 HIPAA (Health Insurance Portability and Accountability Act)  
Disclosure Notice of Privacy Practices  

Introduction  
Columbus House, Inc. wants to ensure that the information maintained in your client record remains confidential, secure and can be accessed only by individuals authorized to do so. In order to accomplish this, you will be involved in the following ways.  

1. You will be asked to read and sign this Agreement that provides you with information regarding our privacy and security practices.  
2. When appropriate or necessary, you will be asked to sign a “Release of Information” also known as a Consent document that allows the information maintained in your record to be shared with other individuals, programs and organizations that are providing you with services and treatment.  
3. You will receive notice of any changes made to our privacy and security practices.  
4. You will be asked to read and resign this Agreement every three (3) years.  

Disclosure practices  
Your client record will be released for the following reasons:  

1. In those cases when the information is necessary to coordinate services, care and treatment on your behalf.  
2. To any agency or entity you authorize to receive the information.  
3. Columbus House can only release Columbus House information or forms, not 3-party documents.  
4. In some cases of government funding monitors or auditors are sent to our agency from the government program to personally conduct on-site review of our services and client records. Usually, the records are selected on a random basis. This review might include the evaluation of your complete client record with the agency. This may include the review of your personally identifying information.  
5. Government programs at the local, state, and federal levels and national and local foundations require that we submit reports and invoices that detail the services that were provided to our clients. Sometimes these reports are very statistically detailed and other times the reports require only a minimum amount of information. These reports are generally submitted on a monthly, quarterly, or annual basis. These same agencies may periodically require direct access to our records for auditing purposes.  
6. For research unrelated to your care and treatment, no individually identifying information is released.  
7. In the following circumstances, a signed Consent document may not be required to release identifying client information:
- You have harmed or threatened to harm yourself or others.
- You have committed or intend to commit a crime.
- We have received a subpoena for client records for court proceedings.
- Mandated reporting of abuse and/or neglect of children and the elderly.

**Inspection of your records**
Inspecting or reviewing your client records includes the following options:

1. Upon written request, you may inspect the Columbus House information only located in the client record and request a copy of sections or the entire record.
2. You may ask to have corrections made to the private information contained in your client record.
3. You may request a list of all persons or organizations that have received your client record for purposes other than treatment, payment, or health care activities.

**Consent**
No release will be made without your approval except in those conditions noted above under Disclosure practices. Your client record, or sections of it, will be released on a need-to-know basis. This means that only the information that is necessary to accomplish the specific service or treatment will be released. Your entire record will only be released in those situations when necessary.

- Columbus House documentation is the only information that can be released. If you would like documentation from another provider you need to directly make that request to the organization.
- Each time a section of or your entire record will be released, you will be asked to sign or verbally approve a Consent document (a “Consent”).
- Consents are time limited. A Consent may be valid for one (1) day or it may be valid for one (1) year. The time limit depends on the services or treatments you are receiving.
- Consents help you control the type and the amount of information being released about you.

**Security of your electronic client record**
Your client record is maintained in a secured computer system that requires each individual user to enter his valid user ID and password to authenticate his identity and to then allow access to the system.

- All of the information maintained in the electronic client record in encrypted.
- While corrections can be made to your electronic client record, no information can be deleted.
- All of the computer records are maintained by a systems administrator who adheres to our security guidelines for confidentiality.
- All reasonable and prudent steps have been taken to ensure confidentiality.

**Security of your paper-based record**
Even though we use electronic records, we will still receive paper-based correspondence and must maintain a small paper-based file to collect and store this documentation. Security of paper-based files is maintained in the following manner:

- Paper-based information remains in locked filing drawers within the providers work area.
- Files of clients no longer receiving services are maintained in a central filing location within a locked area.
- Only authorized staff have access to client records.
- Clients’ names and identifying information are not clearly visible.
**Staff training**
The staff members of this agency undergo training as new employees and then again every year. This training ensures that each staff member understands the policies and practices of maintaining the privacy and security of your client record.

**Contact person**
The Program Director is our designated privacy and security representative for Columbus House, Inc. If you have any questions regarding the maintenance of your client record, please contact the Director of Programs at (203)-401-4400.

**Shared Information**
The Connecticut Homelessness Information System (CT HMIS) is a shared system. This means that authorized Connecticut homeless service Participating Agencies will enter your information into the CT HMIS database. These participating agencies will have access to the information that you agree to share. Sharing your data allows Connecticut homeless service providers the opportunity to provide housing services that fit your needs. It does not guarantee that you will receive housing.

There is a list of Participating Agencies that have access to HMIS and a copy can be made available to you upon request.

This information is stored on servers monitored by the Connecticut Coalition to End Homelessness (CCEH).

I have read Columbus House, Inc.’s practices for guarding the privacy and security of my client record and I understand these practices.

______________________________  ____________________________
Client Signature                  Date

______________________________  ____________________________
Agency Representative             Date