



FAMILY CONNECTIONS, LLC

Supporting Opportunities for Growth & Development

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you may get access to this information.

In compliance with the Health Insurance portability and Accountability Act (HIPAA) of 1996, Family Connections, LLC safeguards the protected health information of people who receive services from us.

Protected health information includes descriptive information that can be used to identify a person and that relates to the physical or mental health or condition, the health care provided to the person, or payment for the health care. The protected health information includes information from the past, present, or future. The right to privacy continues after death.

You have the right to expect that only those individuals, organizations and/or agencies that have a need to know will be granted permission to use your protected health information, unless otherwise allowed by law or by your written authorization.

This notice will explain your rights more completely. These rights are the same as the rights outlined Federal Law.

WHO WE ARE

This notice describes the privacy practices of Family Connections. We are a private partnership providing in-home therapeutic clinical services in Rhode Island.

OUR PRIVACY OBLIGATIONS

We are required by law to keep your health information private, to tell you about these rules and to follow them.

DISCLOSING AND USING YOUR INFORMATION WITH YOUR CONSENT

We will ask you to sign a consent form any time we request information on you or are asked to release the records in our possession

Your consent will permit us to share information with other parties who provide services to you. We will specifically ask your permission to share information related to your treatment, substance abuse or substance abuse treatment, and information pertaining to HIV testing and treatment.

We can share information with providers who are providing services to you.

We will also share information to resolve any complaints or grievances that you may have.

You may restrict what information is shared. Family Connections does not have to agree to the restriction. If we do agree we must make a record of the restrictions and honor them.

If you wish to have information provided to others, you will be asked to sign an authorization. This will allow us to share our information on you with others. We cannot provide information that was given to us by someone else. You can withdraw your authorization as any time.

USING YOUR PROTECTED HEALTH INFORMATION FOR OTHER PURPOSES

Generally, we may use your protected health information for others reasons only when we have a specific authorization sign and dated on file.

There are some times when we may be unable to obtain your consent or authorization and we will still need to use your protected health information. We will use only what is absolutely necessary to accomplish the purpose. Examples include: for emergency treatment, child abuse victimization, suspected child abuse, if you represent a threat to the safety of someone or to yourself and also, if a valid Court Order is duly served upon us.

REVIEWING YOUR PROTECTED HEALTH INFORMATION

You have a right to inspect a copy of protected health information maintained in Family Connection's files. You may also request that your records be sent to another health provider. Some protected health information in our files, particularly if it was provided to Family Connections by others, may not be reviewed or copied.

AMENDING YOUR PROTECTED HEALTH INFORMATION

You have the right to amend protected health information in Family Connections counseling files for as long as that protected health information is maintained in our files. You may not amend material that was not created by Family Connections. You may add written material to your record to clarify information.

DISCLOSURES

You have the right to request an accounting of all disclosures of your protected health information that Family Connections may make if the disclosure was for something other than treatment. You have the right to request an accounting of any disclosures you authorize

INFORMATION AND COMPLAINTS

If you want more information about your Privacy rights and our Privacy Practices, or are concerned that we have not followed our rules, you may contact Rebecca Carter at 401-864-4301 or Kelly Waldron at 401-952-8188.