

**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.**

# **Important Notice of Privacy Practices**

**KEY HUMAN SERVICES, INC.**

**It is important to read and understand this Notice of Privacy Practices before  
signing the Consent and Acknowledgment Form.**

**If you have any questions about this Notice or would like further information  
concerning your privacy rights, please contact Key Human Services, Inc.**

**Key Human Services, Inc.  
270 Farmington Avenue, Suite 220  
Farmington, CT 06032  
(860) 409-7350**

**Notice of Privacy Practices**  
**Effective Date: July 1, 2008**

### **Purpose of the Notice of Privacy Practices**

This Notice of Privacy Practices (the “Notice”) is meant to inform you of the uses and disclosures of protected health information that we may make. It also describes your rights to access and control your protected health information and certain obligations we have regarding the use and disclosure of your protected health information.

Your “protected health information” is information about you created and received by us, including demographic information, that may reasonably identify you and that relates to your past, present or future physical or mental health or condition, or payment for the provision of your health care.

We are required by law to maintain the privacy of your protected health information. We are also required by law to provide you with notice of our legal duties and privacy practices with respect to your protected health information and to abide by the terms of the Notice that is currently in effect. If you would like to receive a copy of any revised Notice you should contact Key Human Services, Inc. or ask at your next appointment.

### **How We May Use or Disclose Your Protected Health Information**

Key Human Services, Inc. will ask you to sign a consent form that allows Key Human Services, Inc. to use and disclose your protected health information for treatment, payment and health care operations. You will also be asked to acknowledge receipt of this Notice.

The following categories describe some of the different ways that we may use or disclose your protected health information. Even if not specifically listed below, Key Human Services, Inc. may use and disclose your protected health information as permitted or required by law or as authorized by you. We will limit access to your protected health information to those persons or classes of persons, as appropriate, in our workforce who need access to carry out their duties. In addition, we will make reasonable efforts to limit the protected health information to the minimum amount necessary to accomplish the intended purpose of any use or disclosure and to the extent such disclosure is limited by law.

- **For Treatment** - We may use and disclose your protected health information to provide you with medical treatment and related services. For example, your protected health information may be used by, for, or in the following circumstances or instances: Transportation Services, Landlords, Individual Plan (IP), Hospitals, Requested Legal or Law Enforcement, Medical Supplier, Home Care Agencies, Physicians, Pharmacy, Consultants, Behaviorists, Nurse Consultants, Money Management, Home Demographics, Bank Information. If we are permitted to do so, we may also disclose your protected health information to individuals or facilities that will be involved with your care after you leave Key Human Services, Inc. and for other treatment reasons. We may also use or disclose your protected health information in an emergency situation.
- **For Payment** - We may use and disclose your protected health information so that we can bill and receive payment for the treatment and related services you receive. For billing and payment purposes, we may disclose your health information to your payment source, including an insurance or managed care company, Medicare, Medicaid, State of Connecticut Departments, School Systems, or another third party payor. For example, we may need to give your health plan information about the treatment you received so your health plan will pay us or reimburse us for the treatment, or we may contact your health plan to confirm your coverage or to request prior authorization for a proposed treatment.
- **For Health Care Operations** - We may use and disclose your health information as necessary for operations of Key Human Services, Inc., such as quality assurance and improvement activities, reviewing the competence and qualifications of health care professionals, medical review, legal services and auditing functions, and general administrative activities of Key Human Services, Inc. For example, Key Human Services, Inc. will use or disclose protected health information for health care operations purposes as follows: Funding Sources (i.e. Connecticut Department of Developmental Services, Social Services, and Children and Family Services), School Systems, Case Review, Individual on Overall Plan of Service Team, Medical Personnel, Strategies with Day Program Providers, Advocacy, etc.

- **Business Associates** - There may be some services provided by our business associates, such as a billing service, transcription company or legal or accounting consultants. We may disclose your protected health information to our business associate so that they can perform the job we have asked them to do. To protect your health information, we require our business associates to enter into a written contract that requires them to appropriately safeguard your information.
- **Appointment Reminders** - We may use and disclose protected health information to contact you as a reminder that you have an appointment.
- **Treatment Alternatives and Other Health-Related Benefits and Services** - We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives and to tell you about health related benefits, health services, recreation and community programs, or medical education classes that may be of interest to you.
- **Individuals Involved in Your Care or Payment of Your Care** - Unless you object, we may disclose your protected health information to a family member, a relative, a close friend or any other person you identify, if the information relates to the person's involvement in your health care or payment related to your health care. In addition, we may disclose your protected health information to a public or private entity authorized by law to assist in a disaster relief effort. If you are unable to agree or object to such a disclosure we may disclose such information if we determine that it is in your best interest based on our professional judgment or if we reasonably infer that you would not object.
- **Public Health Activities** - We may disclose your protected health information to a public health authority that is authorized by law to collect or receive such information such as for the purpose of preventing or controlling disease, injury, or disability, reporting births or deaths, reporting child abuse or neglect, notifying individuals of recalls of products they may be using, notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
- **Health Oversight Activities** - We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure.

- **Judicial and Administrative Proceedings** - If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process if such disclosure is permitted by law.
- **Law Enforcement** - We may disclose your protected health information for certain law enforcement purposes if permitted or required by law. For example, to report gunshot wounds; to report emergencies or suspicious deaths; to comply with a court order, warrant, or similar legal process; or to answer certain requests for information concerning crimes.
- **Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations** - We may release your protected health information to a coroner, medical examiner, funeral director, or, if you are an organ donor, to an organization involved in the donation of organs and tissues.
- **Research Purposes** - Your protected health information may be used for research purposes, but only if the privacy aspects of the research have been reviewed and approved by a special Privacy Board or Institutional Review Board, and you have provided written authorization.
- **To Avert a Serious Threat to Health or Safety** - We may use and disclose your protected health information 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 be to someone able to help prevent the threat.
- **Military and National Security** - If required by law, if you are a member of the armed forces, we may use and disclose your protected health information as required by military command authorities or the Department of Veterans Affairs. If required by law, we may disclose your protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by law. If required by law, we may disclose your protected health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Workers' Compensation** - We may use or disclose your protected health information as permitted by laws relating to workers' compensation or related programs.

- **Special Rules Regarding Disclosure of Psychiatric, Substance Abuse and HIV-Related Information** - For disclosures concerning protected health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment, 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.
- Psychiatric information. Certain mental health information may be disclosed for treatment, payment and health care operations as permitted or required by law. Otherwise, we will only disclose such information pursuant to an authorization, court order or as otherwise required by law. For example, all communications between you and a psychologist, psychiatrist or social worker will be privileged and confidential in accordance with Connecticut and Federal law.
- Substance abuse treatment information. If you are treated in a specialized substance abuse program, your permission will be needed for certain disclosures, but not emergencies, certain reporting requirements and other disclosures specifically allowed under Federal law.
- HIV-related information. We will disclose HIV-related information as permitted or required by Connecticut law. For example your HIV-related protected health information, if any, may be disclosed in the event of a significant exposure to HIV-infection to personnel of Key Human Services, Inc., another person, or a known partner. Any use and disclosure for such purposes will be to someone able to reduce the outcome of the exposure and limited in accordance with Connecticut and Federal law.
- Minors. We will comply with Connecticut law when using or disclosing protected health information of minors. For example, if you are an unemancipated minor consenting to a health care service related to HIV/AIDS, venereal disease, abortion, or alcohol/drug dependence, and you have not requested that another person be treated as a personal representative, you may have the authority to consent to the use and disclosure of your health information.

**When We May Not Use or Disclose Your Protected Health Information**

Except as described in this Notice, or as permitted by Connecticut or Federal law, we will not use or disclose your protected health information without your written authorization.

Your written authorization will specify particular uses or disclosures that you choose to allow. Under certain limited circumstances, Key Human Services, Inc. may condition treatment on the provision of an authorization, such as research related to treatment. If you do authorize us to use or disclose your protected health information for reasons other than treatment, payment or health care operations, you may revoke your authorization in writing at any time by contacting Key Human Services, Inc.'s Privacy Officer. If you revoke your authorization, we will no longer use or disclose your protected health information for the purposes covered by the authorization, except where we have already relied on the authorization.

***Psychotherapy Notes***

A signed authorization or court order is required for any use or disclosure of psychotherapy notes except to carry out certain treatment, payment, or health care operations and for use by Key Human Services, Inc. for treatment, for training programs, or for defense in a legal action.

## Your Health Information Rights

You have the following rights with respect to your protected health information. The following briefly describes how you may exercise these rights.

- **Right to Request Restrictions of Your Protected Health Information** - You have the right to request certain restrictions or limitations on the protected health information we use or disclose about you. You may request a restriction or revise a restriction on the use or disclosure of your protected health information by providing a written request stating the specific restriction requested and to whom you want the restriction to apply. You can request a restriction request form from Key Human Services, Inc. We are not required to agree to your requested restriction. If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you with emergency treatment. If restricted protected health information is disclosed to a health care provider for emergency treatment, we will request that such health care provider not further use or disclose the information. In addition, you and Key Human Services, Inc. may terminate the restriction if the other party is notified in writing of the termination. Unless you agree, the termination of the restriction is only effective with respect to protected health information created or received after we have informed you of the termination.
- **Right to Receive Confidential Communications** - You have the right to request a reasonable accommodation regarding how you receive communications of protected health information. You have the right to request an alternative means of communication or an alternative location where you would like to receive communications. You may submit a request in writing to Key Human Services, Inc. requesting confidential communications. You can request a confidential communications form from Key Human Services, Inc.

- **Right to Access, Inspect and Copy Your Protected Health Information** - You have the right to access, inspect and obtain a copy of your protected health information that is used to make decisions about your care for as long as the protected health information is maintained by Key Human Services, Inc. To access, inspect and copy your protected health information that may be used to make decisions about you, you must submit your request in writing to Key Human Services, Inc. If you request a copy of the information, we may charge a fee for the costs of preparing, copying, mailing or other supplies associated with your request. We may deny, in whole or in part, your request to access, inspect and copy your protected health information under certain limited circumstances. If we deny your request, we will provide you with a written explanation of the reason for the denial. You may have the right to have this denial reviewed by an independent health care professional designated by us to act as a reviewing official. This individual will not have participated in the original decision to deny your request. You may also have the right to request a review of our denial of access through a court of law. All requirements, court costs and attorney's fees associated with a review of denial by a court are your responsibility. You should seek legal advice if you are interested in pursuing such rights.
- **Right to Amend Your Protected Health Information** - You have the right to request an amendment to your protected health information for as long as the information is maintained by or for Key Human Services, Inc. Your request must be made in writing to Key Human Services, Inc. and must state the reason for the requested amendment. You can request a form from Key Human Services, Inc. to request an amendment to your information. If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial. We may rebut your statement of disagreement. If you do not wish to submit a written statement disagreeing with the denial, you may request that your request for amendment and your denial be disclosed with any future disclosure of your relevant information.
- **Right to Receive An Accounting of Disclosures of Protected Health Information** - You have the right to request an accounting of certain disclosures of your protected health information by Key Human Services, Inc. or by others on our behalf. To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning on or after April 14, 2003 that is within six (6) years from the date of your request. The first accounting provided within a twelve-month period will be free. We may charge you a reasonable, cost-based fee for each future request for an accounting within a single twelve-month period. However, you will be given the opportunity to withdraw or modify your request for an accounting of disclosures in order to avoid or reduce the fee.
- **Right to Obtain A Paper Copy of 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 by contacting Key Human Services, Inc.
- **Right to Complain** - You may file a complaint with us by notifying our Privacy Officer of your complaint. You will not be penalized for filing a complaint and we

will make every reasonable effort to resolve your complaint with you. Also, you may file a complaint with the Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

**Key Human Services, Inc.**  
**270 Farmington Avenue, Suite 220**  
**Farmington, CT 06032**  
**(860) 409-7350**

**KEY HUMAN SERVICES, INC.**

An Agency of Keystone Human Services

**NOTICE OF PRIVACY PRACTICES  
CONSENT AND ACKNOWLEDGMENT FORM**

I consent to the use or disclosure of my protected health information by Key Human Services, Inc. to any person or organization for the purposes of carrying out treatment, obtaining payment or conducting certain healthcare operations. My protected health information may include HIV/AIDS related information, psychiatric and other mental health information, and drug and alcohol treatment information. I understand that further information regarding how Key Human Services, Inc. will use and disclose my information can be found in Key Human Services, Inc.'s Notice of Privacy Practices.

By signing below, I understand and acknowledge the following:

- I have read and understand this consent; and
- I have received Key Human Services, Inc.'s Notice of Privacy Practices currently in effect.

\_\_\_\_\_  
**Print Name of Individual or Personal Representative**

\_\_\_\_\_  
**Signature of Individual or Personal Representative**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

**If signed by the individual's representative, describe the legal authority of the representative to act on behalf of the individual:** \_\_\_\_\_

\_\_\_\_\_  
**Print Name of Witness**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

Unable to obtain written consent and acknowledgment because:

- Individual refused
- Emergency treatment situation
- Individual not able to sign due to incompetence or other medical reason
- Other: \_\_\_\_\_