



Thriving Minds

CONNECTICUT

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.

I. PURPOSE OF THE NOTICE OF PRIVACY PRACTICES:

This Notice of Privacy Practices (the “Notice”) is meant to inform you of the ways Thriving Minds Connecticut, LLC may use or disclose your protected health information. It also describes your rights to access and control your protected health information and certain obligations Thriving Minds Connecticut, LLC has regarding use and disclosure of your protected health information. Thriving Minds Connecticut, LLC is required by law to maintain the privacy of your protected health information and wants you to know about practices for protecting your health information. Thriving Minds Connecticut, LLC is required by law to provide you with this 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. The medical information maintained by Thriving Minds Connecticut, LLC may come from any of the providers from whom you have received services. The information about you created and received by Thriving Minds Connecticut, LLC , 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 is known as Protected Health Information, or PHI. Thriving Minds Connecticut, LLC will not use or disclose your PHI without your permission, except as described in this notice. Thriving Minds Connecticut, LLC may revise the Notice at any time. The new revised Notice will apply to all of your protected health information maintained by Thriving Minds Connecticut, LLC . You will not automatically receive a revised Notice. If you would like to receive a copy of any revised Notice, you should access the Thriving Minds Connecticut, LLC website at www.thrivingmindset.com, contact Thriving Minds Connecticut, LLC , or ask for a copy at your next appointment.

II. HOW THRIVING MINDS CONNECTICUT, LLC MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

Thriving Minds Connecticut, LLC will ask you to sign a consent form that allows Thriving Minds Connecticut, LLC to use and disclose your protected health information for treatment, payment and health care operations. You will also be asked to acknowledge receipt of the Notice. The following categories describe some of the different ways that Thriving Minds Connecticut, LLC may use or disclose your protected health information. Even if not specifically listed below, Thriving Minds Connecticut, LLC may use and disclose your protected health information as permitted or as required by law or as authorized by you. Thriving Minds Connecticut, LLC will make reasonable efforts to limit access to your protected

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health information to those persons or classes of persons, as appropriate, in our workforce who needs access to carry out their duties.

- FOR TREATMENT – Thriving Minds Connecticut, LLC may use and disclose your protected health information to provide you with medical treatment and related services.
- FOR PAYMENT - Thriving Minds Connecticut, LLC may use and disclose your protected health information to bill and receive payment for the treatment and related services you receive.
- FOR HEALTH CARE OPERATIONS - Thriving Minds Connecticut, LLC may use and disclose your protected health information as necessary for the operations of Thriving Minds Connecticut, LLC, such as quality assurance and improvement activities.
- BUSINESS ASSOCIATES – Thriving Minds Connecticut, LLC may disclose your protected health information to a Business Associate that provides services, such as billing or legal, to Thriving Minds Connecticut, LLC. In order to protect your information, we require Business Associates to enter into a written contract that requires them to safeguard your information.
- APPOINTMENT REMINDERS – Thriving Minds Connecticut, LLC may use and disclose protected health information to contact you as a reminder that you have an appointment with Thriving Minds Connecticut, LLC.
- PUBLIC HEALTH ACTIVITIES – Thriving Minds Connecticut, LLC may disclose your protected health information to a public health authority that is authorized by law to collect or receive such information, such as mandated reporting of disease, injury or vital statistics.
- HEALTH OVERSIGHT ACTIVITIES – Thriving Minds Connecticut, LLC may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections.
- JUDICIAL PROCEEDINGS – If you are involved in a lawsuit or dispute, Thriving Minds Connecticut, LLC may disclose your protected health information in response to a court order if permitted by law.
- LAW ENFORCEMENT – Thriving Minds Connecticut, LLC may disclose your protected health information for certain law enforcement purposes if permitted or required by law.
- CORONERS, MEDICAL EXAMINERS, FUNERAL DIRECTORS, ORGAN PROCUREMENT ORGANIZATIONS – If you are deceased, Thriving Minds Connecticut, LLC may disclose limited 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.
- TO AVERT SERIOUS THREAT – Thriving Minds Connecticut, LLC may use or disclose your protected health information when necessary to prevent a serious threat to the health or safety of you or others. Any disclosure would be to someone able to help prevent the threat.
- NATIONAL SECURITY MATTERS – Thriving Minds Connecticut, LLC may use and disclose your health information without you authorization to authorized Federal officials for the purpose

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of conducting national security and intelligence activities. These activities may include protective services for the President and others.

- **MILITARY ACTIVITIES** – Thriving Minds Connecticut, LLC may use or disclose your health information without your authorization if you are a member of the Armed Forces, for the activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission, when applicable legal requirements are met.
- **SPECIAL RULES REGARDING MENTAL HEALTH RECORDS, SUBSTANCE ABUSE TREATMENT INFORMATION 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 generally apply. For example, Thriving Minds Connecticut, LLC generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign an Authorization or, in certain circumstances, if the court orders disclosure.
- **MENTAL HEALTH INFORMATION** – Certain mental health treatment information may be disclosed for treatment and payment purposes as permitted or as required by law. Otherwise, Thriving Minds Connecticut, LLC will only disclose such information pursuant to an authorization, court order or as otherwise required by law.
- **SUBSTANCE ABUSE TREATMENT INFORMATION** – If you are receiving treatment or diagnosis for substance abuse, the confidentiality of alcohol and drug abuse patient records is protected by Federal law and regulations.

III. WHAT ARE YOUR RIGHTS? YOU HAVE THE RIGHT TO:

- Request, in writing, 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. You have the right to obtain an electronic copy of any of your protected health information that Thriving Minds Connecticut, LLC maintains in electronic format. You have the right to request that Thriving Minds Connecticut, LLC transmit a copy of your protected health information directly to another person or entity designated by you. Thriving Minds Connecticut, LLC reserves the right to deny the request, to which you may make a further appeal,
- Request an amendment of your medical record for as long as the information is maintained by or for Thriving Minds Connecticut, LLC; Thriving Minds Connecticut, LLC reserves the right to deny the request, to which you may make a further appeal,
- Receive an accounting of Thriving Minds Connecticut, LLC disclosures of your PHI during the six years prior to your request,

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- Receive a paper copy of this Notice,
- Request transmission of your protected health information in electronic format,
- Receive notification following a breach of your unsecured PHI,
- Restrict the disclosure of PHI to health plans for the purposes of payment if you paid out-of-pocket in full for the health services or item to which the information relates,
- File a Complaint with us or with the Secretary of Health and Human Services

IV. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

The following uses and disclosures of your PHI will be made only with your written authorization:

- Uses and disclosures of psychotherapy notes: any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - For use in treating you.
 - For use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - For use in defense in legal proceedings instituted by you.
 - For use by the Secretary of Health and Human Services to investigate compliance with HIPAA.
 - Required by law and the use or disclosure is limited to the requirements of such law.
 - Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - Required by a coroner who is performing duties authorized by law.
 - Required to help avert a serious threat to the health and safety of others.
- Marketing Purposes: Thriving Minds Connecticut, LLC will not use or disclose your PHI for marketing purposes.
- Sale of PHI: Thriving Minds Connecticut, LLC I will not sell your PHI in the regular course of business.
- Other uses and disclosures not described in the Notice of Privacy Practices

You may revoke an authorization at any time, except to the extent that we have already acted on it.

V. HOW YOU CAN REPORT A PROBLEM:

If you feel your privacy rights have been violated, you may file a complaint with the State of Connecticut, Department of Mental Health and Addiction Services (DMHAS), Privacy Officer 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.

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