



Advanced Behavioral Health, Inc.

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 read it carefully. If you have any questions about this notice, please call Advanced Behavioral Health at (860) 638-5309 to speak with our Privacy Officer.

Our Obligation to You

We at ABH respect your privacy. We are required by law to maintain the privacy and security of “protected health information” about you, to notify you of our legal duties and your legal rights, and to follow the privacy policies described in this notice. “Protected health information” means any information that we create or receive that identifies you and relates to your health or payment for services to you. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

Use and Disclosure of Information about You

In the course of the activities that ABH performs, there may be times when it is necessary to use and disclose information about you to other persons or agencies. The purpose of this disclosure may be to assist you in accessing or receiving treatment services, to help arrange for payment of services for you, or as necessary to perform the operations of our company.

It is our policy to obtain specific written permission for any disclosure of protected health information to third parties. You will be asked to sign an Authorization or Release of Information form for disclosure to each person or organization that receives the information.

Here are some examples of how and when we might use and disclose your protected health information to others as necessary without your written consent:

- If there is an emergency, we will disclose your protected health information as needed to enable people to care for you.
- Various members of our staff may see your clinical record in the course of our providing service to you. This includes licensed professionals, physicians and administrative staff.
- We may contact you to remind you of appointments or to tell you about treatment services that we offer that might be of benefit to you.
- We may provide limited information to a treatment provider in order to arrange for a referral or clinical consultation.

- We are legally obligated to disclose protected health information to certain government agencies, including the federal Department of Health and Human Services.
- We will disclose protected health information as needed to comply with state law requiring reports of suspected abuse or neglect of a child, elderly, or disabled person.
- It may also be necessary to use or disclose protected health information for our health care operations. For example, our quality assurance staff reviews records to be sure that we deliver appropriate treatment of high quality. Your health plan may wish to review your records to be sure that we meet national standards for quality of care.
- We will use or disclose your protected health information as needed to arrange for payment for service to you. For example, information about your diagnosis and the service we render is included in the information that we submit to the State agency or health plan. The State agency or health plan may require health information in order to confirm that the service rendered is covered by your benefit program and medically necessary.
- There are other circumstances in which we may be required by law to disclose protected health information without your permission. They include disclosures made: (1) pursuant to court order; (2) to public health authorities; (3) to federal officials for lawful military or intelligence activities; (4) to researchers involved in approved research projects; and (5) as otherwise required by law.

We will follow the provisions of Federal confidentiality laws (42 CFR, Part 2) governing disclosure of protected health information. Except for the circumstances described above, we will not disclose protected health information to a third party without your written permission or a court order. If a request to disclose your information is received, you will be contacted and asked whether you wish to authorize disclosure. If you refuse to authorize disclosure, or it is not possible for us to contact you, we will not disclose your information without a court order. We will never disclose most psychotherapy notes without your written permission or a court order.

There may be situations where we will need to provide your protected health information to a third party to arrange for treatment or payment for services provided to you. Here are some examples of situations which will require your written consent before disclosure is made:

- We may disclose protected health information to a health care provider such as a hospital or clinic in order to arrange for treatment or for payment for the services provided to you.
- If you are an adult, emancipated minor, or, in some cases, a minor over the age of 14, you have the right to control disclosure of information about you to any other person, including family members or friends. No disclosure of information will be made to family members or friends unless you specifically provide written permission for us to do so.

We will never sell or share your protected health information for marketing or fundraising purposes, unless you give us your written permission. We may contact you for marketing or fundraising efforts, but you can tell us not to contact you again.

Your Legal Rights

Right to request confidential communications. You may request that communications to you, such as appointment reminders, bills, or explanations of health benefits be made in a confidential manner. We will accommodate any such request, as long as you provide us with a way to contact you.

Right to request restrictions on use and disclosure of your information. You have the right to request restrictions on our use of your protected health information for particular purposes, or our disclosure of that information to certain third parties. We are not obligated to agree to a requested restriction, but we will consider your request.

Right to revoke a Consent or Authorization. You may revoke a written Consent or Release of Information for us to use or disclose your protected health information. The revocation will not affect any previous use or disclosure of your information.

Right to review and copy record. You have the right to see records used to make decisions about you. We will allow you to review your record unless a clinical professional determines that this would create a substantial risk of physical or emotional harm to you or someone else. If another person provided information about you to our clinical staff in confidence, that information may be removed from the record before it is shared with you. We will also delete any protected health information about other people. At your request, we will make a copy of your record for you. We will charge a reasonable fee for this service.

Right to "amend" record. If you believe your records contain an error, you may ask us to amend it. If there is a mistake, a note will be entered in the record to correct the error. If not, you will be told and allowed the opportunity to add a short statement to the record explaining why you believe the record is inaccurate. This information will be included as part of the total record and shared with others if it might affect decisions they make about you.

Right to an accounting. You have the right to an accounting of some disclosures of your protected health information to third parties. This does not include disclosures that you authorize, or disclosures that occur in the context of treatment, payment or health care operations. We will provide an accounting of other disclosures made in the preceding six years, beginning April 14, 2003. If requested by law enforcement authorities that are conducting a criminal investigation, we will suspend accounting of disclosures made to them.

Right to a paper copy of this Notice. You have the right to a paper copy of any Notice of Privacy Practices posted on our web site.

How to Exercise Your Rights

Questions about our policies and practices, requests to exercise individual rights, and complaints should be directed to our staff by calling (860) 638-5309. Your call will be directed to staff associated with the ABH contract providing services to you or to the Privacy Officer.

Personal Representatives. A “personal representative” of a patient may act on their behalf in exercising their privacy rights. This includes the parent or legal guardian of a minor. In some cases, adolescents who are “mature minors” may make their own decisions about receiving treatment and disclosure of protected health information about them. If an adult is incapable of acting on his or her own behalf, the personal representative would ordinarily be his or her spouse or another member of the immediate family. An individual can also grant another person the right to act as their personal representative in an advance directive or living will.

Disclosure of protected health information to personal representatives may be limited in cases of domestic or child abuse.

Complaints

If you have any complaints or concerns about our privacy policies or practices, please submit a Complaint to our Privacy Officer either by phone at (860) 638-5309 or by mail to:

Advanced Behavioral Health, Inc.
213 Court Street
Middletown, CT 06457
Attn: Privacy Officer

You can also submit a complaint to the United States Department of Health and Human Services Office for Civil Rights. Send your complaint to:

U.S. Department of Health and Human Services
Office for Civil Rights
Centralized Case Management Operations, HHH Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

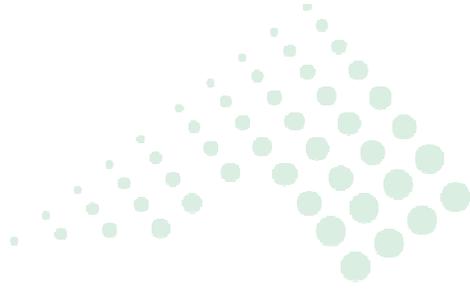
FAX: (202) 619-3818 or Email: OCRComplaints@hhs.gov

For more information, you can call HHS at 1-877-696-6775 or visit the HHS Office for Civil Rights website at www.hhs.gov/ocr/privacy/hipaa/complaints. You may also file a complaint with HHS online by following the link above to the “OCR Complaint Portal”.

We will never retaliate against you for filing a complaint.

Policy Review and Change

ABH privacy practices are reviewed regularly to ensure compliance with all State and Federal regulations. We reserve the right to change our practices and to make the new provisions effective for all health information we maintain and collect. If changes to our privacy practices are made, we will make revisions available to you by posting it in our office and on our website at www.abhct.com. You may also contact us to request a mailed copy of the current practices.



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Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of the Notice of Privacy Practices of Advanced Behavioral Health, Inc.

Signature

Date

Print Name