LOVE146 NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA, including the HIPAA Privacy and Security Rules, and state laws. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy and security of your Protected Health Information and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail or email upon request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We will not disclose PHI to any other consultant without your authorization.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. We are required by contract to provide PHI to public funding sources, including but not limited to DCF, to document services provided.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Required by Law. Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Without Authorization. Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations. As an agency dedicated to your well being, it is our practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with our ethical mandates and HIPAA.

Child Abuse or Neglect. We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

Judicial and Administrative Proceedings. We may disclose your PHI pursuant to a subpoena (with your written consent), a court order, administrative order or similar process.

Deceased Patients. We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next of kin.

Medical Emergencies. We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Family Involvement in Care. We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Health Oversight. If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third party payors based on your prior consent) and peer review organizations performing utilization and quality control.

Law Enforcement. We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), a court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person,

in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Public Health. If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety. We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Research. PHI may only be disclosed after a special approval process or with your authorization.

Verbal Permission. We may also use or disclose your information to individuals that are directly involved in your treatment with your verbal permission. In such a case, a note will be made in your client file that you provided verbal permission for disclosure of PHI to specific individuals.

Written Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer, Jennifer Franz, at jennifer@love146.org:

- **Right of Access to Inspect and Copy.** You have the right to inspect and obtain a copy of PHI about you in a designated record set, except for information to which HIPAA does not provide a right of access or where access may lawfully be denied under HIPAA. We will act on your request within the time required by applicable law.
- We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. We may deny your request to amend your PHI in certain circumstances. If we deny your request, we will provide you with a written denial that explains the basis for the denial and informs you of your right to submit a written statement of disagreement. Please contact the Privacy Officer if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.
- **Breach Notification.** We will let you know promptly if a breach occurs that may have compromised the privacy or security of your protected health information.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer, Jennifer Franz, at jennifer@love146.org or you may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by mail at 200 Independence Avenue, S.W., Washington, D.C. 20201; by calling 1-877-696-6775; or through the HHS Office for Civil Rights complaint process.

We will not retaliate against you for filing a complaint.

The effective date of this Notice is September 2017; updated as of December 2021, January 2026, and again as of September 2026.

Notice of Nondiscrimination

LOVE146

THIS NOTICE DESCRIBES THE LOVE146 POLICY OF NONDISCRIMINATION IN SERVICES AND HOW YOU CAN FILE A COMPLAINT ALLEGING DISCRIMINATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Love146 complies with applicable federal and Connecticut civil rights laws and does not discriminate in the provision of its programs or services on the basis of race, color, national origin, religious creed, sex, gender identity or expression, sexual orientation, marital status, age, ancestry, intellectual disability, mental disability, learning disability, physical disability, including blindness, status as a veteran, status as a victim of domestic violence, or any other characteristic protected by applicable law.

Love146 does not exclude people from, deny them the benefits of, or otherwise discriminate against them in the provision of programs or services on the basis of any characteristic protected by applicable federal or Connecticut law.

LANGUAGE ASSISTANCE AND DISABILITY ACCOMMODATIONS

Love146 provides appropriate language assistance services, including qualified interpreters, and appropriate auxiliary aids and services to individuals with disabilities, free of charge when required by law to ensure meaningful access and effective communication.

To request language assistance, an accommodation, or an auxiliary aid or service, please contact:

Stephanie Franco, Civil Rights Coordinator
(203) 772-4420
stephanie.franco@love146.org
P.O. Box 8266, New Haven, CT 06530

POLICY OF NONDISCRIMINATION IN SERVICES

Specific Prohibitions. These include:

- Treat one person differently from another in determining whether such person satisfies any requirement or condition for the provision of such aid, benefit, or service;
- Provide different aid, benefits, or services or provide aid, benefits, or services in a different manner;
- Deny any person any such aid, benefit, or service;
- Subject any person to separate or different rules of behavior, sanctions, or other treatment;
- Apply any rule concerning the domicile or residence of a student or applicant;
- Aid or perpetuate discrimination against any person by providing significant assistance to any agency, organization, or person that discriminates on the basis of sex in providing any aid, benefit, or service to students or employees;

- Otherwise limit any person in the enjoyment of any right, privilege, advantage, or opportunity.

COMPLAINTS

If you believe that Love146 has discriminated against you in the provision of its programs or services, you may file a complaint with:

Stephanie Franco, Civil Rights Coordinator
(203) 772-4420
stephanie.franco@love146.org
P.O. Box 8266, New Haven, CT 06530

You will not be retaliated against for filing a complaint or participating in an investigation of a complaint.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the HHS Office for Civil Rights Complaint Portal, by mail, or by email:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201

Email: OCRComplaint@hhs.gov

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