



The Stamford Counseling Center Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE STAMFORD COUNSELING CENTER AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At the Stamford Counseling Center (SCC) we respect the privacy and confidentiality of your personal health information. This Notice describes our legal duties and privacy practices. This Notice applies to uses and disclosures of all health information about you whether created or received by us.

What is “Medical Information”?

The term “medical information” is synonymous with the terms “personal health information” and “protected health information” for purposes of this Notice. It essentially means 1) any individually identifiable health information (either directly or indirectly identifiable), whether oral or recorded in any form or medium, that is created or received by a health care provider (THE STAMFORD COUNSELING CENTER (SCC), health plan, or others **and** 2) relates to the past, present, or future physical or mental health or condition of an individual (YOU); the provision of health care (e.g., mental health) to an individual (YOU); or the past, present, or future payment for the provision of health care to an individual (YOU).

THE STAMFORD COUNSELING CENTER is a mental health care provider. More specifically, **the SCC is staffed by five licensed mental health therapists, four master’s level therapists working toward licensure, two interns in supervision with our Clinical Director, and one administrative assistant.** These mental health professionals create and maintain treatment records that contain individually identifiable health information about you. These records are generally referred to as “medical records” or “mental health records,” and this notice concerns the privacy and confidentiality of those records and the information contained therein.

PLEASE NOTE: Any SCC therapist, or someone in our practice acting with our authority, may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Your prior written authorization is not required for such contact, but you may request reasonable alternative contact.

In general, client records, and information about clients, are treated as confidential at the SCC and are released to no one without the written authorization of the client, except as indicated in this notice or except as may be otherwise permitted by law. Client records are kept secured so that they are not readily available to those who do not need them.

Your Rights Regarding Protected Health Information

- 1) **You have the right to receive confidential communications of protected health information from us by alternative means or at alternative locations.** (Ex: “don’t call my home, call my cell.”)
- 2) **You have the right to inspect and copy protected health information about you** by making a specific request to do so in writing. This right to inspect and copy is not absolute – in other words, we are permitted to deny access for specified reasons. For instance, **you do not have this right of access with respect to your therapist’s “psychotherapy notes.”** The term “psychotherapy notes” means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint,

or family counseling session and that are separated from the rest of the individual's mental health record. **You do have this right of access** to records that include medication prescriptions and the monitoring of those medications, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

- 3) **You have the right to amend protected health information in our records** by making a request to do so in writing that provides a reason to support the requested amendment. This right to amend is not absolute – in other words, we are permitted to deny the requested amendment only for specified reasons. You also have the right, subject to limitations, to provide us with a written addendum with respect to any item or statement in your records that you believe to be incorrect or incomplete and to have the addendum become a part of your record, even if we disagree with the addendum.
- 4) **You have the right to receive an accounting from us of the disclosures of protected health information** made by us in the seven years prior to the date on which the accounting is requested. As with other rights, this right is not absolute. In other words, we are permitted to deny the request only for specified reasons. For instance, we do not have to account for disclosures of protected health information that are made with your written authorization, since you have a right to receive a copy of any such authorization you might sign.
- 5) **You have the right to request restrictions on certain uses and disclosures of protected health information about you** if it is not already so restricted as covered in this document, and if it does not involve payment, or health care operations. We may not be required to agree to your requested restriction, but if we do agree, we will maintain a written record of the agreed upon restriction.

PLEASE NOTE: *In order to avoid confusion or misunderstanding, we ask that if you wish to exercise any of the rights enumerated above, that you put your request in writing and deliver or send the writing to us. If you wish to learn more detailed information about any of the above rights, or their limitations, please let us know. Our Executive Director, Gary Stanek, LMFT, is willing to discuss any of these matters with you. He is the Privacy Officer of the SCC.*

There are circumstances under which the SCC may or will use and disclose PHI Without Your Authorization:

The SCC may be required or permitted to disclose your personal health information (e.g., your mental health records) without your written authorization. The following circumstances are **examples** of when such disclosures may or will be made:

- 1) **If disclosure is compelled by a court pursuant to an order of that court**
- 2) **If disclosure is compelled by a party to a proceeding before a court or administrative agency pursuant to a subpoena, subpoena duces tecum (e.g., a subpoena for mental health records), notice to appear, or any provision authorizing discovery in a proceeding before a court or administrative agency.**
- 3) **If disclosure is compelled by a board, commission, or administrative agency pursuant to an investigative subpoena issued pursuant to its lawful authority.**
- 4) **If disclosure is compelled by an arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tecum (e.g., a subpoena for mental health records), or any other provision authorizing discovery in a proceeding before an arbitrator or arbitration panel.**
- 5) **If disclosure is compelled by a search warrant lawfully issued to a governmental law enforcement agency.**
- 6) **If disclosure is compelled by Conn Gen Stat Ann §§ 17a-101 to 107: Protection of children from abuse & Mandated reporters,** (for example, if your therapist has a reasonable suspicion of child abuse or neglect).
- 7) **If disclosure is compelled by Connecticut *Public Act No. 03-267* regarding Elder/Dependent Adult Abuse Reporting** (ie, if your therapist has a reasonable suspicion of elder abuse or dependent adult abuse).
- 8) **If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or to the person or property of others, and if your therapist determines that disclosure is necessary to prevent a threatened danger.**
- 9) **If disclosure is compelled or permitted by the fact that you tell me of a serious threat (imminent) of physical violence to be committed by you against a reasonably identifiable victim or victims.**
- 10) **If disclosure is compelled or permitted in the event of your death, to the coroner to determine the cause of death.**
- 11) **If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law, including but limited to, audits, criminal or civil investigations, or licensure or disciplinary actions. The Connecticut Department of Public Health, who license Marriage and Family Therapists, Professional Counselors, Clinical Social Workers and Registered Nurses, is an example of a health oversight agency.**
- 12) **If disclosure is compelled by the U. S. Secretary of Health and Human Services to investigate or determine the SCC's compliance with privacy requirements under federal regulations (the "Privacy Rule").**
- 13) **If disclosure is otherwise specifically required by law.**

PLEASE NOTE: *The foregoing list of circumstances under which the SCC may or will use and disclose PHI without your authorization is not an exhaustive list, but informs you of most of the circumstances under which an SCC therapist would make a disclosure without your written authorization. Other uses and disclosures will generally be made only with your written authorization, even though federal privacy regulations or state law may allow additional uses or disclosures without your written authorization. Uses or disclosures made with your written authorization will be limited in scope to the information specified in the authorization form, which must identify the information "in a specific and meaningful fashion." You may revoke your written authorization at any time, provided that the revocation is in writing and except to the extent that your therapist has taken action in reliance on your written authorization. Your right to revoke an authorization is also limited if the authorization was obtained as a condition of obtaining insurance coverage for you. If Connecticut law protects your confidentiality or privacy more than the federal "Privacy Rule" does, or if Connecticut law gives you greater rights than the federal rule does with respect to access to your records, the SCC will abide by Connecticut law. In general, uses or disclosures by your therapist of your personal health information (without your authorization) will be limited to the minimum necessary to accomplish the intended purpose of the use or disclosure. Similarly, when with your permission we request your personal health information from another health care provider, health plan or health care clearinghouse, we will make an effort to limit the information requested to the minimum necessary to accomplish the intended purpose of the request.*

Duties of the SCC Privacy Officer

Gary Stanek, LMFT, is required by law to maintain the privacy and confidentiality of your personal health information (PHI). This notice is intended to let you know of his legal duties, your rights, and the SCC's privacy practices with respect to your PHI. He is required to abide by the terms of this notice currently in effect. He reserves the right to change the terms of this notice and/or SCC privacy practices and to make the changes effective for all protected health information that the SCC maintains, even if it was created or received prior to the effective date of the notice revision. If he makes a revision to this notice, he will make the notice available at this office upon request on or after the effective date of the revision and will post the revised notice in a clear and prominent location.

As the Privacy Officer of this practice, Gary Stanek has the duty to develop, implement and adopt clear privacy policies and procedures for this practice and he has done so. He is the individual who is responsible for assuring that these privacy policies and procedures are followed not only by him, but by any employees that work with him or that may work with him in the future. He has trained or will train any employees that may work with him so that they understand SCC privacy policies and procedures.

Because Gary Stanek is the Contact Person at the SCC, you may complain to him, to the Commissioner of the Connecticut Department of Public Health, and to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights may have been violated either by your therapist or by anyone else employed by the SCC. You may file a complaint with Gary Stanek by simply providing him with a written notice that specifies the manner in which you believe the violation occurred, the approximate date of such occurrence, and any details that you believe will be helpful to him. His telephone number is 203-323-8560 x102. He will not retaliate against you in any way for filing a complaint with him or with the Commissioner or Secretary. Complaints to the Commissioner or Secretary must also be filed in writing.

If you need or desire further information related to this Notice or its contents, or if you have any questions about this Notice or its contents, please feel free to contact Gary Stanek at the number listed in the above paragraph. As Privacy Officer and Contact Person for the SCC, he will do his best to answer your questions and to provide you with additional information.

This notice first became effective November 16, 2009. It has been revised annually with the current revision dated September, 2017.