

[Lindsay Benjamin, LCSW PLLC, 1000 Boston Post Rd., #1012,  
Old Saybrook, CT 06475]

**CONNECTICUT NOTICE OF PRIVACY PRACTICES FOR LINDSAY  
BENJAMIN, LCSW PLLC**

**Notice of Provider's Policies and Practices to Protect the Privacy of Your Health  
Information**

**Effective Date: January 24th, 2024**

**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.**

**I. PURPOSE OF THE NOTICE OF PRIVACY PRACTICES**

This Notice of Privacy Practices (the "Notice") is meant to inform you of the ways that Lindsay Benjamin, LCSW PLLC ("Provider") may use or disclose your protected health information ("PHI"). It also describes your rights to access and control your protected health information and certain obligations that we have regarding use and disclosure of your protected health information.

We are required by law to maintain the privacy of your protected health information and want you to know about our practices for protecting your health information.

We are required by law to provide you with this Notice of our legal duties and privacy practices with respect to your protected health information and to abide by the terms of the Notice that is currently in effect. The protected health information that we maintain may come from any of the providers from whom you have received services. The information about you created and received by us, including demographic information, that may reasonably identify you and that relates to your past, present or future physical or mental health or condition or payment for the provision of your health care is known as Protected Health Information, or PHI. We will not use or disclose your PHI without your permission, except as described in this Notice.

We may revise our Notice at any time. The new revised Notice will apply to all of your protected health information maintained by us. You will not automatically receive a revised Notice. If you would like to receive a copy of any revised Notice, you should request a copy at your next appointment, or send a written request to the Compliance Officer at the address listed at the end of this Notice.

**II. HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH  
INFORMATION**

Lindsay Benjamin, LCSW PLLC will ask you to sign a consent form that allows Lindsay Benjamin, LCSW PLLC to use and disclose your protected health information for treatment, payment and health care operations. You also will be asked to acknowledge receipt of the Notice.

The following categories describe some of the different ways that we may use or disclose

your protected health information. Even if not specifically listed below, Lindsay Benjamin, LCSW PLLC may use and disclose your protected health information as permitted or as required by law or as authorized by you. We will make reasonable efforts to limit access to your protected health information to those persons or classes of persons, as appropriate, in our workforce who need access to carry out their duties.

**FOR TREATMENT** – We may use and disclose your protected health information to provide you with medical treatment, mental health and related services. For example, your protected health information may be used to refer you to other providers or to send your records to another treating health care professional.

**FOR PAYMENT** - We may use and disclose your protected health information so that we can bill and receive payment for the treatment and related services you receive. For example, we may use and disclose your protected health information to obtain payment from third parties who may be responsible for such costs.

**FOR HEALTH CARE OPERATIONS** - We may use and disclose your protected health information as necessary for the operations of Lindsay Benjamin, LCSW PLLC, such as quality assurance and improvement activities. For example, we may disclose your information to internal staff for evaluation of the quality of services provided.

**BUSINESS ASSOCIATES** – We may disclose your protected health information to a Business Associate that provides services (such as billing or legal services) to Lindsay Benjamin, LCSW PLLC. In order to protect your information, we require Business Associates to enter into a written contract that requires them to safeguard your information.

**APPOINTMENT REMINDERS** – We may use and disclose protected health information to contact you as a reminder that you have an appointment with Lindsay Benjamin, LCSW PLLC.

**PUBLIC HEALTH ACTIVITIES** – We may disclose your protected health information to a public health authority that is authorized by law to collect or receive such information, such as mandated reporting of disease, injury or vital statistics.

**HEALTH OVERSIGHT ACTIVITIES** – We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, or other activities necessary for oversight of the healthcare system, government programs and compliance with civil rights laws.

**REQUIRED BY LAW** – We may disclose your protected health information for certain law enforcement purposes if permitted or required by state or federal law. We will inform you or your representative if we disclose your protected health information because we believe you are victim of abuse, neglect or domestic violence, unless we determine that informing you or your representative would place you at risk. In addition, we must provide protected health information to comply with an order in a legal or administrative proceeding. Further, we may be required to provide protected health information in response to a subpoena, discovery request or other lawful purpose, but only if efforts have been made by us or the requesting party to contact you about the

request or to obtain an order to protect the requested protected health information.

**HEALTH INFORMATION EXCHANGE** – We may use or disclose your protected health information as necessary to execute the Connecticut State-wide Health Information Exchange requirements. Pursuant to statute, Lindsay Benjamin, LCSW PLLC must participate in the Connecticut State-wide Health Information Exchange, “CONNIE”, by uploading your protected health information. Your electronic health records that are input to CONNIE, including certain sensitive health information, e.g. mental health information, HIV/AIDS, genetic information, some alcohol and drug abuse treatment information, communicable diseases, and developmental and intellectual disability treatment, may be accessible through CONNIE to properly authorized users for purposes of treatment, payment, and health care operations as well as other purposes permitted or required by law. You may opt-out of Connecticut’s State-Wide Health Information Exchange via CONNIE’s website and contact information. Even if you opt-out of having your health information used and disclosed through CONNIE, some of your information may still be available through CONNIE to properly authorized individuals as necessary in an emergency or to report specific information to a government agency as required by law (for example, suspected incidents of abuse).

**EMERGENCIES** – We may use or disclose your protected health information in an emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably practicable after the delivery of treatment.

**OTHERS INVOLVED IN YOUR HEALTHCARE** – Unless you object in writing, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to the person’s involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, your location, general condition or death. We also may use or disclose your protected health information to an authorized governmental agency or private entity (such as FEMA or Red Cross) in assisting with disaster relief efforts, unless you object in writing.

**ACCESS TO MINOR’S MEDICAL RECORDS** – If you are a minor, we may disclose your protected health information to your personal representative, legal guardian, custodial parent and/or non-custodial parent if we determine that it is in your best interest based on our professional judgment, except under the following circumstances: if you object in writing; if there is a court order expressly prohibiting disclosure of the minor’s PHI to certain persons, a copy of which order is timely provided to Provider; when the minor consents to care and the consent of the parent is not required under State or other applicable law; when the minor obtains care at the direction of a court or a person appointed by the court; or when, and to the extent that, the parent agrees that the minor and the health care provider may have a confidential relationship.

For those minors who receive outpatient mental health treatment without parental consent, we may notify your parent or guardian of treatment provided or disclose certain information concerning such treatment without your consent if: we determine that such notification or disclosure is necessary for your well-being; the treatment provided is solely for mental health and not for a substance use disorder; and you are provided with

an opportunity to object. If you object, we will document your objection and our determination of disclosure in your medical records. We also may disclose to your parent or guardian the following information concerning your outpatient mental health treatment: diagnosis; treatment plan and progress in treatment; recommended medications, including risks, benefits, side effects, typical efficacy, dose and schedule; psychoeducation about your mental health; referrals to community resources; coaching on parenting or behavioral management strategy; and crisis prevention planning and safety planning.

If you are a minor, we may be mandated, by statute, to report any suspected or believed child abuse to the Commissioner of Children and Families and/or a law enforcement agency.

**TO AVERT SERIOUS THREAT** – We may use or disclose your protected health information when necessary to prevent a serious threat to the health or safety of you or others. Any disclosure would be to someone able to help prevent the threat.

**MILITARY AND NATIONAL SECURITY** – If required by law, if you are a member of the armed forces, we may use and disclose your protected health information as required by military command authorities, Department of Veterans Affairs, or other authorized federal officials.

**WORKERS' COMPENSATION** – We may disclose your protected health information for workers' compensation and similar programs to the extent necessary to comply with the law.

**VICTIMS OF ABUSE OR NEGLECT** – We may disclose your protected health information to a government authority if we reasonably believe that you are a victim of abuse or neglect, including, but not limited to child, elderly or domestic abuse. We will disclose this type of information only to the extent required by law.

**CORONERS, MEDICAL EXAMINERS, FUNERAL DIRECTORS, ORGAN PROCUREMENT ORGANIZATIONS** – If you are deceased, we may disclose limited information to a coroner, medical examiner, funeral director, or if you are an organ donor, to an organization involved in the donation of organs and tissues.

**RESEARCH** – Under certain circumstances, we may disclose protected health information for research purposes.

**SPECIAL RULES REGARDING MENTAL HEALTH RECORDS, SUBSTANCE ABUSE TREATMENT INFORMATION AND HIV-RELATED INFORMATION** – For disclosures concerning protected health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment, special restrictions generally apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign an Authorization or, in certain circumstances, if the court orders disclosure.

**MENTAL HEALTH INFORMATION** – Certain mental health treatment information may be disclosed for treatment and payment purposes as permitted or as required by law. Otherwise, we will only disclose such information pursuant to an authorization, court

order or as otherwise required by law. For example, all communications between you and a psychologist, psychiatrist, social worker and certain therapists and counselors will be privileged and confidential in accordance with State and Federal law.

- For patients admitted with a legal status of 54-56d, written reports will be disclosed as required by or from the Superior Court as to whether you are competent to stand trial. The report to the court will include clinical findings, facts on which the findings are based and the opinion to whether you have attained competency and/or progress towards competency.
- For patients admitted with a legal status of 17a-582, written reports will be disclosed to the Psychiatric Security Review Board at least every six months.

**SUBSTANCE ABUSE TREATMENT INFORMATION** – If you are receiving treatment or diagnosis for substance abuse, the confidentiality of alcohol and drug abuse patient records is protected by Federal law and regulations.

**HIV-RELATED INFORMATION** – We may disclose HIV-related information as permitted or required by State law. For example, your HIV-related information, if any, may be disclosed without your authorization for treatment purposes, certain health oversight activities, pursuant to a court order, or in the event of certain exposures to HIV by personnel of Lindsay Benjamin, LCSW PLLC, another person or a known partner (if certain conditions are met).

### **III. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

**RIGHT TO REQUEST RESTRICTIONS** – You have the right to request, in writing, a restriction on certain uses and disclosures of your PHI for the purpose of treatment, payment or health care operations, except in the case of an emergency. You also have the right to request a restriction on the information we disclose to a family member or friend who is involved with your care or the payment for your care. However, we are not required to agree to such a restriction if we believe that it is in your best interest to permit use and disclosure of your PHI.

**RIGHT TO CONFIDENTIAL COMMUNICATIONS** – You have the right to request that we communicate with you about your PHI by certain means or at certain locations. For example, you may specify that we call you only at your home phone number and not at your work number. You must make a written request, specifying how and where we may contact you, to the Compliance Officer at the address listed at the end of this Notice.

**RIGHT TO ACCESS YOUR PHI** – You have the right to inspect and copy your protected health information by written request, with some exceptions. You have the right to obtain an electronic copy of any of your protected health information that we maintain in electronic format. You have the right to request that we transmit a copy of your protected health information directly to another person or entity designated by you. Lindsay Benjamin, LCSW PLLC reserves the right to deny the request, to which you may make a further appeal by written request to the Owner at the address listed at the end of this Notice. Depending on the reason for the denial, another licensed health care provider chosen by us may review your request and the denial.

**RIGHT TO REQUEST AMENDMENT** – You have the right to request an amendment of your PHI if you believe it is incorrect or incomplete, for as long as it is maintained by

Lindsay Benjamin, LCSW PLLC. Lindsay Benjamin, LCSW PLLC reserves the right to deny the request if: we did not create the PHI; we do not maintain the PHI; it is not information that you are permitted to inspect or copy; or we determine that the PHI is accurate and complete.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES** – You have the right to request an accounting of Lindsay Benjamin, LCSW PLLC’s disclosures of your PHI during the six years prior to the date of your request. You must make written request for an accounting, specifying the time period for the accounting, to the Owner at the address listed at the end of this Notice.

**RIGHT TO RECEIVE PAPER COPY OF THIS NOTICE** – You have the right to receive a paper copy of this Notice upon request.

**RIGHT TO NOTICE OF BREACH** – You have the right to be notified if we or one of our Business Associates becomes aware of a breach of your unsecured PHI.

**RIGHT TO RESTRICT DISCLOSURE FOR SERVICES PAID BY YOU IN FULL** – You have the right to restrict the disclosure of PHI to health plans for the purposes of payment if you paid us directly out-of-pocket and in full for the health services or item to which the information relates.

**RIGHT TO FILE A COMPLAINT** – You have the right to file a complaint with us or with the Secretary of Health and Human Services, as provided at the end of this Notice, if you feel that your privacy rights have been violated.

#### **IV. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION**

The following uses and disclosures of your PHI will be made only with your written authorization:

- Other uses and disclosures not described in this Notice of Privacy Practices
- Uses and disclosures of PHI for marketing purposes
- Disclosures that constitute a sale of your PHI
- Sensitive Health Information. The confidentiality of psychiatric, alcohol, drug and HIV related records, including psychotherapy notes, information about substance abuse disorders and treatment, mental health and AIDS/HIV or other communicable diseases, is required by Federal and State laws. To the extent that any such information is contained in your PHI, Lindsay Benjamin, LCSW PLLC will not disclose it to anyone without specific written consent or authorization from you, in accordance with applicable Federal and State laws.

**You may revoke an authorization at any time, except to the extent that we have already acted.**

#### **V. COMPLAINTS AND QUESTIONS**

If you feel that your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with Lindsay Benjamin, LCSW PLLC, please contact: Lindsay Benjamin, LCSW PLLC, phone 475-221-2406.

There will be no retaliation for filing a complaint.

If you have any questions or would like more information, you may contact Lindsay Benjamin, Owner, at 475-221-2406.