

# NOTICE OF PRIVACY PRACTICES (HIPAA)

## **Our responsibilities to you:**

BHCS, LLC is required by law to maintain the privacy of your health information and to provide you with this notice of privacy practices, to let you know how your health information is used and disclosed. We reserve the right to change our practices regarding the health information we keep. If we make a material change in our privacy practices, we will give you a copy, by mail or in-person. Amended notices will also be posted in our offices. Unless otherwise required by law, your health record is the physical property of BHCS, LLC but the information in it belongs to you, and you have the right to have your health information kept confidential.

You or a person legally authorized to act for you, have a right to:

- Obtain a paper copy of this notice upon request;
- Review or obtain a copy of your health information for a reasonable fee; if this request is denied, you have the right to request a review of the denial;
- Request amendments to your health information, and to be informed of the reason, if we do not agree to an amendment;
- Request limits on certain uses and disclosures of your health information, and to be informed of the reason if we do not agree to a limit;
- Get a list of our disclosures of your health information, as specified below;
- Request that communications of your health information be made by alternative means or at alternative locations (e.g., to maintain your confidentiality), if this request is reasonable;
- Revoke any special authorizations to use or disclose health information, except to the extent that the disclosure has already been made.

There are some restrictions on these rights, and special rules apply which restrict access to psychotherapy notes, HIV/AIDS information, and federally protected drug and alcohol information. You can exercise your rights or obtain additional information about your rights by contacting one of the persons listed in the last section of this notice.

**General policy on use and disclosure of your health information.** We will use and disclose your health information only with your authorization, or when we are required to so by state or federal law, or in an emergency.

## **Permitted uses and disclosures.**

The uses and disclosures listed in the section below may be made with your one-time permission. We are not required to maintain a written accounting of the disclosures made for these purposes.

- **Treatment:** Information is used and disclosed to provide you with healthcare services. For example, we may talk with your doctor or other treatment providers about your care.
- **Payment:** BHCS, LLC may use and disclose to other parties (e.g., your insurance company, HMO, Medicaid, or Medicare) your health information to receive payment for the healthcare services we provide to you.
- **Health care operations:** Health information is used and disclosed for operational reasons. For example, your information may be used to assess the quality of care provided to you, to improve services and facilities, or to train and evaluate staff.
- **To keep you informed:** We may use and disclose information in order to send you appointment reminders or information about your treatment or treatment alternatives.

- **Disclosures to friends and family:** With your permission, we may disclose your health information to friends and family who are involved in your care.

**Disclosures without authorization.**

**The HIPAA Privacy Rule states that BHCS, LLC may use and disclose your Protected Health Information without your authorization for the reasons listed below. However, if other state or federal laws provide you with more privacy protection than HIPAA, you will receive that added protection.**

BHCS, LLC will use or disclose health information without your authorization only in an emergency or when we are required to do so by state or federal law. When we determine that we must use or disclose information, unless prohibited by law, we will do the following:

- (1) Attempt to contact you before using or disclosing this information, if it is reasonable to do so;
- (2) Maintain an accounting of the disclosures and uses made for the purposes listed in the section below; and
- (3) Upon your request, provide you with access to that accounting.

**Serious threats to health and safety:** Your health information may be disclosed to avert a serious threat to public health and safety, as permitted by law.

**As required by law:** BHCS, LLC may use and disclose information for the mandatory reporting of child abuse and neglect; for judicial or administrative proceedings, if required by legal process; and as otherwise required by law.

**Health oversight:** Information may be disclosed when required to monitor the level and quality of care you receive, for example the State of Connecticut Department of Public Health.

**Contracted or affiliated purpose:** Our contractors, agents, and partners may be given health information, if this information is necessary for them to perform certain services for us and if they agree to keep such information confidential.

**Inmates and correctional facilities:** BHCS, LLC may disclose inmate and detainee information to prison staff and law enforcement, if necessary for health care or for security reasons, as permitted by law.

**Research:** BHCS, LLC may use health information for research, with your consent or when a review board has approved research which poses minimal risk and your privacy is ensured. No public disclosure of your name will be made without your consent.

**Uses and disclosures with your authorization.** If a use or disclosure is not covered in the two sections above, for example, if you request that we disclose health information to your employer, we will disclose information only if you authorize this in writing. We will maintain an accounting of uses and disclosures that you authorize in this manner.

**For more information, to make a complaint, or to exercise your rights.** If you have questions, need information, believe your privacy rights have been violated, or wish to make a complaint or to exercise one of your rights described in this notice, you may contact BHCS, LLC if you are not satisfied with the response you receive within BHCS, LLC you may contact:

Office of Civil Rights  
U.S Department of Health and Human Services  
200 Independence Avenue, S.W., Room 509f  
HHH Building  
Washington D.C. 20201

# ***Behavioral Health Consulting Services, LLC***

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Office 860-673-0145 office/vm/fax.  
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[infohealth@bhcsct.org](mailto:infohealth@bhcsct.org)

## **NOTICE OF PRIVACY PRACTICES (HIPAA)**

### **Sign off sheet**

I, \_\_\_\_\_ have received a copy of the “notice of privacy practices (HIPAA)” form from BHCS, LLC. It was reviewed by my Therapist and any relevant questions have been addressed. I understand that I can obtain any additional copies as needed by contacting my therapist and requesting one.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian or legal representative (as applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
BHCS, LLC representative

\_\_\_\_\_  
Date