



ELLINGTON BEHAVIORAL HEALTH

16 Main Street
Ellington, CT 06029
(T) 860.871.5402
(F) 860.871.5413

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

The HIPAA Privacy Rule requires that "covered entities" (e.g. hospitals and clinics) deliver a copy of their Notice of Privacy Practices to their patients at their first visit. It also requires that we seek a written acknowledgement from our patients that we did, in fact, deliver that notice.

Accordingly, Ellington Behavioral Health asks you to acknowledge that we delivered to you a copy of our "Notice of Privacy Practices" by signing this form.

I acknowledge receipt of Ellington Behavioral Health's Notice of Privacy Practices on the date indicated below.

Signature of Patient/Client

Date

Signature of Parent/Guardian or Personal Representative

Date

Ellington Behavioral Health
16 Main Street, Ellington, CT 06029
Phone: 860-871-5402 Fax: 860-871-5413

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.

Our Responsibilities: We are providing you with this *Notice of our Privacy Policy* in accordance with the *Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, which took effect on April 14, 2003, and the Security Rule, which took effect March 1, 2014.* This Act regulates how we use and disclose your **protected health information (PHI)**. Your PHI is personal information that concerns your past, present or future physical and mental health condition and related health care services. This notice explains your right to access and control your PHI. We... are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices.

How We May Use & Disclose Health Information About You: The following categories describe different ways that we use your health information within Ellington Behavioral Health and disclose your health information to persons and entities outside of Ellington Behavioral Health. Each description is a category of uses or disclosure. We have not listed every use or disclosure within the categories, but all permitted uses and disclosures will fall within one of the following categories.

With Your Written Acknowledgement of Our Information Privacy Practice is in compliance with the federal Health Insurance Portability and Accountability Act (HIPAA), we will obtain in writing your acknowledgement of receipt of our Notice of Privacy Practices when you first visit Ellington Behavioral Health. The Notice of Privacy Practice and the Acknowledgment of Receipt are necessary to allow us to use your health information within Ellington Behavioral Health and to disclose your health information outside of Ellington Behavioral Health.

TREATMENT: Your PHI may be used and disclosed to those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services our practice. For example: Information obtained from a nurse, physician, or other member of your health care treatment team will be recorded in your record and used to determine the course of treatment for you. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant or health care provider only with your authorization.

PAYMENT: We may use and disclose PHI so that we can receive payment from you, an insurance company or a third party, for the services we have provided to you. For example, we may need to give your health plan information about treatment that you received from us so your health plan will pay for the treatment provided. We may also tell your health about a treatment that you are going to receive in order to obtain prior approval for the service. The information disclosed would be limited to the nature of services provided, the dates of services, the amount due and other relevant financial information. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

OPERATIONS: We may use your PHI to carry out other operations of our medical practice. Our practice may share minimal PHI with business associates that perform services for us. Our business associates are pledged to safeguard your privacy.

Reminders or Treatment Options: We may contact you to remind you of your next appointment. We may provide information to you about treatment alternatives or other health-related services that may be of interest.

With Your Specific Written Authorization: Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission (called "authorization"). If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health 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. Some typical disclosures that require your authorization are as follows:

DRUG AND ALCOHOL ABUSE: We will disclose drug and alcohol treatment information about you only in accordance with the federal Privacy Act.

In general, the Privacy Act requires your written authorization for such disclosures

DISCLOSURE OF MENTAL HEALTH INFORMATION: We will disclose mental health treatment information about you only in accordance with state law. In most cases, state law requires your written authorization or the written authorization of your representative for such disclosures.