

Cornerstone Counseling
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Telephone: 401-596-8800

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.

OUR LEGAL DUTY

Cornerstone Counseling receives and generates certain protected health information about you that is stored in a medical record especially for you. We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect 4/14/03, and will remain in effect until we replace or modify it.

We reserves the right to change our notice at any time and have the changes apply not only to protected health information acquired after the change in notice, but have it also apply to protected health information received before the change in notice. If we make any material changes to our notice, we will post the revised notice in our waiting room. You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact any staff member.

PRIMARY USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Federal law allows Cornerstone Counseling to use and disclose your protected health information without obtaining your written consent (except psychotherapy notes described below) for treatment, payment and health care operations. Since State law continues to require that we obtain your consent for disclosure of protected health information for payment purposes (e.g. your insurer will require certain information to support our claim for payment), coordination of care with other providers (e.g. discharge planning and referrals), and the disclosure of certain sensitive information protected under State law, we will request your consent for disclosure of protected health information upon admission/intake. We use and disclose health information about you without obtaining your written consent for the following purposes:

- To provide treatment (e.g. discussions between caregivers for coordination and planning of your care). Treatment means the provision of health care and related services, including coordinating and managing your health care with a third party, consulting between health care providers; and referring you to another health care provider to receive care; and

- To conduct administrative and business operations (e.g. activities relating to improving quality of care and/or evaluating our staff/program). Health care operations, includes, but is not limited to, conducting quality improvement activities, reviewing the competence or qualifications of health care professionals, case management and care coordination, contacting of health care providers and patients with information regarding treatment alternatives, conducting or arranging for legal counsel, medical review and auditing functions, including fraud and abuse detection, business planning and development, management activities relating to compliance with State and Federal laws, resolution of internal grievances, and activities in connection with a sale of assets.

**OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION
(UNLESS YOU OBJECT OR SPECIFICALLY REQUEST TO RESTRICT USE)**

Notification and Involvement in Your Care: We may communicate Protected Health Information: (a) to your family member(s), legally authorized representative(s), and any other person identified by you, which is directly relevant to such person's involvement in your care or payment for your care; and (b) to notify or assist in the notification of a family member, a personal representative, or any other person responsible for you. Such notification may include your location, general condition, or death, but will not *include confidential HI V-related, drug and alcohol or psychiatric information*. If you are able, we will provide you with the opportunity to consent or object to such disclosure. If you are unable to object due to your incapacity or an emergency situation, we, based upon our professional judgment, will make such disclosure if we determine that it is in your best interest to do so. Such disclosure of protected health information will be limited to information that is directly relevant to the recipient's involvement with your health care. We may make disclosures of your protected health information to public or a private entity charged by law or its charter to assist in disaster relief efforts for the purposes of coordinating the disclosures described in (a) and (b) of the above paragraph.

Unless protected by federal and/or state drug, alcohol, psychiatric or HIV-related information confidentiality laws, we may use and disclose your protected health as follows:

- If the use or disclosure of Protected Health Information is required by law and is limited to the relevant requirements of the law (e.g. reporting an adverse incident in our facility ,);
- Disclosures made by law to state and federal public health authorities (e.g. to report a defective medical device to the FDA);
- To government authorities for the purpose of reporting suspected abuse and neglect of children, the elderly and the mentally retarded;
- To health oversight agencies authorized by law, in connection with audits, civil, administrative, or criminal investigations, licensure or disciplinary actions; or for monitoring compliance and quality, and program eligibility (e.g. Medicare, Medicaid, and State of Connecticut Department of Public Health);
- To persons exposed to a communicable disease if authorized by law to make such disclosure;
- Disclosures in connection with judicial and administrative proceedings in response to an order of the court or administrative tribunal, or in response to a lawfully issued subpoena;
- To law enforcement if mandated by law (e.g. reporting gunshot wounds); in the event of your death if it is suspected that your death was the result of criminal conduct; or if there is evidence of criminal conduct that occurred on the Provider premises;
- To the Office of State Medical Examiner as mandated by law (e.g. the occurrence of a suspicious death, contagious disease, and cremation);
- To funeral directors as permitted by law;
- Limited disclosures made in connection with record reviews in preparation for conducting research;
- To persons reasonably able to prevent or lessen serious and imminent threat to the health or safety of a person or the public; or if necessary to apprehend an individual involved in a violent crime that we believe may have caused serious physical harm to you;
- To Federal officials for protective services to the President or other governmental authorities;
- To correctional institutions for the purpose of providing services to you or for the health and safety of the inmates or employees of the correctional institution;
- To comply with workers' compensation or other programs that provide benefits for work-related injuries without regard to fault; and
- Disclosures that are otherwise permitted by law
- To provide follow up contact to you regarding upcoming appointments, treatment alternatives, health-related benefits, programs, services, events and functions which may be of interest to you.

All other uses or disclosures will only be made with your specific written authorization, which may be revoked, except to the extent it has already been relied upon.

SPECIAL RULES FOR PSYCHIATRIC, DRUG AND ALCOHOL AND HIV-RELATED PROTECTED INFORMATION

Protected Psychiatric Information: State law provides special protections when it comes to psychiatric information (e.g. communications between a psychiatrist, psychologist, licensed professional counselor and licensed social worker, and those working under their supervision and his/her patient).

Except for treatment or business/administrative operations, psychiatric communications will not be disclosed, without specific written consent, unless the disclosure is made:

1. To another health care provider for the purpose of treatment and diagnosis (with notice to you);
2. When there is substantial risk of imminent physical injury to you or others and the disclosure is necessary to place you in a treatment facility;
3. To a court as part of a court ordered psychiatric examination;
4. In a civil court proceeding if you introduce your mental condition as an element of a claim or defense;
5. After your death, when your condition is introduced by a party claiming or defending through or as a beneficiary of you and a court finds it to be in the interests of justice to disclose such psychiatric information;
6. To the Commissioner of the State Department of Public Health or the State Department of Mental Health & Addiction Services in connection with an inspection or investigation;
7. To the family or legal representative of a victim of a homicide committed by you;
8. To individuals or agencies involved in the collection of fees for psychiatric services;
9. To the State Department of Mental Health & Addiction Services in connection with Cornerstone Counseling receiving payment for services funded by such agency (with notice to you). You will not have access to any psychotherapy notes, as they are not part of the medical record.

Psychotherapy Notes: Psychotherapy Notes are notes recorded by a mental health professional documenting or analyzing communications within a counseling session that are not part of the medical record. Federal law treats Psychotherapy Notes differently than other psychiatric information by prohibiting disclosure without authorization, unless it is disclosed for the reasons specified in 2, 3, 6, above and 4 to the extent that the disclosure is made to defend a legal action against us brought by you. You may have access to the following: psychiatric information: medication orders, treatment type and frequency, clinical test result, summaries of diagnoses, functional status, treatment plan symptoms, prognosis and progress to date.

Protected HIV-Related Information: Special rules under State law also limit the disclosure of HIV-related information. According to the rules, we may not disclose such information without your specific written authorization, unless such disclosure is:

1. Made to a public health official as required or allowed by State or Federal law;
2. A health care provider for the purpose of treatment;
3. A medical examiner to determine the cause of death;
4. To a provider committee or another organization for the purpose of oversight or monitoring of Cornerstone Counseling;
5. To a health care worker experiencing a significant occupational exposure to HIV infection;
6. Pursuant to a court order;
7. To life and health insurers;
8. To your partner by a physician caring for you and your partner, if it is believed by the physician that your partner is at significant risk for transmission; and
9. To your parents or legal guardian (if you are a minor), unless the physician determines there is cause (as defined by law) not to disclose to them.

Protected Drug and Alcohol Information: Federal law establishes certain protections for any consumer identifiable information relating to drug and alcohol treatment, treatment referral, research and/or rehabilitation (but excludes protection for a diagnosis of drug overdose or alcohol intoxication or a diagnosis made solely for the purpose of providing evidence for use by law enforcement authorities). As a general rule, protected drug and alcohol information is confidential and may not be disclosed without your authorization or pursuant to Federal law.

Exceptions for disclosure of protected drug and alcohol information without your authorization are as follows:

1. To medical personnel to the extent necessary to meet a bona fide medical emergency;
2. To qualified personnel for the purpose of conducting management audits and program evaluation (provided you are not identified in any report);
3. Pursuant to a court order where good cause for such disclosure has been established;
4. Communications between a program and an entity and an affiliated covered entity having direct administrative control over our program;
5. To a business associate performing services on behalf of Cornerstone Counseling;
6. Limited communications with law enforcement regarding a crime committed or threatened by you on our premises;
7. The reporting of incidents of suspected abuse and neglect toward children, elderly or the mentally retarded to the appropriate state authorities;
8. To the FDA when they assert that your health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction; and
9. Communications for the reporting of vital statistics, to authorized agencies investigating an individual's cause of death, and to prevent multiple enrollments in the certain program as permitted or required by law.

* Please note that the exceptions do not apply to Psychotherapy Notes, unless one of the drug/alcohol exceptions also satisfies one of the exceptions for disclosure of Psychotherapy Notes without authorization.

YOUR RIGHTS RELATING TO YOUR PROTECTED HEALTH INFORMATION

1. To request certain restrictions on the use of your protected health information for treatment, payment and our operations, disclosures to notify family and friends of your location, general condition and/or death, and disclosures to notify others involved in your care or payment of your care. However, we are not required to honor such restrictions. We are required to notify you if it can't abide by a requested restriction on how your information is used or disclosed;
2. To receive communications of protected health information from us by other means or locations; We will accommodate reasonable requests that you make for us to communicate your protected health information by alternative means or locations;
3. To inspect and copy protected health information, except psychotherapy notes, information collected for use in a court proceeding, or certain other information protected by Federal law governing clinical laboratories ;
4. To request to amend protected health information so long as the amendment is accurate and complete;
5. To revoke your Authorization and Consent except to the extent relied upon by notifying the Privacy Officer;
6. To request an accounting of disclosures for a period of six years prior to the date of the request within 60 to 90 days of your request (but not including disclosure that occurred prior to April 14, 2003; and
7. To request a paper copy of this Notice of Privacy Practices.

Information and Complaints: If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to the Secretary of the Department of Health and Human Services. We will provide you with the address to file your complaint with the Secretary of the Department of Health and Human Services upon request. We support your right to the privacy of your health information.