

COMMUNITY PARTNERS
Notice of Privacy Practices
Effective April 15, 2015

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.

We understand that medical information about you* is personal and we are committed to protecting this information. Each time you are seen by, or interact with, a Community Partners' service provider a record of the interaction is made. Typically, this record contains your symptoms, evaluation/assessment results, diagnoses, treatment plan, care plan, and billing-related information. Collectively, this information is referred to as protected health information or PHI. This notice applies to all records of your care generated by Community Partners' staff. Your personal doctor and other health care providers may have different policies or notices regarding the use and disclosure of your health information created in his/her office or clinic.

This notice will tell you about the ways in which we may use and disclose your protected health information. We will also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

Our Responsibilities:

We are required by law to:

- Make sure that protected health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to your PHI; and
- Follow the terms of the notice that is currently in effect.

How we may use and disclose protected health information (PHI) about you:

The following categories describe different ways that we may use and disclose PHI. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- ❖ **For Treatment:** We may use your PHI to provide you with mental health treatment or developmental disability services. We may disclose your PHI to appropriate staff members or other health care / service providers who are now or may become involved with you to assure high quality care and well-coordinated services.
- ❖ **For Payment:** We may use and disclose your PHI so that the treatment and services you receive at Community Partners may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about your diagnosis or developmental disability so your health plan will pay us or reimburse you for treatment/ services. We may also tell your health plan about a treatment / service you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment / service.
- ❖ **For Health Care Operations:** We may use and disclose your PHI for our operations. These uses and disclosures are necessary to run Community Partners and make sure that all of our clients receive quality care. For example, we may use PHI to review our treatment / services to evaluate the performance of our staff in providing services to you. We may also combine PHI about many clients

* "You" and "your" as used in this document refers to a person currently receiving or who has received services from Community Partners; or the person's parent or guardian

to decide what additional services we should offer, what services may not be needed, and whether certain new treatments / services are effective. We may also disclose information to staff for review and learning purposes. We may also combine the PHI we have with the PHI from other mental health and developmental disability agencies to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific clients are. In addition we may also disclose your PHI to Health & Human Services or other agencies of the State of New Hampshire to comply with our contract and if applicable, to determine your eligibility for publicly funded developmental disability services.

- ❖ **Appointment confirmation and reminders:** We may use your name and phone number to contact you or your household, or leave a message as a reminder that you have an appointment at Community Partners.
- ❖ **Supported Housing Programs:** If you are engaged in a supported housing program through the agency we may share information about your care, including PHI, with our partners with which we have a business associate's agreement.
- ❖ **Integrated Health Programs:** If your primary care provider is one of our integrated health partners, which we have a business associate's agreement, we may share information about your care, including PHI, with them.
- ❖ **Informational/Development/Fundraising Activities:** We may use your name and address to provide you with information about Community Partners, services that might be of interest to you, or opportunities to assist us with our effort to raise money for Community Partners and its operations. We only would release contact information, such as your name and address. If you do not want Community Partners to contact you for these kinds of efforts, please notify the Compliance Officer in writing. We will not provide any information about you to another company without your express written permission.
- ❖ **Research:** Under certain circumstances, we may use and disclose your PHI for research purposes. For example, a research project may involve comparing the health and recovery of all clients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with clients' need for privacy of their information. Before we use or disclose PHI for research, the project will have been approved through a research approval process. We may, however, disclose your PHI to people preparing to conduct a research project; for example, to help them look for clients with specific needs, so long as the PHI they review does not leave Community Partners. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the Agency.
- ❖ **Individuals Involved in Your Care or Payment for Your Care:** We may release your PHI to a friend or family member who is involved in your care or to someone who helps pay for your care. In an emergency, we may also tell your family or friends your condition or that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- ❖ **As Required by Law:** We will disclose medical information about you when required to do so by federal, state or local law.
- ❖ **To Avert a Serious Threat to Health or Safety:** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

- ❖ **Public Health Risks**: We may be required to disclose your PHI for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report child abuse or neglect;
 - to report reactions to medications, problems with products, notification of recalls;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- ❖ **Health Oversight Activities**: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- ❖ **Lawsuits and Disputes**: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- ❖ **Law Enforcement**: We may be required to release limited PHI if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, or other legitimate legal process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the Agency; and
 - In emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

- ❖ **Coroners, Medical Examiners and Funeral Directors**: We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about clients of Community Partners to funeral directors as necessary to carry out their duties.

- ❖ **Military and Veterans**: If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

- ❖ **Workers Compensation**: We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- ❖ **National Security and Intelligence Activities**: We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. In addition we may disclose your PHI to protect the President and other authorized persons or foreign heads of state or to conduct special investigations.

- ❖ **Inmates**: If you are an inmate of a correctional institution, under the custody of a law enforcement official or court ordered placement (e.g. involuntarily committed to the developmental disability system), we may release your PHI to the correctional institution or law enforcement official. This release would be necessary (1) for Community Partners to provide you with health care; (2) to

protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your rights regarding medical information about you:

You have the following rights regarding medical information we maintain about you:

- ❖ **Right to Inspect and Copy:** You have the right to inspect and copy the designated record set or PHI that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to the Compliance Officer. If you request a copy of the information, we will charge a fee for the costs of copying, mailing, and other costs associated with your request, as governed by state law.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Agency will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- ❖ **Right to Amend:** If you feel that medical / service information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Community Partners.

To request an amendment, your request must be made in writing and submitted to the Compliance Officer. In addition, you must provide a reason that supports your request

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the medical information kept by or for Community Partners.
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
- ❖ **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.”

This is a listing of the disclosures we made of your PHI. To request this list or accounting of disclosures, you must submit your request in writing to the Compliance Officer. Your request must state a period of time, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- ❖ **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Compliance Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse or home provider.

- ❖ **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical / service matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Compliance Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- ❖ **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

You may obtain a copy of this notice at our website, www.communitypartnersnh.org or by calling 603-516-9660.

Changes to this notice:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the Agency. The notice will contain, on the first page, the effective date. In addition, each time you are readmitted to the Agency for a new episode of care, we will offer you a copy of the notice currently in effect.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with the Agency or with the Secretary of the Department of Health and Human Services. To file a complaint with the Agency, contact the Agency's Compliance Officer, Community Partners, 113 Crosby Road, Suite #1, Dover, New Hampshire 03820-4375. All complaints must be submitted in writing.

- You will not be penalized for filing a complaint.

Other uses of your medical information:

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you. In cases where a third party referred you to our agency for the sole purpose of creating PHI, your withdrawal of permission for us to release information to that party, may mean that we will no longer be able to provide you with services.

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If you have any questions about this notice, please contact our Compliance Officer, at 603-516-9300.

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