

Youth Continuum
NOTICE OF PRIVACY PRACTICES

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

Youth Continuum is federally mandated to maintain the privacy of your health information and wants you to know about Youth Continuum practices for protecting your health information. Youth Continuum is required to follow the terms of this notice. The information Youth Continuum maintains may come from any of the providers you see while you are a client of Youth Continuum. The information Youth Continuum records and maintains is known as Protected Health Information (PHI). Youth Continuum will not use or disclose your PHI without your authorization, except as described in this notice. Youth Continuum reserves the right to change our practices and to make the new provisions effective for all Protected Health Information maintained. Should Youth Continuum information practices change, Youth Continuum will amend the notice and make the notice available upon request or after the new effective date of the notice. This notice is effective as of April 14, 2003.

Definitions:

Individual: refers to the person who is the subject of the protected health information.

Protected Health Information: means individually identifiable information maintained or transmitted in any form.

Authorization: is the permission granted by the patient or the patient's guardian to use or disclose protected health information for purposes other than health care operations; i.e. HIV testing or substance abuse screening

Treatment: is the provision, coordination, or management of health care and related services by one or more health care providers

Payment: consists of the activities undertaken by either a health plan or health care provider to obtain or provide reimbursement for the provision of health care.

Health Care Operations: consist of the administration, financial, and legal activities that support the essential health care functions of treatment and payment.

Uses and Disclosures:

Youth PHI is primarily used for:

- Treatment – shared with another Doctor for that treatment
- Payment; i.e. to a pharmacy for medication
- Health Care Operations – Youth Continuum's internal quality efforts
- Reminders to you of appointments for treatment or treatment plan conferences or to provide information of interest to you about your treatment or health

Permitted disclosures of your PHI without your authorization, may include the following:

- Abuse or Neglect and associated judicial proceedings
- Medical Research
- Law Enforcement
- Adjudicated Youth
- Public Health
- Notification of a family member or guardian of where you are and your condition

What are your rights?

You or your parent/legal guardian have the right to:

- Request restrictions in writing on certain uses and disclosures of protected health information. Youth Continuum reserves the right to deny the restrictions.
- Receive confidential communications of PHI by an alternative method, i.e. email notification
- Inspect and copy your health record by written request only.
- Request amendment to your PHI.
- Receive an accounting of Youth Continuum disclosures of your PHI.
- Receive a paper copy of this notice upon request.
- Revoke in writing, an authorization at any time.

How can you report a problem?

If you feel your privacy rights have been violated, you may file a complaint in writing with Youth Continuum, ATTN: Privacy Officer, 746 Chapel Street, New Haven, CT 06510 or with the Secretary of the Department of Health and Human Services. There will be no retaliation for filing a complaint.

Would you like more information?

If you have questions and would like more information, you may contact Youth Continuum, VP Quality Management at 1-203-562-3396.

I understand that my records are protected under the federal regulations contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191.

I also understand that I may restrict or prohibit certain uses and disclosures at any time, except to the extent that action has been taken in reliance on previously released information.

Client

Date

Legal Guardian

Date

Witness (confirmation that client received copy of notice)

Date

Approved QMD. 10/03

Form must not be altered without permission of QMD.