

## NOTICE OF PRIVACY PRACTICES & CONFIDENTIALTY

It is the policy of Wheeler Clinic to respect the privacy of all individuals served and to follow all applicable privacy laws which ensure that records and other service information are kept confidential. Based on the type of services you receive at Wheeler Clinic, different privacy rights and laws may apply, and how we use and disclose your information can vary. This notice describes how information received and/or created by Wheeler Clinic about you may be used and disclosed and how you can control or get access to this information. This notice also describes when your information may be disclosed without your authorization. Review this notice carefully and ask your provider any questions you may have.

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**SECTION A – BASIC NOTICE** – The information in Section A applies to all individuals served by Wheeler Clinic.

1. **Disclosure of Information Without Permission** - In some cases, Wheeler Clinic may choose to disclose or be required to disclose information about a client/patient/student without their authorization. For example:
  - a. When making a legally required report about suspected or actual abuse and/or neglect of a child, dependent adult, or elderly person to a state authority;
  - b. When ordered to do so by the court;
  - c. When needed in a psychiatric or medical emergency;
  - d. When the disclosure is necessary to avert a serious and imminent threat to the health or safety of a person where the disclosure is made to someone reasonably able to prevent or lessen the threat;
  - e. When there is information about a crime committed by an individual at Wheeler Clinic or against a person who works for the Clinic, or a threat to commit such a crime;
  - f. When sharing demographic, service, and other information for review and/or reporting purposes to certain agencies that provide Clinic funding, accreditation, and/or regulatory oversight.

If you receive treatment services in a behavioral healthcare treatment program, your licensed healthcare providers may share minimum necessary identifying information about you without your authorization with individuals or entities outside of Wheeler Clinic who have (or will have) a treatment relationship with you in certain urgent or emergent situations, where the information being shared is intended to avert or prevent potential serious medical harm to you. The information that might be shared may include information about your psychiatric, drug and alcohol and/or HIV/AIDS testing or treatment.

If you receive medical treatment services through Wheeler Clinic's Health & Wellness Center, your licensed medical treatment providers may share minimum necessary identifying healthcare information about you on a routine basis without your consent with individuals or entities outside of the clinic who have (or will have) a treatment relationship with you. The purpose of this would be to ensure the quality and safety of your care, coordinate your treatment, provide or receive medical consultation concerning your care, and/or to make, receive, or respond to a referral for your treatment. If you wish to limit this sharing of information in any way, you must make this known in writing.

2. **Sharing of Information Within Wheeler Clinic** - Wheeler has a whole-person approach to care delivery, with equal importance placed on physical, emotional and psycho-social wellness. If you are served by a multidisciplinary team of service providers, and/or if you are active in more than one program at Wheeler Clinic, your team may exchange information about your services with one another, on an "as-needed" basis. Such exchange of information is intended for your benefit, and helps ensure continuity and coordination of your services, so that you can receive the best possible services.
3. **For Questions, or to File a Complaint** - If you have any questions about this notice or would like more information about your privacy rights, please contact the Privacy Officer. To file a privacy complaint with Wheeler Clinic, please contact the Privacy Officer at (860) 793-3777 or write to Wheeler Clinic, attention: Privacy Officer, 91 Northwest Drive, Plainville, CT 06062. We will not retaliate against you if you file a complaint.

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**SECTION B - HIPAA NOTICE OF PRIVACY PRACTICES** – The information in Section B applies to anyone receiving healthcare treatment, testing and/or evaluation services including primary medical care, dental services, outpatient and community-based psychiatric and substance abuse services, crisis stabilization or counseling services, congregate care services, most early childhood education services, psychological testing and evaluation services, medication management services, genetic testing, and lab testing services.

Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the associated Privacy regulations, 45 CFR, Parts 160-164

and the Security regulations, 45 CFR, 142.308(a) (2) as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH) and associated Privacy regulations, 13404(a) and Security regulations, 13401(a) governs the privacy and security of certain protected health information. Wheeler Clinic 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; to notify you following a breach of unsecured protected health information; and to abide by the terms of the notice that are currently in effect.

### **1. Uses and Disclosures for Treatment, Payment and Health Care Operations**

The following lists various ways in which we may use or disclose your health information for purposes of treatment, payment and health care operations.

- a. **For Treatment.** We will use and disclose your health information for the purpose of providing you with treatment, and coordinating your care; we may also disclose information to other providers involved in your care. Your health information may be used by the psychiatrist or primary care physician involved in your care and by other persons and/or providers involved in your care. For example, a pharmacist will need certain information to fill a prescription ordered by your doctor.
- b. **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.
- c. **For Health Care Operations.** We may use and disclose your health information within the Wheeler Clinic 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. For example, health information of many patients may be combined and analyzed for purposes such as evaluating and improving quality of care and planning for services.

You may restrict disclosures of your protected health information made by Wheeler Clinic to your health insurance company for the purposes of payment and health care operations if you have paid in full for your service(s) out of pocket.

### **2. Uses And Disclosures With Your Authorization**

We will first get your authorization for:

- a. Most uses and disclosures of psychotherapy notes (as defined by HIPAA);
- b. Uses and disclosures of your health information for marketing purposes; and
- c. Disclosures that constitute a sale of your health information.

Except as described in this notice, we will use and disclose your health information only with your written authorization. You may revoke (or cancel) 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. To revoke an authorization, contact the Central Records Unit at (860) 793-3843.

### **3. Specific Uses And Disclosures Of Your Health Information**

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

- a. **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose health information about you to a family member, close personal friend or other person you identify, including clergy, who is involved in your care.
- b. **Fundraising Activities.** We may use certain limited information to contact you in an effort to raise funds for Wheeler Clinic and its operations, as long as any fundraising communications explain clearly and plainly your right to opt out of future fundraising communications. We are required to honor your request to opt out.
- c. **Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations.** We may release your health 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.
- d. **Emergencies.** We may use or disclose your health information as necessary in emergency treatment situations.
- e. **As Required By Law.** We may use or disclose your health information when required by law to do so.
- f. **Business Associates.** We may disclose your protected health information to a contractor or business associate that needs the information to perform services for Wheeler Clinic. Our business associates are required to preserve the confidentiality of this information.
- g. **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 suspected abuse or neglect of a child, dependent adult and/or an elderly person or reporting births and deaths.
- h. **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 the report.

- i. 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.
- j. To Avert a Serious Threat to Health or Safety. When necessary to prevent a possible 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 reduce or prevent the threatened harm.
- k. Judicial and Administrative Proceedings. We may disclose your health information in response to a court or administrative order. We may also disclose information in response to a subpoena, discovery request, or other lawful process; efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.
- l. 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 about crimes.
- m. 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, if the research occurs after your death, or if you authorize the use or disclosure.
- n. Disaster Relief. We may disclose health information about you to a disaster relief organization.
- o. 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.
- p. Workers' Compensation. We may use or disclose your health information to comply with laws relating to workers' compensation or similar programs.
- q. 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.

#### 4. Your Rights Regarding Your Health Information

Listed below are your rights regarding your health information. Each of these rights has certain requirements, limitations and exceptions. If you decide to act on any of these rights, Wheeler Clinic may require you to make a written request through the Central Records Unit who will supply you with the necessary form to complete. You have the right to:

- a. 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. We are not required to agree to your requested restriction. If we do agree to accept your requested restriction, we will comply with your request except in a true emergency situation. Also, if we agree to accept your requested restriction, we can stop complying with the restriction after we notify you that we are stopping. If you paid out-of-pocket in full for services and you do not want us to disclose to your health plan any information about the services for purposes of payment or health care operations, we must agree to your request.
- b. Access to Personal Health Information. If you are an adult, 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 ("your designated record set"), with certain exceptions. If you are a parent or legal guardian of a child client, you have the right to inspect and obtain a copy of your child's clinical or billing records or other written information that may be used to make decisions about care ("your child's designated record set"), with certain exceptions. Your request must be made in writing. If we keep your or your child's designated record set in an electronic system or format, you have the right to get an electronic copy of the information and to ask us to send an electronic copy directly to a third party (someone other than yourself or Wheeler Clinic). If we make copies for you, we may charge you a fee for our costs in copying and mailing your information. We may deny your request to get copies in some situations. If you are denied access to health information, in some cases you have a right to ask for a review of the denial. This review would be done by a licensed health care professional chosen by Wheeler Clinic who did not take part in the decision to deny.
- c. Request Amendment. You have the right to request changes of your health information maintained by Wheeler Clinic for as long as the information is kept by or for Wheeler Clinic. This change is referred to as an amendment. Your request must be made in writing and must include the reason for the amendment. We may deny your request for an amendment if the information (a) was not created by Wheeler Clinic, unless the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by or for Wheeler Clinic; (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 Wheeler Clinic. If we deny your request for 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.
- d. Request an Accounting of Disclosures. You have the right to ask for list of certain disclosures of your health information that have been made going back six years from the time of your request. You must ask for this in writing. The first list of disclosures which we give to you within a 12 month timeframe will be free; for more listings, we may charge you a fee for our costs.

- e. **Request a Paper Copy of This Notice.** You have the right to get a paper copy of this notice, even if you have agreed to get this notice electronically. You may ask for a copy of this notice at any time.
- f. **Request Confidential Communications.** You have the right to request that we communicate with you about your health matters in a certain way, and you may request changes in how we communicate with you. For example, you may ask that we contact you at work only or by mail. If you do not want Wheeler Clinic to mail bills or other things to your home, you can ask for this information to be sent to another address. To request a change in how Wheeler Clinic communicates with you, you must make your request in writing to the Privacy Officer listed in this notice. We will accommodate all reasonable requests about how and/or where you wish to be contacted.

#### **5. For Further Information Or To File A Complaint**

If you have any questions about your privacy rights as established under the federal HIPAA Privacy and Security regulations, please contact the Privacy Officer. If you believe that your privacy rights have been violated, or to file a privacy complaint with Wheeler Clinic, please contact the Privacy Officer at (860) 793-3777 or write to Wheeler Clinic, attention: Privacy Officer, 91 Northwest Drive, Plainville, CT 06062. You may also file a complaint in writing with the Office for Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building - Room 1875, Boston, MA 02203, Voice phone (800) 368-1019, FAX (617) 565-3809, TDD (800) 537-7697. We will not retaliate against you if you file a complaint.

#### **6. 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 Wheeler Clinic as well as for all health information we receive in the future. We will provide a copy of the revised notice upon request.

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**SECTION C - DISCLOSURE OF PSYCHIATRIC INFORMATION** - The information in Section C applies to disclosures of health information relating to individuals receiving care for psychiatric conditions. Special restrictions may apply.

Connecticut General Statutes Section 17a-540 protects the confidentiality of psychiatric services. In general, health information relating to the care for psychiatric conditions may not be disclosed without your permission or court order. There are some exceptions. One exception is that if it is needed for your diagnosis or treatment in a mental health program, psychiatric information about you may be disclosed. Also, certain limited information may be disclosed for payment purposes.

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**SECTION D - DISCLOSURE OF HIV-RELATED INFORMATION** - The information in Section D applies to disclosures of health information relating to individuals receiving HIV-related testing and treatment. Special restrictions may apply.

Connecticut General Statutes Title 19a, Chapter 368x protect the confidentiality of HIV/AIDS records. In general, health information relating to care for HIV-related testing and treatment may not be disclosed without your permission or court order. There are some exceptions. One exception is that HIV-related information about you may be disclosed for purposes of treatment or payment.

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**SECTION E – PRIVACY NOTICE REGARDING SUBSTANCE USE DISORDER TREATMENT** - The information in Section E applies to individuals receiving substance use evaluation, treatment or testing at Wheeler Clinic.

Federal law and regulations (42 U.S.C. 290dd-3, 42 U.S.C. 290ee-3, 42 CFR Part 2) protect the confidentiality of substance use disorder records. Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. If you believe that your privacy rights have been violated, or file a privacy complaint with Wheeler Clinic, please contact the Privacy Officer at (860) 793-3777 or write to Wheeler Clinic, attention: Privacy Officer, 91 Northwest Drive, Plainville, CT 06062. You may also file a complaint about a possible violation of your rights as established under the federal regulations which protect substance use disorder records by contacting the United States Attorney's Office, 450 Main Street, Room 328, Hartford, CT 06103, Phone: (860) 947-1101. We will not retaliate against you if you file a complaint.

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**SECTION F – PRIVACY NOTICE REGARDING STUDENT EDUCATIONAL INFORMATION** – The information in Section F applies to students receiving educational services in Wheeler Clinic's schools.

The Family Educational Rights and Privacy Act (FERPA) under 34 CFR Part 99 sets requirements for the protection of privacy of parents and students under section 444 of the General Education Provisions Act. School districts that send students to Wheeler Clinic's schools are required to annually provide parents/guardians or eligible students with a notice of their rights under this Act. This notice covers rights and procedures for inspecting and amending educational records, controlling the disclosure of student educational information and for the filing of complaints. Wheeler Clinic's schools are an extension of the sending school district, and the sending district, as the funder (or purchaser) of the educational services, has the right to access and review a student's record at any time.