

**DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
CONNECTICUT VALLEY HOSPITAL**

**RECEIPT FOR NOTICE OF PRIVACY PRACTICES
Mental Health Programs**

- THE CONNECTICUT VALLEY HOSPITAL (CVH) *NOTICE OF PRIVACY PRACTICES* DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY**
- CVH is federally mandated to maintain the privacy of your medical information and wants you to know about our practices for protecting your Protected Health Information (PHI).
- CVH is required to abide by the terms of the *Notice of Privacy Practices*.
- Authorized Uses and Disclosures: In general, it is our policy to obtain written authorization for release of information prior to making a disclosure. You may revoke an authorization at any time.
- Non-Authorized Uses and Disclosures: Under certain conditions we may make disclosure of your medical information without your authorization. These conditions are listed on the *Notice of Privacy Practices*.

WHAT ARE YOUR RIGHTS? YOU HAVE THE RIGHT TO:

- Request restrictions on certain uses and disclosures of your Protected Health Information (PHI).
- Receive reasonable confidential communication of PHI.
- Inspect and copy your medical record by written request, with some exceptions. CVH reserves the right to deny the request, to which you may make a further appeal.
- Request an amendment of your medical record. CVH reserves the right to deny the request, to which you may make a further appeal.
- Receive an accounting of CVH disclosures of your PHI during the six years prior to your request. Accountings of disclosures start as of April 14, 2003 and are unavailable prior to that time.
- Receive a paper copy of this notice.

HOW YOU CAN ASK A QUESTION, LEARN MORE OR REPORT A PROBLEM?

CVH urges you to read the complete CVH *Notice of Privacy Practices*. The CVH Privacy Officer at (860) 262-7112, the Department of Mental Health and Addiction Services (DMHAS) Office of Healthcare Information (OHI) at (860) 418-6901, or the Secretary of the United States Department of Health and Human Services are ready to assist you. There will be no retaliation for filing a complaint.

I hereby acknowledge receipt of the CVH *Notice of Privacy Practices*:

Patient/Client (Print Name)	Patient/Client Signature	Date

OR

Personal Representative (Print Name)	Personal Representative Signature	Date

Witness Signature	Date

___ Patient/Client refuses to sign *NPP*: Explanation: _____

Staff Signature: _____ Date: _____

**DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
CONNECTICUT VALLEY HOSPITAL**

**NOTICE OF PRIVACY PRACTICES
Mental Health Programs**

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.

Connecticut Valley Hospital (CVH) is federally mandated to maintain the privacy of your medical information and wants you to know about our practices for protecting your health information.

CVH is required to abide by the terms of this notice. The medical information we maintain may come from any of the providers from whom you have received services. The medical information we record and maintain is known as Protected Health Information, or PHI. We will not use or disclose your PHI without your permission, except as described in this notice.

We reserve the right to change our practices and to make the new provisions effective for all medical information we maintain. Should our medical information practices change, we will amend this notice and post a notice of the changes, which will be made available to anyone upon request. This notice is effective as of April 14, 2003.

USES AND DISCLOSURES: In general, it is our policy to obtain written authorization for release of information prior to making a disclosure. You may revoke an authorization at any time, except to the extent that we have already acted on it.

We may use your Protected Health Information (PHI) without authorization for:

- Treatment, e.g., share information with other providers involved in your care.
- Payment, e.g., to the state Department of Administrative Services to bill for your healthcare services.
- Healthcare operations, e.g., to internal staff for evaluation of the quality of services provided.
- Reminding you of appointments.

Other permitted disclosures of your Protected Health Information (PHI) without authorization might include the following:

- Disclosures required by law, e.g., to the Department of Children and Families when a law requires that we report suspected abuse or neglect.
- For research, audit or evaluations.
- Public Health, e.g., mandated reporting of disease, injury or vital statistics.
- To avert a serious threat to the health or safety of you or others.
- As a response to a court order, e.g. a judge orders specific portions of your record as a result of a legal matter.
- If deceased, limited information to coroners, medical examiners or funeral directors.

WHAT ARE YOUR RIGHTS? YOU HAVE THE RIGHT TO:

- Request restrictions on certain uses and disclosures of your Protected Health Information (PHI).
- Receive reasonable confidential communication of PHI, e.g. contact you at a place of your choosing.
- Inspect and copy your medical record by written request, with some exceptions. CVH reserves the right to deny the request, to which you may make a further appeal.
- Request an amendment of your medical record. CVH reserves the right to deny the request, to which you may make a further appeal.
- Receive an accounting of CVH disclosures of your PHI during the six years prior to your request. Accountings of disclosures start as of April 14, 2003 and are unavailable prior to that time.
- Receive a paper copy of this notice.

HOW YOU CAN REPORT A PROBLEM?

If you feel your privacy rights have been violated, you may file a complaint with the CVH Privacy Officer at (860) 262-7112, the State of Connecticut, Department of Mental Health and Addiction Services (DMHAS), Office of HealthCare Information (OHI) at (860) 418-6901, or the Secretary of the United States Department of Health and Human Services (DHHS), Office for Civil Rights (OCR) at: U.S. DHHS, OCR, J.F. Kennedy Federal Building – Room 1875, Boston, Massachusetts 02203. Voice phone: (617) 565-1340. TDD: (617) 565-1343. FAX: (617) 565-3809.

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 the CVH Privacy Officer at (860) 262-7112, or the DMHAS Office of Healthcare Information (OHI) at (860) 418-6901.