitted by Connecticut or Federal law, InterCommunity, Inc. will not use or disclose your protected health information without your written authorization. You may revoke an authorization at any time by contacting InterCommunity, Inc.'s Privacy Officer in writing or otherwise following the instructions on the authorization form. If you revoke an authorization, InterCommunity, Inc. will no longer use or disclose protected health information covered by the authorization, except where it has already relied on the authorization.

Psychiatric Information. Certain protected health information relating to psychiatric care may be only be used or disclosed for the purposes of certain treatment, payment, and health care operations, as required by law, or with your written authorization. For example, a written authorization

or court order is generally required for the use or disclosure of psychotherapy notes, except to carry out only very specific treatment, payment, or health care operations.

Substance Abuse Treatment Information. InterCommunity, Inc. will not disclose confidential patient records including identity, diagnosis, prognosis or treatment relating to alcohol or drug treatment unless permitted or required under Connecticut and Federal law.

HIV-Related Information. InterCommunity, Inc. will not disclose confidential HIV-related information except as permitted or required by law. For example, disclosure is permitted or required where it is necessary to the provision of treatment or where personnel of InterCommunity, Inc. or another person has had a significant exposure to HIV-infection in the course of his or her occupational duties. Any such use or disclosure will be limited in accordance with Connecticut and Federal law.

Minors. InterCommunity, Inc. will comply with Connecticut and Federal law in using and disclosing a minor's protected health information. For example, if you are an unemancipated minor consenting to a health care service related to HIV/AIDS, venereal disease, abortion, 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.

V. Your Rights Regarding Your Protected Health Information

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 restrictions, in writing, regarding the use or disclosure of your protected health information to carry out treatment, payment, or health care operations, or to restrict InterCommunity, Inc. from disclosing your protected health information to a family member, other relative, or a close personal

friend. InterCommunity, Inc. is not required to agree to your requested restriction unless it relates to disclosure to a health plan for a purpose other than treatment and it pertains solely to a health care item or service that you paid for at your own expense.

Right to Request Confidential Communications. You have the right to request, in writing, that InterCommunity, Inc. communicate protected health information to you by alternative means or at alternative locations. All reasonable requests will be accommodated.

Right to Access Protected Health Information. You have the right to inspect and obtain a copy of your protected health information that is kept in a designated record set. Some exceptions may apply (e.g. psychotherapy notes). Your request for access must be made in writing. A reasonable fee may apply for the costs of copying, mailing, or preparing an explanation or summary of your information. You may also request an electronic record of information that we maintain as an electronic health record. If you would like an electronic record sent to an entity or person other than yourself, however, you must make the request in a clear, conspicuous, and specific manner. We may charge you for the preparation of the electronic record as permitted by law. In certain circumstances, InterCommunity, Inc. may deny your request to inspect or obtain copies. If you are denied access to your protected health information, you may have the right to request a review of the denial.

Request amendment. You have the right to request an amendment to your protected health information that is maintained by or for InterCommunity, Inc. in a designated record set. A request for an amendment must be made in writing and must state the reason for the amendment. InterCommunity, Inc. may deny your request in certain circumstances. If InterCommunity, Inc. denies your request, it will provide you the denial in writing, include the basis for the denial, and explain your right to submit a written statement disagreeing with the denial.

Request an Accounting of Disclosures. You have the right to request an accounting of disclosures of your protected health information made by InterCommunity, Inc. or others on its behalf.

Such accounting of disclosures will not include: i) disclosures made for treatment, payment, and health care operations; ii) disclosures made according to your authorization; and iii) certain other exceptions. Requested accountings must be in writing and must specify a time period spanning no more than six years prior to 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. This Notice will be maintained on the agency website at www.intercommunityct.org

VI. Changes to this Notice

InterCommunity, Inc. reserves the right to change the privacy practices contained in this Notice. Any new or revised Notice provisions will be effective for all protected health information, including such information previously created, received or maintained by it, as well as for all protected health information it receives in the future. InterCommunity, Inc. will provide a copy of the revised Notice upon request. A copy of the current Notice is available on the website at www.intercommunityct.org and at our office.

VII. 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 or protected health information, please contact the Privacy Officer named below. If you believe that your privacy rights have been violated, you may file a complaint in writing with InterCommunity, Inc. InterCommunity, Inc. will not retaliate against you for filing a complaint. To ask questions, receive further information, or file a complaint, please contact our Privacy Officer:

Marisa Giarnella-Porco, LCSW, Privacy Officer

281 Main Street

*InterCommunity, Inc 281 Main St. East Hartford CT 06118
Phone: 860-569-5900 Fax: 860-569-5905*

East Hartford, CT 06118

(860) 569-5900

Also, you may file a complaint in writing with the Secretary of Health and Human Services:

U.S. Department of Health and Human Services

Office of the Secretary

200 Independence Avenue, S.W.

Washington DC 20201

1-877-696-6775



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Community Behavioral Health Solutions

**NOTICE OF PRIVACY PRACTICES
CONSENT AND ACKNOWLEDGMENT FORM**

I consent to the use or disclosure of my protected health information by InterCommunity, Inc. to any person or organization for the purposes of carrying out treatment, obtaining payment, or conducting certain healthcare operations. I understand that further information regarding how InterCommunity, Inc. will use and disclose my information can be found in InterCommunity, Inc.'s Notice of Privacy Practices, which may be amended from time to time.

By signing below, I understand and acknowledge the following:

- I have read and understand this acknowledgment;
- I understand that my protected health information may be used or disclosed for treatment, payment, and healthcare operations, which includes fundraising communications;
- I have had the opportunity to ask any questions regarding my rights relating to the use and disclosure of my protected health information;
- I have received InterCommunity, Inc.'s Notice of Privacy Practices currently in effect and understand that it may change at any time with respect to my protected health information.

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: _____

Print Name of Witness

Signature of Witness

____/____/____
Date

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: _____