



CHRISTIAN COUNSELING CENTER OF GREATER DANBURY, INC.

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NOTICE OF PRIVACY PRACTICES (NPP) BRIEF VERSION

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 COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintain the privacy of your personal health information as part of providing professional care. We also are required by law to keep your information private. These laws are complicated, but we must give you this important information. This document is a shorter version of the full, legally required NPP; you may have a copy of the full version to read and refer to for more information. However, we can't cover all possible situations, so please talk to our Privacy Officer about any questions or problems.

We will use the information about your health that we get from you or from others mainly to provide you with **treatment**, to arrange **payment** for our services, and for some other business activities that are called health care **operations** by the law. After you have read this NPP, we will ask you to sign a **consent form** to let us use and share your information. If you do not consent and sign this form, we cannot treat you.

If you or we want to use or disclose (send, share, release) your information for any other purposes, we will discuss this with you and ask you to sign an authorization form to allow this. We will keep your health information private, but there are some times when the law requires us to use or share it. For example:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization who is able to help prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings.
3. If a law enforcement official requires us to do so.
4. For Workers Compensation and similar benefit programs.

There are some other situations like these, but they do not happen very often. They are described in the full version of the NPP.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home and not at work to schedule or cancel an appointment. We will try our best to do as you ask.
2. You have the right to ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends.
3. You have the right to look at the health information we have about you, such as your treatment and billing information. You can even get a copy of these records, but we may charge you. Contact our Privacy Officer to arrange to see your records.
4. If you believe the information in your records is incorrect and/or missing important information, you can ask us to amend your health information. Your request must be in writing and must be sent to our Privacy Officer. You must state the reasons you want to make the changes.
5. You have the right to a copy of this notice. If we change this NPP, we will post the new version in our waiting area; you can always get a copy of the NPP from our Privacy Officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

Additionally, you may have other rights, which are granted to you by the laws of our state that may be the same or different from the rights described above. Our Privacy Officer will gladly discuss these situations with you now or as they arise.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE OR OUR HEALTH INFORMATION PRIVACY POLICIES, PLEASE CONTACT OUR PRIVACY OFFICER, CHERYL FUSCO, WHO CAN BE REACHED BY PHONE AT (203) 775-3282, OR BY EMAIL AT ccchealth@juno.com.

PLEASE READ AND SIGN THE CONSENT FORM THAT FOLLOWS. THANK YOU.

The effective date of this notice is April 14, 2003.