



Wellmore Behavioral Health
141 East Main Street
Waterbury, CT, 06702

To contact the Wellmore Privacy Officer
Call 1-855-WELMOR or 203-574-9000
Fax 1-203-574-9006 OR
Visit Web: www.wellmore.org

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

GETTING A COPY OF YOUR MEDICAL RECORD

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

ASK US TO CORRECT YOUR MEDICAL RECORD

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

REQUEST CONFIDENTIAL COMMUNICATIONS

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

ASK US TO LIMIT WHAT WE USE OR SHARE

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

GET A LIST OF THOSE WITH WHOM WE’VE SHARED INFORMATION

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within twelve months.

GET A COPY OF THIS PRIVACY NOTICE

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

CHOOSE SOMEONE TO ACT FOR YOU

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS ARE VIOLATED

You can complain if you feel we have violated your rights by contacting us using the information at the end of this Notice. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

By Letter: 200 Independence Avenue, S.W., Washington, D.C. 20201

Call: 1-877-696-6775

Visit: www.hhs.gov/ocr/privacy/hipaa/complaints/

We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

IN THESE CASES, YOU HAVE BOTH THE RIGHT AND CHOICE TO TELL US TO:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation.
- Include your information in a hospital directory (although, we do not maintain such a directory)

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

IN THESE CASES, WE NEVER SHARE YOUR INFORMATION UNLESS YOU GIVE US WRITTEN PERMISSION:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

IN THE CASE OF FUNDRAISING:

We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

We typically use or share your health information in the following ways (all subject to the Special Rules listed later in this Notice).

IN THESE CASES, YOU HAVE BOTH THE RIGHT AND CHOICE TO TELL US TO:

Treat you - We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for a medical issue asks us about your health.

Run our organization - We can use and share your health information to run our programs, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services - We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Respond to lawsuits and legal actions - We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Uses and Disclosures Cont.

Help with public health and safety issues - We can share health information about you for certain situations such as:

- Preventing disease
- Reporting adverse reactions to medications
- Assisting with product recalls
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Comply with the law - We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests - We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to organ and tissue donation requests - We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Do research - We can use or share your information for health research.

Communications with Business Associates/Qualified Service Organizations - We can share health information about you with a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of Wellmore.

Special Rules for Certain Types of Information and Minors

We typically use or share your health information in the following ways (all subject to the Special Rules listed later in this Notice).

MENTAL HEALTH INFORMATION

Certain state laws are more restrictive with respect to how we use or share your mental health information without your consent. For example, with limited exceptions, all communications between you and a psychologist, psychiatrist, social worker, professional counselor, or marital and family therapist will be privileged and confidential in accordance with Connecticut law. In some very limited cases and under special conditions, these laws permit or require us to, and we may, disclose mental health information without your consent (e.g., treatment, payment, substantial risk of imminent harm to self or others, etc.). Other than for the limited purposes permitted by these state laws, we will only disclose such information with your consent or as otherwise required by law. See, generally, Chapter 899 of the Connecticut General Statutes for more information.

SUBSTANCE USE DISORDER TREATMENT INFORMATION

The confidentiality of your substance use disorder patient records is protected by federal law and regulations. Your permission will be needed for most disclosures of substance use disorder information. Generally, we may not say to a person outside the program that you attend the program, or disclose any information identifying you as having or having had a substance use disorder, unless:

1. You consent in writing;
2. The disclosure is authorized by a court order;
3. The disclosure is made to medical personnel in a bona fide medical emergency;
4. The disclosure is for research or audit and program evaluation purposes;
5. The disclosure is internal communication or with a qualified service organization that provides services to the program and needs the information to perform those services.

*Violation of the federal substance use disorder confidentiality law and regulations by Wellmore is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. If you believe that your privacy rights regarding your substance use disorder treatment information have been violated, please contact us using the information on the last page of this notice. You may also file a complaint about a possible violation of your rights as established under the federal regulations which protect substance use disorder records by contacting the United States Attorney's Office, 450 Main Street, Room 328, Hartford, CT 06103, Phone: (860) 947-1101 or, with respect to your participation in an opioid treatment program, the Substance Abuse and Mental Health Services Administration ("SAMHSA") Center for Substance Abuse Treatment, 5600 Fishers Lane, Rockville, MD 20857, Phone: (240) 276-1660. **We will not retaliate against you if you file a complaint.***

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The federal law and regulations do not protect any information about a crime committed by a patient on the premises of Wellmore or against any person who works for Wellmore, including any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state and local authorities.

For more information, see 42 U.S.C. §290dd-2 for the federal statute and 42 C.F.R. Part 2 for federal regulations.

HIV-related information. We may disclose HIV-related information only as permitted or required by Connecticut law. These laws require your consent for most disclosures of HIV-related information, with certain exceptions. For example, your HIV-related protected health information, if any, may be disclosed in the event of significant exposure to HIV-infection to Wellmore personnel or a known partner. Any use and disclosure for such purposes will be to someone able to reduce the outcome of the exposure and limited in accordance with Connecticut and federal law.

Minors. We will comply with Connecticut law when using or disclosing protected health information of minors. For example, if you are an unemancipated minor consenting to a health care service related to HIV/AIDS, venereal disease, abortion, or alcohol/drug dependence, and you have not requested that another person be treated as a personal representative, you may have the authority to consent to the use and disclosure of your health information.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information regarding HIPAA and your rights see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticeapp.html

Effective Date; Changes to the Terms of This Notice. The effective date of this Notice is March 22, 2021. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website; www.wellmore.org