



432 Washington Ave, North Haven, CT 06473

**NOTICE OF PRIVACY PRACTICES**

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH Act), and associated regulations and amendments

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

**PLEASE REVIEW IT CAREFULLY.**

*If you have any questions about this notice or if you need more information, please contact:*

Goodwill Industries of Southern New England  
Attn: Director, Quality Assurance / Privacy Officer  
432 Washington Avenue, North Haven, CT 06473  
203-777-2000, ext. 222 or email [PrivacyOfficer@goodwillsne.org](mailto:PrivacyOfficer@goodwillsne.org)

**Effective date of this Notice: February 1, 2018.**

**ABOUT THIS NOTICE**

We understand that health information about you is personal and we are committed to protecting your information. We create a record of the treatment and services you receive at **Goodwill Industries of Southern New England**. We need this record to provide services (treatment), for payment of services provided, for health care operations, and to comply with certain legal requirements. This Notice will tell you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of health information. This Notice applies to uses and disclosures we may make of all your health information whether created or received by us. We are required by law to follow the terms of this Notice that is currently in effect.

**WHAT IS PROTECTED HEALTH INFORMATION (“PHI”)**

PHI is information that individually identifies you. We create a record or get from you or from another health care provider, health plan, or a health care clearinghouse that relates to:

- Your past, present, or future physical or mental health or conditions,
- The provision of health care to you, or
- The past, present, or future payment for your health care.

**HOW WE MAY USE AND DISCLOSE YOUR PHI**

We may use and disclose your PHI in the following circumstances:

- **Treatment.** We may use or disclose your PHI to give you treatment or services and to manage and coordinate your programming. For example, your PHI may be used by Agency personnel involved in your program and by members of your inter-disciplinary team, both within and outside GWSNE (i.e. the Agency funding/sponsoring your program at GWSNE may require that we submit timely information regarding significant incidents that occur while you are engaged in services at GWSNE). We may also disclose your PHI to persons or facilities that will be involved in service provision after you leave GWSNE.
- **Payment.** We may use and disclose your PHI so that we can bill for the treatment and services you receive from us. For billing and payment purposes, we may disclose your PHI to an insurance or

managed care company, a State agency funding/sponsoring your program or services or another third party payor/grantor. This use and disclosure may include certain activities necessary to determine eligibility and approval for services, reviewing services provided to you, and undertaking utilization review activities.

- **Health Care Operations.** We may use and disclose PHI as necessary for our internal operations. For example, we may use your PHI for general administration activities, to internally monitor and review the quality of the treatment and services you receive, for education and training purposes, and for planning for services. PHI may be used to evaluate the performance of our employees and to review the qualifications and practices of our program staff at GWSNE.
- **GWSNE Data Management Systems.** We may use and disclose certain limited PHI about you that is in our data management systems. This information may include your name, the program(s) in which you are (have been) enrolled at the Agency, wage payments and your current status in those programs. Information in the data management systems which includes specific medical information about you will not be released in these circumstances. Various entities such as the CT Department of Social Services (DSS) or Department of Labor (DOL) may require information regarding your earnings for determination of a Social Security or disability benefit.
- **Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services.** We may use and disclose PHI to contact you or other members of your interdisciplinary team to remind you of scheduled meetings or appointments, or to contact you to tell you about possible treatment options or alternatives or health-related benefits and services that may be of interest to you.
- **Minors.** We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
- **Research.** We may use and disclose your PHI for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any PHI. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.
- **As Required by Law.** We will disclose PHI about you when required to do so by international, federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI when necessary to prevent a serious threat to your health or safety or to the health or safety of others. We will only disclose the information to someone who may be able to help lessen or prevent the threatened harm.
- **Business Associates.** We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company for consulting services for us. All of our business associates are obligated, under contract with us (Business Associate Agreement), to protect the privacy and ensure the security of your PHI.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose PHI as required by military command authorities. We also may disclose PHI to the appropriate foreign military authority if you are a member of a foreign military.



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- **Workers' Compensation.** We may use or disclose PHI to comply with laws relating to Workers' Compensation or similar programs that provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose PHI for public health activities.
- **Reporting Abuse or Neglect.** We may disclose PHI to the appropriate government authority if we believe you have been a victim of abuse or neglect and you agree to the report or we are authorized by law to make that disclosure. In certain circumstances, GWSNE staff members are mandated reporters and must report any suspicions of abuse or neglect.
- **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Data Breach Notification Purposes.** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your PHI to defend ourselves in the event of a lawsuit.
- **Law Enforcement.** We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes, including reporting emergencies or suspicious deaths; to comply with a court order, warrant, or other legal process; to identify or locate a suspect or missing person; or to answer certain requests for information concerning crimes.
- **National Security and Intelligence Activities; Protective Services for the President and Others.** We may disclose PHI 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 state or to conduct certain special investigations.
- **Inmates/Law Enforcement Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

#### **Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out**

- **Individuals Involved in Your Care.** Unless you object in writing, we may disclose to a member of your family, a relative, a close friend, a residential staff member or any other person you identify, your PHI that directly relates to that person's involvement in your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- **Payment for Your Care.** Unless you object in writing, you can exercise your rights under HIPAA that we as your provider not disclose information about services received when you pay in full out of pocket for the service and refuse to file a claim with your health plan.
- **Disaster Relief.** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will

provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

- **Fundraising Activities.** We may use or disclose limited PHI, as necessary, such as your name, address and phone number and the dates you received treatment or services, in order to contact you in an effort to raise money for GWSNE. **You have the right to opt out of receiving such communication.**

## **YOUR WRITTEN AUTHORIZATION IF REQUIRED FOR OTHER USES AND DISCLOSURES**

The following uses and disclosures of your PHI will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of PHI for marketing purposes; and
- Disclosures that constitute a sale of your PHI.

We will obtain your written authorization (an *Authorization*) prior to making any requests for additional information, use or disclosure other than those covered by this Notice or the laws that apply to us. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose PHI under the authorization. Disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

A written *Authorization* is designed to inform you of a specific use or disclosure (other than those set forth above) that we plan to make of your PHI. The *Authorization* describes the particular PHI to be requested, used or disclosed and the purpose of the use or disclosure. Where applicable, the written *Authorization* will also specify the name of the person to whom we are requesting or disclosing the PHI. The *Authorization* will also contain an expiration date or event, if applicable.

## **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights, subject to certain limitations, regarding your PHI:

- **Inspect and Copy.** You have the right to inspect, receive, and copy PHI that may be used to make decisions about your care or payment for your care. We have up to **30 days** to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. Under Connecticut law, we will not charge more than 25 cents per page, plus postage. You can only direct us in writing to submit your PHI to a third party not covered in this notice. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act, Workers' Compensation reports or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a GWSNE administrative staff member who did not participate in the decision to deny access and we will comply with the outcome of the review.
- **Summary or Explanation.** We can also provide you with a summary of your PHI, rather than the entire record, or we can provide you with an explanation of the PHI which has been provided to you, so long as you agree to this alternative form and pay the associated fees.
- **Electronic Copy of Electronic Medical/Health Records.** If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. If the PHI is not readily producible in the form or format you request your record will be provided in a readable hard copy form.
- **Receive Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured PHI, as that term is defined in 45 CFR § 164.402.



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- **Request Amendments.** If you feel that the PHI we have 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 us. A request for amendment must be made in writing to the Privacy Officer at the address provided at the beginning of this Notice and it must tell us the reason for your request. In certain cases, we may deny your request for an amendment if the information: (a) was not created by us, unless you provide reasonable information that the originator of the information is no longer available to act on your request; (b) is not part of the PHI maintained by us; (c) is information to which you do not have a right of access; or (d) is already accurate and complete, as determined by us. If we deny your request for an amendment we will give you a written denial notice, including the reasons for the denial. In that event, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- **Accounting of Disclosures.** You have the right to ask for an “accounting of disclosures,” which is a list of the disclosures of your PHI made by others or by others on our behalf. The accounting will include 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. The accounting does not include disclosures for treatment, payment and health care operations or certain other exceptions. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer and you must state the time period for which you would like the accounting. The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the list. We will tell you what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.
- **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. We are not required by federal regulation to agree to your request except under limited circumstances. For example, we must agree to your request to restrict disclosures about you to your health plan for purposes of payment or healthcare operations that are not required by law if the information pertains solely to a health care item or service for which you have paid us in full out of pocket. If we do agree with your request, we will comply unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer. Your request must state the specific restriction requested, whether you want to limit our use and/or disclosure; and to whom you want the restriction to apply.
- **Request Confidential Communications.** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you only at a certain phone number or to use unmarked envelopes for mailings. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate your reasonable requests.
- **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 is also available on our website: [www.goodwillsne.org](http://www.goodwillsne.org). (select About Us > Notice and Policies).

## **SPECIAL REGULATIONS REGARDING DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION**

For disclosures concerning PHI relating to care for psychiatric conditions, substance abuse or HIV-related information, 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. A general release of your health information will not be sufficient for purposes of disclosing psychiatric, substance abuse or HIV-related information.

- **Psychiatric information.** We will not disclose records relating to a diagnosis or treatment of your mental condition between the patient and psychiatrist, or which are prepared at a mental health facility, without specific written *Special Authorization* or as required or permitted by law.
- **Substance abuse treatment.** If you are treated in a specialized substance abuse program, information which could identify you as an alcohol or drug-dependent patient will not be disclosed without your specific written *Special Authorization*, except where specifically required or allowed under state or federal law.
- **HIV-related information.** HIV-related information will not be disclosed, except under limited circumstances set forth under state or federal law, without your specific written *Special Authorization*. A general authorization for release of medical or other information will not be sufficient for purposes of releasing HIV-related information. As required by Connecticut law, if we make a lawful disclosure of HIV-related information, we will enclose a statement that notifies the recipient of the information that they are prohibited from further disclosing the information.

### **CHANGES TO THIS NOTICE**

We reserve the right to change our practices and to make the new provisions effective for all health information we maintain, including both health information we already have and health information we create or obtain in the future.

Should we make material changes, we will make the revised Notice available to you by posting it in the reception area at 432 Washington Ave, North Haven, CT and at all satellite service locations. If you would like a copy, at any time, please ask the caseworker/program staff member responsible for coordinating your services at GWSNE or the Director of Quality Assurance (GWSNE Privacy Officer).

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint in writing to the Goodwill Industries of Southern New England Privacy Officer, at the address listed at the beginning of this Notice or to the Office of Civil Rights (OCR) within the U.S. Department of Health and Human Services. To file a written complaint to OCR, mail it to:

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201

(Visit [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/) for more information)

**We will not retaliate against you in any way for filing a complaint against Goodwill Industries of Southern New England.**