

Notice of Privacy Practices

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.

Effective: April 1, 2003; Revised: November 1, 2019

I. Purpose of this Notice of Privacy Practices

InterCommunity, Inc. ("InterCommunity") understands that your medical information is private and confidential. This Notice of Privacy Practices (this "Notice") describes your rights with respect to your protected health information and our obligations, legal duties, and privacy practices regarding the use and disclosure of your protected health information.

Your "protected health information" is 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.

InterCommunity is required by law to provide you with this Notice, to maintain the privacy of your protected health information, and to abide by the terms of this Notice currently in effect, and to notify you following a breach of your unsecured protected health information. If you would like to receive a copy of this Notice or a copy of any revised Notice, you should contact InterCommunity via the contact information provided at the end of this Notice or visit our website at www.intercommunityct.org.

II. Organized Health Care Arrangement

InterCommunity is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of Intercommunity, OCHIN supplies information technology and related services to Intercommunity and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your health information may be shared by InterCommunity with other OCHIN participants when necessary for health care operations purposes of the organized health care arrangement.

As part of InterCommunity's participation in OCHIN, InterCommunity's electronic medical records are shared with other treating providers through the Epic electronic medical records system ("Epic") and its Care Everywhere function (please see special note regarding minors). Through Epic, hospitals, physicians, clinics, and other Epic providers can access the shared electronic medical record, which includes the medical information generated by InterCommunity and other providers. The medical record information is shared to facilitate care coordination, and access to the information is granted on a need-to-know basis for the sole purpose of treatment and ensuring patient safety and care consistency. Upon intake, you will be asked to sign a consent to permit the foregoing, particularly related to the use and disclosure of information regarding HIV status, mental health, and substance abuse.

Although you may not opt out of Epic, you may request in writing to opt out of Care Everywhere, which will prevent future treating providers outside the OCHIN network from accessing your

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medical record in the OCHIN Epic system. Treating providers who are OCHIN participants will continue to have access to your information. Please contact InterCommunity's Privacy Officer at 860-569-5900 or compliance@intercommunityct.org for information regarding how to opt out of Care Everywhere or if you have any questions about the information shared through Epic generally.

Special Note for treating minors at InterCommunity: Patients under the age of 18 are automatically opted out of Care Everywhere. However, InterCommunity recommends participation in Care Everywhere to facilitate best care coordination. If you would like to opt in to have your child's information be shared through Care Everywhere, please speak with your child's provider or contact InterCommunity's Privacy Officer at 860-569-5900 or compliance@intercommunityct.org.

III. How InterCommunity May Use or Disclose Your Protected Health Information Without Your Authorization

Connecticut and federal law permit certain uses and disclosures of protected health information without obtaining your prior authorization. The following categories describe some of the different ways that InterCommunity is permitted to use and disclose protected health information without your authorization. The descriptions are intended to give you enough detail to put you on notice, but do not contain an exhaustive listing of the specific circumstances and limitations. Even if not specifically listed below, InterCommunity may also use and disclose your protected health information as required by law or as authorized by you.

Treatment: InterCommunity may use protected health information to provide you with medical treatment and related services and may disclose information to other providers involved in your care. It may share your protected health information with clinicians, counselors, doctors, and other persons involved in providing you treatment. For example, InterCommunity may disclose your protected health information to another health care provider that requests such information to provide you with treatment.

Payment: InterCommunity may use and disclose protected health information for billing and payment purposes. For example, InterCommunity may use your protected health information to prepare your bill. It may also disclose such information to your insurance carrier or other entity responsible for payment to confirm your coverage and/or obtain payment.

Health Care Operations: InterCommunity may use and disclose protected health information as necessary for health care operations, such as management, personnel evaluations, education and training, and to monitor and improve its quality of care. For example, your protected health information may be combined and analyzed for purposes of evaluating and improving InterCommunity's clinical programs.

Appointment Reminders: InterCommunity may use or disclose protected health information when contacting you to provide appointment reminders (including, without limitation, through calls, text messages, or emails).

Business Associates: InterCommunity may disclose protected health information to business

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associates and may allow business associates to create, use, disclose, or receive protected health information on its behalf. All business associates enter into a written contract requiring the appropriate safeguard of your protected health information and are obligated to only use and disclose your protected health information as provided for in this Notice.

Public Health Activities: InterCommunity may disclose protected health information for public health activities, under certain limited circumstances, to certain persons or entities. A general description of some of the types of disclosures include, but are not limited to, disclosures to: (i) a public health authority that is authorized by law to collect or receive such information for the purposes of preventing or controlling disease, injury or disability, or reporting births and deaths; (ii) a public health authority or other government authority authorized to receive reports of child abuse or neglect; (iii) a person engaged in certain activities with respect to a FDA regulated product or activity; (iv) a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; or (v) your employer if your care is being provided at the request of your employer and other specific conditions are met.

Personal Health Concerns: InterCommunity may disclose protected health information to an authorized government authority if InterCommunity reasonably believes that you are a victim of abuse, neglect, or domestic violence and you agree to the report or the disclosure is permitted under Connecticut law. You will be promptly informed of such disclosure unless InterCommunity believes doing so would place you at risk of serious harm.

Health Oversight Activities: InterCommunity may disclose protected health information to a health oversight agency for activities authorized by law, such as certain audits, investigations, inspections, licensures, disciplinary actions, or proceedings.

Judicial and Administrative Proceedings: InterCommunity may disclose protected health information in response to a court or administrative order, a subpoena, discovery request, or other lawful process, subject to certain restrictions and only to the extent permitted under Connecticut law.

Law Enforcement Purposes: InterCommunity may disclose protected health information for law enforcement purposes as permitted or required by law. Such lawful purposes include, but are not limited to: (i) the reporting of wounds or other physical injuries; (ii) to comply with a court order, warrant, subpoena or summons, as permitted or required under Connecticut law; or (iii) in response to a law enforcement official's request for information concerning crimes or deaths.

Coroners, Medical Examiners, Funeral Directors and Organ Donation Purposes: InterCommunity may disclose protected health information to coroners, medical examiners, funeral directors, or, if you are an organ donor, to an organ donation organization.

Research Purposes: InterCommunity may use or disclose protected health information for research purposes with your prior authorization, or alternatively, if an Institutional Review Board or a Privacy Board approves an alteration or waiver of your authorization.

To Avoid a Serious Threat to Health or Safety: InterCommunity may disclose protected health information when necessary to prevent a threat to the health or safety of you, another person, or the public. It may also disclose protected health information when necessary for law enforcement

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authorities to identify or apprehend an individual. Protected health information will not be provided to law enforcement authorities to identify or apprehend an individual if the information was obtained by us in the course of treatment that relates to, or was initiated for, the purpose of treatment, counseling or therapy which affects your propensity to commit the crime investigated.

Armed Forces, National Security and Intelligence Activities: Under certain conditions, InterCommunity may disclose your protected health information: (i) as deemed necessary by military command authorities if you are Armed Forces or foreign military personnel; (ii) to authorized federal officials conducting lawful intelligence, counter-intelligence, or other national security activities; (iii) for the protection of United States' executive officials or foreign heads of state; or (iv) for authorized investigations.

Correctional Institutions and Custodial Situations: InterCommunity may disclose protected health information to correctional institutions or law enforcement officials in custody of an inmate or other individual if: (i) necessary for providing you health care, or for the health and safety of you, other inmates, correctional officers or correctional employees, or persons involved in your transportation; (ii) necessary for law enforcement on the premises of the institution; or (iii) necessary for the administration and maintenance of the safety, security, and good order of the institution.

Workers' Compensation: InterCommunity may disclose protected health information, as required by law, relating to workers' compensation or other similar programs.

Alternative Treatment or Health-Related Benefits: InterCommunity may use or disclose protected health information in offering alternative treatments or health-related benefits that may be of interest to you.

Fundraising Activities: InterCommunity may use or disclose certain protected health information to contact you regarding its fundraising activities. For example, InterCommunity may mail you an announcement regarding a fundraising event. We may also disclose such information to a business associate or to an institutionally related foundation for the same purpose. You have the right to opt out of receiving these communications.

IV. Uses and Disclosures Requiring You to Agree or Object

InterCommunity may disclose protected health information to individuals directly involved in your care or payment, including a family member, other relative or close friend with your agreement, when you do not object, or when we infer such agreement from the circumstances. In circumstances where you are not present or are incapacitated, we may disclose certain protected health information to such individuals if we determine it is in your best interest. We may also disclose certain protected health information for disaster relief or in emergency circumstances.

V. How InterCommunity May Use or Disclose Your Protected Health Information With Your Authorization

Except as described in this Notice, or as permitted by Connecticut and federal law, InterCommunity will not use or disclose your protected health information without your written authorization. You may revoke an authorization at any time by contacting InterCommunity's Privacy Officer in writing or otherwise following the instructions on the authorization form. If you revoke an authorization,

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InterCommunity will no longer use or disclose protected health information covered by the authorization, except where it has already relied on the authorization.

Psychotherapy Notes & Psychiatric information: Psychotherapy notes may only be used or disclosed for the purposes of certain treatment, payment, and health care operations, as required by law, or with your written authorization. For example, a written authorization or court order is generally required for the use or disclosure of psychotherapy notes, except to carry out only very specific treatment, payment, or health care operations. Other psychiatric information is protected by Connecticut law and may only be disclosed with your permission subject to certain exceptions (e.g., treatment, substantial risk of injury to patient or another individual, etc.).

Marketing: InterCommunity may only use or disclose protected health information for marketing purposes with your prior authorization, unless the marketing is in the form of a face-to-face communication with us or through a promotional gift of nominal value. If InterCommunity expects the marketing to result in direct or indirect remuneration from a third party, InterCommunity will obtain an authorization from you that states that such remuneration is expected.

Sale of Protected Health Information: Under Connecticut law, we are prohibited from selling or offering for sale your individually identifiable medical record information. For any sale of protected health information that is otherwise permitted by state and federal law, we will need to obtain your authorization.

HIV-Related Information: InterCommunity will not disclose confidential HIV-related information except as permitted or required by law. For example, disclosure is permitted or required where it is necessary to the provision of treatment or where personnel of InterCommunity or another person has had a significant exposure to HIV-infection in the course of his or her occupational duties. Any such use or disclosure will be limited in accordance with Connecticut and federal law.

Minors: InterCommunity will comply with Connecticut and federal law in using and disclosing a minor's protected health information. For example, if you are an un-emancipated minor consenting to a health care service related to sexually transmitted infections (STI's), 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 provide or withhold consent to the use and disclosure of your health information.

VI. Special Protection of Alcohol and Substance Abuse Patient Records

The confidentiality of alcohol and substance abuse patient records maintained by InterCommunity is protected by federal law and regulations. Generally, InterCommunity may not say to a person outside the program that you attend the program, or disclose any information identifying you as being dependent upon alcohol or other substances. There are certain situations, however, where information may be disclosed, which include, but are not limited to, when: (i) you have consented in writing to the disclosure; (ii) a court order compliant with 42 C.F.R. part 2 requires the disclosure; (iii) the disclosure is necessary to meet a bona fide medical emergency; (iv) the disclosure is for research or audit and program evaluation purposes; or (v) the disclosure is internal communication or with a qualified service organization.

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Violation of the federal law and regulations by InterCommunity is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. If you believe that your privacy rights have been violated, please contact the Privacy Officer at 860-569-5900 or compliance@intercommunityct.org. 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.

Federal law and regulations do not protect any information about a crime committed by a patient on the premises of InterCommunity or against any person who works for InterCommunity or about 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.

VII. Your Rights Regarding Your Protected Health Information

You have the following rights with respect to your protected health information. The following briefly describes how you may exercise these rights.

Rights to Request Restrictions of Your Protected Health Information: You have the right to request restrictions regarding the use or disclosure of your protected health information to carry out treatment, payment, or health care operations, or to restrict InterCommunity from disclosing your protected health information to a family member, other relative, or a close personal friend. InterCommunity is not required to agree to your requested restriction unless it relates to disclosure to a health plan for the purposes of payment or health care operations, and pertains solely to a health care item or service for which you, or someone else on your behalf (besides the health plan) paid for in full.

Right to Request Confidential Communications: You have the right to request, in writing, that InterCommunity communicate protected health information to you by alternative means or at alternative locations. All reasonable requests will be accommodated.

Right to Access Protected Health Information: You have the right to inspect and obtain a copy of your protected health information that is kept in a designated record set. Some exceptions may apply (e.g. psychotherapy notes). Your request for access must be made in writing. A reasonable fee may apply for the costs of copying, mailing, or preparing an explanation or summary of your information. You may also request an electronic copy of information that we maintain as an electronic health record. If you would like protected health information sent to an entity or person other than yourself, however, you must make the request in a writing, signed by you, which clearly identifies the designated person and where to send the copy of protected health information. We may charge you for the preparation

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of the copy as permitted by law. In certain circumstances, InterCommunity may deny your request to inspect or obtain copies. If you are denied access to your protected health information, you may have the right to request a review of the denial.

Request Amendment: You have the right to request an amendment to your protected health information that is maintained by or for InterCommunity in a designated record set. A request for an amendment must be made in writing and must state the reason for the amendment. InterCommunity may deny your request in certain circumstances. If InterCommunity denies your request, it will provide you the denial in writing, include the basis for the denial, and explain your right to submit a written statement disagreeing with the denial.

Request an Accounting of Disclosures: You have the right to request an accounting of disclosures of your protected health information made by InterCommunity or others on its behalf. Such accounting of disclosures will not include: (i) disclosures made for treatment, payment, and health care options; (ii) disclosures made according to your authorization; and (iii) certain other exceptions. Requested accountings must specify a time period spanning no more than six years prior to the date of your request. InterCommunity may charge a reasonable fee for a request for accounting; provided that, the first accounting in any 12 month period will be provided without charge.

Request a Paper Copy of this Notice: You have the right to obtain a paper copy of this Notice even if you have already requested or agreed to receive an electronic copy of this Notice. You may request a copy of this Notice at any time.

VIII. Changes to this Notice

InterCommunity reserves the right to change the privacy practices contained in this Notice. Any new or revised Notice provisions will be effective for all protected health information, including such information previously created, received or maintained by it, as well as for all protected health information it receives in the future. InterCommunity will provide an electronic or paper copy of the revised Notice upon request. A copy of the current Notice is available on InterCommunity's website at www.intercommunityct.org and at our office.

IX. For Further Information or to File a Complaint

If you have any questions about this Notice or would like further information concerning your privacy rights or protected health information, please contact the Privacy Officer. If you believe that your privacy rights have been violated, you may file a complaint in writing with InterCommunity. InterCommunity will not retaliate against you for filing a complaint.

To ask questions, receive further information, or file a complaint, please contact our **Privacy Officer** 860-569-5900 or compliance@intercommunityct.org.

Also, you may file a complaint in writing with the Secretary of Health and Human Services:

U.S. Department of Health and Human Services
Office of the Secretary
200 Independence Avenue, S.W.

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Washington, DC 20201
1-877-696-6775

This Notice of Patient Rights and Responsibilities (the “Notice”) is for clients/patients of InterCommunity, Inc. (“InterCommunity”). This Notice is designed to inform you of your rights and responsibilities. We will also review this Notice with you and you will receive a copy for future reference. We encourage you to refer back to this Notice or to contact any member of InterCommunity at any time with questions about your rights and responsibilities.

PATIENT RIGHTS

You have the right to be treated humanely and with dignity and to an environment that contributes to a positive self-image and minimizes distractions that interfere with therapeutic activities. You shall not be deprived of any personal, property, or civil rights without due process of law. InterCommunity does not use restraints or seclusion. You have a right to have access to your medical records, unless doing so would be medically harmful for you or as otherwise provided by law. You have a right to be free from humiliation, neglect, exploitation, sexual harassment, or any type of abuse, and discrimination because of your race, gender, sexual orientation, sexual identify, religious beliefs, or disability.

You also have the right to receive information about the methods of treatment, techniques used, duration of treatment, if known, professional education and experience of your providers, medications prescribed (prior to giving consent if applicable), and the fee structure. Information will be provided to you prior to treatment so that you can provide your informed consent to treatment. You shall be treated in accordance with an individualized treatment plan suited to your needs, which shall be reviewed on occasion and include a discharge plan (as appropriate), and you have the right to lead in the creation of your service goals and the service plans. At any time you may choose to, or choose not to, participate in research projects that ensure ethical treatment/research.

You may refuse care, treatment, or services in accordance with the law and you will not be provided with medication or any treatment without your informed consent except in accordance with applicable law regarding involuntary treatment. You have the right to delegate decisions about your care, treatment, or services to another and to involve your family in decisions about your care, treatment, and services. At any time you may choose to seek a second opinion, request a change of provider, seek an internal review of your plan of care, treatment, or service, and/or terminate treatment. You have full access to outside self-help support group services, protective services, advocacy support services, and legal entities for appropriate representation.

PRIVACY

You have the right to have your privacy respected and your protected health information kept confidential. Protected health information will only be used and shared in accordance with InterCommunity’s Notice of Privacy Practices, which you have been provided along with this document.

InterCommunity is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of Intercommunity, OCHIN supplies information technology and related services to Intercommunity and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your health information may be shared by InterCommunity with other OCHIN participants when necessary for health care operations purposes of the organized health care arrangement.

As part of InterCommunity's participation in OCHIN, InterCommunity's electronic medical records are shared with other treating providers through the Epic electronic medical records system ("Epic") and its Care Everywhere function. Through Epic, many of your hospitals, physicians, clinics, and other Epic providers can access the shared electronic medical record, which includes the medical information generated by InterCommunity and other providers. The medical record information is shared to facilitate care coordination, and access to the information is granted on a need-to-know basis for the sole purpose of treatment and ensuring patient safety and care consistency. Upon intake, you will be asked to sign a consent to permit the foregoing, particularly related to the use and disclosure of information regarding HIV status, mental health, and substance abuse.

Although you may not opt out of Epic, you may request in writing to opt out of Care Everywhere, which will prevent future treating providers outside the OCHIN network from accessing your medical record in the OCHIN Epic system. Treating providers who are OCHIN participants will continue to have access to your information. Please contact InterCommunity's Privacy Officer at 860-569-5900 or compliance@intercommunityct.org for information regarding how to opt out of Care Everywhere or if you have any questions about the information shared through Epic generally.

Special Note for treating minors at InterCommunity: Patients under the age of 18 are automatically opted out of Care Everywhere. However, InterCommunity recommends participation in Care Everywhere to facilitate best care coordination. If you would like to opt in to have your child's information be shared through Care Everywhere, please speak with your child's provider or contact InterCommunity's Privacy Officer at 860-569-5900 or compliance@intercommunityct.org.

EMERGENCIES

InterCommunity nursing staff can be reached 24 hours a day for urgent medical issues by calling 860-569-5900. In the case of emergencies, please dial 911 or go to the nearest urgent care center.

PATIENT RESPONSIBILITIES

As a client/patient of InterCommunity, it is your responsibility to utilize InterCommunity's services to promote your health in part by being an active participant in the planning, implementation, and evaluation of your program, plans and goals. It is InterCommunity's practice to review treatment plans with patients and to document that this has occurred by marking a check box within your health record. Everyone at InterCommunity has the responsibility to respect the rights of other people and InterCommunity's policies, procedures, norms and specific program rules.

You are responsible for payment of the fees related to the services provided by InterCommunity. If you carry insurance, arrangements will be made for payment of services from the insurance company and you will be held responsible for deductibles, co-payment of services from the insurance company, non-covered services, or unpaid balances. People insured by Medicaid may be exempt from such payments in accordance with applicable laws. If you do not have insurance or are otherwise concerned about your ability to meet your financial obligations, you may meet with a financial specialist to determine whether you qualify for discounted care under InterCommunity's Sliding Fee Discount policy.

GRIEVANCES

If at any point you feel that your rights have been violated, you are entitled to file a complaint or grievance by contacting InterCommunity's Client Rights Officer and/or the relevant government authority. Contact information is posted in the lobby of facility where you received services and includes: calling 860-569-5900 and asking to be connected with the Client Rights Officer or emailing compliance@intercommunityct.org.

If you are a patient of InterCommunity's outpatient psychiatric facility, you may also file a petition with the superior court within whose jurisdiction you reside. In addition, InterCommunity's Notice of Privacy Practices provides specific contact information for any grievance you may have relating to your protected health information. It is our expectation that all members of InterCommunity follow the grievance policies, procedures, and decisions.

After reviewing this Notice, please sign the Informed Consent/Permission to Treat and Acknowledgement of Receipt of InterCommunity's Notice of Privacy Practices on the following pages.

INFORMED CONSENT/PERMISSION TO TREAT

By signing below, I acknowledge the following:

- I have read, or had read to me, and fully understand the conditions outlined in the Notice of Patient Rights and Responsibilities and the acknowledgements listed in this form.
- I give full and voluntary consent and authorize InterCommunity, Inc. and its staff, including the family practice physicians, APRNs, psychiatrists, psychologists, social workers, counselors, nurses, and medical assistants to provide me with treatment, counseling, or other services or procedures as may be considered necessary and advisable with respect to my care. I have been given an explanation of the nature and purpose of the proposed care, which may include physical health, mental health, and/or alcohol and substance abuse treatment. The risks and benefits of the care, reasonable alternatives, and the risks and benefits of not receiving or undergoing care have also been discussed. Ample time has been offered for me to ask questions and seek clarification of anything that is unclear to me. I further understand and agree that I will participate in the planning of my care and that I may stop such care at any time.
- I am clear about my rights and responsibilities related to services and expectations of behaviors/treatment of others.
- I have sufficient information to make a decision to proceed or refuse any particular course of care, treatment, service or procedure. I consent to participate in the evaluation and/or treatment.

Consents Related to Use and Disclosure of Protected Health Information

- I consent to InterCommunity's use and disclosure of all my protected health information, including my physical, mental health, HIV status, and all substance use disorder information, including medications, dosages, lab results, allergies, diagnostic information, and substance use history, for the purposes of treatment, payment, and healthcare operations. This includes my consent for InterCommunity to disclose all of the information above to InterCommunity's business associates/qualified service organizations, including OCHIN, and to other present and future treating providers who share medical records and information through the Epic system either as OCHIN participants or Care Everywhere users, all as described in InterCommunity's Notice of Patient Rights and Responsibilities and Notice of Privacy Practices.
- I understand that upon written request, InterCommunity will provide me with a list of entities to which my substance abuse treatment information was disclosed.
- I understand that I may revoke this consent with respect to use and disclosure of protected health information, but such revocation will not apply to any information that InterCommunity has already entered into its shared Epic medical record in reliance on this consent. I understand that I may limit future use and disclosure of information already entered into the Epic medical record by opting out of Care Everywhere, as described in InterCommunity's Notice of Patient Rights and Responsibilities and Notice of Privacy Practices.
- I understand that this consent to use and disclose my protected health information will remain effective until it is revoked by me or until it is no longer reasonably necessary for InterCommunity to have access to my records.
- I authorize InterCommunity and its business associates/qualified service organizations to place calls or text messages to my designated phone using any type of pre-recorded or auto-dialer technologies for all permitted purposes (for example, appointment reminders).

- I have had the opportunity to ask any questions regarding my rights (in general and in relation to the use and disclosure of my protected health information) and know my options if I feel my rights have been violated.

Print Name of Client/Patient

Date of Birth

Signature

Date

Print Name of Client's Representative

Relationship/Legal Authority to the Client
(i.e. parent/guardian/conservator of person)

Date

Representative's Signature

ADMINISTRATIVE Use Only:

☐ Unable to obtain written consent because: ☐ Individual Refused

☐ Emergency treatment situation ☐ Individual not able to sign due to incompetence/medical reason ☐ Other: _____

☐ Rights and Responsibilities reviewed and given to client

Staff Signature & Date: _____

**ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES**

By signing below, I acknowledge that I have received a copy of InterCommunity's Notice of Privacy Practices.

Please note that InterCommunity's Notice of Privacy Practices is subject to change. A copy of the most recent version can be found at the front desk or on InterCommunity's website at: <https://www.intercommunityct.org/>.

Print Name of Client/Patient

Client/Patient Signature & Date

Date of Birth

ID

Print Name of Client's Representative & Relationship/Legal Authority to the Client (i.e. parent/guardian/conservator of person)

Representative's Signature & Date

ADMIN Use Only:

☐ Unable to obtain written consent and acknowledgment because: ☐ Individual Refused
☐ Emergency treatment situation ☐ Individual not able to sign due to incompetence/
medical reason ☐ Other: _____

Staff Signature & Date: _____