

**ALCOHOL AND DRUG RECOVERY CENTERS, INC.
(ADRC)**

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL/TREATMENT INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

ADRC respects the privacy of your treatment information and we are committed to maintaining our clients' confidentiality. This Notice describes your rights and our obligations regarding your treatment information and informs you about the possible uses and disclosures of your treatment information. This Notice applies to all information and records related to your care that we have received or created. It extends to information received or created by our employees and clinical staff as well as by doctors and other health care practitioners participating in your care at the ADRC (referred to hereafter as the Agency).

This Notice applies to the following Agency facilities and programs within Alcohol & Drug Recovery Centers, Inc, including: Detoxification Center, Clayton House, ROES, Alternate Living Center, Coventry House, Outpatient Counseling Center Programs, Latino Outpatient Programs, Recovery House, Housing Supports, Case Management Programs, SATEP, and Intensive & Intermediate Residential Programs, which may share information as necessary to coordinate your care and for the purposes described in this Notice.

We are required by law to maintain the privacy of your treatment information; to provide you this detailed Notice of our legal duties and privacy practices relating to your treatment information; and to abide by the terms of the Notice that are currently in effect. We may change this Notice at any time. You **will not** automatically receive a copy of any revised Notice. If you would like a copy of any revised Notice you should call ADRC, Inc. (714-3701)

1. WITH YOUR CONSENT WE MAY USE AND DISCLOSE YOUR TREATMENT INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

You will be asked to sign a Consent allowing us to use and disclose your treatment information for purposes of treatment, payment and health care operations as described below.

For Treatment. We will use and disclose your treatment information while providing you with treatment and services and coordinating your care. Doctors and nurses, counselors, case managers, residential managers, or other Agency personnel involved in your care may use your treatment information. For example, an Agency counselor will need to review treatment and health information to make referrals for additional treatment.

For Payment. We may use and disclose your treatment information so that we can bill and receive payment for the treatment and services you receive. For billing and payment purposes, we may disclose your treatment information to an insurance or managed care company, Medicare, Medicaid or another third party payer. For example, we may contact Medicare or your health plan to confirm your coverage or to request prior approval for a proposed treatment or service.

For Evaluating & Improving Client Care. We may use and disclose your treatment information as necessary for Agency operations, such as for management purposes and to monitor our quality of care. For example, treatment information of many patients may be combined and analyzed for purposes such as evaluating and improving quality of care and planning for services. Treatment information is used in evaluating our employees and in reviewing the qualifications and practices of counselors and other Agency staff. We also may use and disclose treatment information for education and training purposes.

2. WE ALSO MAY USE AND DISCLOSE TREATMENT INFORMATION ABOUT YOU FOR SPECIFIC PURPOSES

The following lists various ways in which we may use or disclose your treatment information.

Business Associates. We may disclose your protected healthcare information to our business associates so that they can perform the jobs we have asked them to do for the Agency. The services these business associates may provide to us include billing and payment services, information systems, financial support from grantor agencies (such as Department of Mental Health & Addiction Services), and laboratory services (such as hair and urine analysis tests). In order to protect your healthcare information, we require our business associates to enter into written contracts that require them to appropriately safeguard your healthcare information.

Disaster Relief. We may disclose treatment information about you to an organization assisting in a disaster relief effort – if one were to occur.

Emergencies. We may use or disclose your treatment information as necessary in emergency treatment situations. We will attempt to obtain Consent from you or your representative as soon as practicable.

Communication Barriers. We may use or disclose your treatment information as necessary when we are unable to obtain your Consent due to communication barriers if we believe that your consent is intended based on the circumstances.

As Required By Law. We may disclose your treatment information when required by law to do so. You would be informed by the Agency if and when such disclosures were necessary.

Public Health Activities. We may disclose your treatment information for public health activities. These activities may include, for example:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse and neglect; or,
- to report reactions to medications or problems with medical products.

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 treatment information to notify a government authority, if authorized by law or if you agree to the report.

Health Oversight Activities. We may disclose your treatment information to a health oversight Agency for activities authorized by law. These may include, for example, audits, investigations, inspections and licensure actions or other legal proceedings. These activities may include government oversight of the health care system, government payment programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings. We may be compelled to disclose your treatment information in response to a specific court order. When we receive a court order, subpoena, discovery request, or other lawful process the Agency must attempt to contact you about the request and to protect your treatment information to the extent provided by the law until such time as we either receive your Consent to disclose the treatment information or compelling legal authority requires the Agency to disclose the treatment information.

Law Enforcement. We may disclose your treatment information for certain law enforcement purposes, including for example, to report emergencies or suspicious deaths; or to comply with a court order, warrant, or similar legal process.

Research. Your treatment information may be used for research purposes, but only if the privacy aspects of the research have been reviewed and approved by the Agency Institutional Review Board. Any research that directly and specifically involves you as a client would require your informed consent.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may release your treatment 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 tissue.

To Avert a Serious Threat to Health or Safety. As required by law and when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person, we may use or disclose treatment information, limiting disclosures to someone able to help lessen or prevent the threatened harm.

National Security and Intelligence Activities; Protective Services for the President and Others. We may disclose treatment information to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.

Appointment Reminders. We may use or disclose treatment information to remind you about appointments.

3. YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES OF TREATMENT INFORMATION

Except as described in this Notice, we will use and disclose your treatment information only with your written Authorization. While your general Consent allows us to use and disclose your treatment information for treatment, payment and health care operations, an Authorization must specify other particular uses or disclosures that you may allow. You may revoke an Authorization to use or disclose treatment information, in writing, at any time. If you revoke an Authorization, we will no longer use or disclose your treatment information for the purposes covered by that Authorization, except where we have already relied on the Authorization.

4. YOUR RIGHTS REGARDING YOUR TREATMENT INFORMATION

You have the following rights regarding your treatment information within the Agency.

Right to Request Restrictions. You have the right to request restrictions on our use or disclosure of your treatment information for treatment, payment or health care operations.

We are not required to agree to your requested restriction if we believe that your request may adversely affect our ability to give you necessary treatment services. If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment.

Right of Access to Personal Treatment information. You have the right to inspect and obtain a copy of your medical or billing records or other written information that may be used to make decisions about your care, subject to some limited exceptions. In most cases, 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 limited circumstances. If you are denied access to treatment information, in some cases you will have a right to request review of the denial. A licensed health care professional designated by the Agency who did not participate in the decision to deny would perform this review.

Right to Request Amendment. You have the right to request amendment of your treatment information maintained by the Agency for as long as the information is kept by or for the Agency. 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 the Agency, unless the originator of the information is no longer available to act on your request; (b) is not part of the treatment information maintained by or for the Agency; (c) is not part of the information to which you have a right of access; or (d) is already accurate and complete, as determined by the Agency.

If we deny your request for amendment, we will give you a written denial including the reasons for denial and the right to submit a written statement disagreeing with the denial.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures of your treatment information. This is a listing of disclosures made by the Agency or by others on our behalf, but does not include disclosures for treatment, payment and health care operations or certain other exceptions.

To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning after April 13, 2003 that is within six years from the date of your request. An accounting will include, if requested: the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; and a brief statement of the purpose of the disclosure or a copy of the authorization or request or certain summary information concerning multiple disclosures. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

Right to 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.

Right to Request Confidential Communications. You have the right to request that we communicate with you concerning your health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. We will accommodate your reasonable requests.

Right to Notification in the Event of a Breach of Privacy

Should a breach of your privacy occur, the Agency will first attempt to contact you by means of any contact information that you provided at the time of you were receiving care. In the event that direct notification to you is not possible alternative methods will be attempted in accordance with federal and state law.

Marketing and Sales of Protected Healthcare Information

Alcohol & Drug Recovery Centers, Inc will not use Protected Healthcare Information [PHI] for marketing purposes. Contacting former clients to encourage or allow for participation in Alumni activities is not considered marketing activity for the purposes of this notice so long as the purpose of the alumni activity is something unrelated to fund-raising.

5. SPECIAL RULES REGARDING DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION

For disclosures concerning treatment 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.

- **Psychiatric information.** If needed for your diagnosis or treatment in a mental health program, psychiatric information may be disclosed to that program based on your written Consent. Very limited information may be disclosed to third party payors for the purpose of receiving payment reimbursement. Otherwise, psychiatric information may not be disclosed without your written Consent except as specifically permitted under state law.
- **HIV- related information.** Disclosure of HIV- related information requires your written Consent, except where otherwise required under state law.

6. COMPLAINTS

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. To file a complaint with the Agency, contact the Chief Operating Officer (714-3701).

We will not retaliate against you if you file a complaint.

7. CHANGES TO NOTICE

We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures of treatment information, your individual rights, our legal duties, or other privacy practices stated in this Notice. We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all treatment information already received and maintained by the Agency as well as for all treatment information we receive in the future. We will post a copy of the current Notice on bulletin boards throughout the Agency. You will not automatically receive a revised notice. If you would like a copy of any revised Notice you should access our website www.adrc-ct.org or ask for one the next time you visit the Agency.

8. EFFECTIVE DATE

This Notice went into effect on April 14, 2003. The notice was amended in February 2010

9. FOR FURTHER INFORMATION

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the HIPAA Compliance Officer, (860) 714-3701.