**Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW YOUR MENTAL HELATH INFORMATION MAY BE USED AND DISCLOSED, AS WELL AS HOW YOU MAY ACCESS THIS INFORMATION.**

**OUR LEGAL DUTY**

Your mental health records contain personal information about you. This information that may identify you, and relates to your past, present, or future physical and mental health or condition and relate health care services- is referred to as Protected Health Information (PHI). This Notice of Privacy Practices describes how we may disclose your PHI in accordance with applicable HIPAA (Health Insurance Portability and Accountability Act) law and is consistent with the laws of the State of Connecticut, the AAMFT and NASW Code of Ethics, as well as that of other professional mental health practitioners, including Psychiatrists, APRNs, LPCs, LPs, and LADCs. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by mail or at your next appointment.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**For Treatment:** Your PHI may be used and disclosed by those employed by CT Psych Now who are involved in your care for the purpose of providing, coordinating, and managing your mental health treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may not disclose PHI to other consultants or professionals without your written authorization.

**For Payment:** We may use and disclose PHI in order to receive payment for the treatment and services that are provided to you, and only with your authorization. Examples of payment related activities include, but are not limited to: determining eligibility of coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, and utilization review. If lack of payment for services necessitates CT Psych Now to utilize a collection agency, we will only disclose the minimum amount of PHI necessary for the purpose of collection.

**For Health Care Operations:** We may use or disclose PHI to support business activities such as quality assessments, employee reviews, licensing, and various other business activities such as billing, or typing services – provided CT Psych Now has a written contract with any third party that may participate in these services so that PHI is safeguarded. For training and teaching purposes, PHI will not be disclosed without your written authorization. We may mail you information about our treatment and services that may be of assistance to you and your family.

**Required by Law:** Under the law, we must make disclosures of your PHI to you upon request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for purposes of investigating or determining our compliance with the requirements of the Privacy Rule.

**Without Authorization:** Applicable law and ethical standards permit us to disclose information about you without your authorization in the following situations:

* Required by law, such as mandatory reporting of child abuse or neglect, abuse of elderly or handicapped individuals, or mandatory government agency audits or investigations (such as Licensing Board or Department of Public Health);
* Required by Court Order, warrant, or subpoena;
* Emergency situations to protect the health or safety of you, another person, or the general public. If information is disclosed to prevent or lessen a serious threat, the information will be disclosed to persons reasonably able to prevent or lessen the threat, including the target of the threat.

**Written Authorization:** With your written permission, we may use or disclose your information to family members that are involved in your treatment. Uses and disclosures not specifically permitted by applicable law will not be made without your written authorization, and may be revoked by you at any time, in writing.

**YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding your PHI. If you have any questions, you may speak with your clinician, or submit a request in writing to CT Psych Now.

* **Right to Access to Inspect and Copy.** With the exception of psychotherapy notes, you have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would prove harmful.
* **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information, although the request alone does not ensure an amendment will occur.
* **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures made in regard to your PHI.
* **Right to Request Confidential Communication.** You have the right to request a specific process for communicating with you regarding your PHI, for example of specific form or place.
* **Right to a Copy of this Notice.** You have a right to a copy of this notice.

**COMPLAINTS**

If you believe that your privacy rights have been violated, you have the right to file a complaint in writing to CT Psych Now or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201 or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**

**The effective date of this notice is December 1, 2015.**

**Acknowledgement of Receipt**

**Privacy Information**

I acknowledge that I have received a copy of the Connecticut Notice of Policies and Practices to Protect the Privacy of Health Information from my provider at CT Psych Now.

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Patient Signature

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Date

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Parent/Guardian Signature

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Date