

**CONNECTICUT
HOMELESS INFORMATION MANAGEMENT SYSTEM
Reliance Health, Inc.**

40 Broadway
Norwich, CT 06360

Phone-860-887-6536
Fax-860-885-1970

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PRIVACY INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

THE PRIVACY OF YOUR PERSONAL INFORMATION IS IMPORTANT TO US.

THIS NOTICE APPLIES ONLY TO INFORMATION IN THE HOMELESS MANAGEMENT INFORMATION SYSTEM AND IS NOT INTENDED TO REPLACE ANY EXISTING PRIVACY POLICY OF **RELiance Health, INC.**

Purpose of This Notice

The ServicePoint Homeless Management Information System (HMIS) is a centralized case management system that allows authorized participating **Reliance Health, Inc.** personnel throughout the State of Connecticut to collect client data, produce statistical reports, and share information with select partner agencies if a signed "release of information" form is signed by the client.

This notice tells you about how we use and disclose your private personal information. It tells you about your rights and our responsibilities to protect the privacy of your private personal information. It also tells you how to complain to us, or the government if you believe that we have violated any of your rights or any of our responsibilities.

We are required by law to maintain the privacy of your private personal information. We must provide you with a copy of this notice and get your written acknowledgement of its receipt. We must follow the terms of this notice that are currently in effect.

We reserve the right to change this Notice at any time. This Notice is not a legal contract. If this notice is changed, a copy of the revised notice will be available upon request or posted at our location or on our website. We may change our practices and those changes may apply to medical information we already have about you as well as any new information we receive in the future.

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Instructions

We must check applicable state privacy law to determine if it provides greater privacy protections or rights than federal law. If so, our Notice must reflect those greater protections or rights. **Reliance Health, Inc.** must approve each Notice of Privacy Practices to ensure that the Notice sufficiently complies with applicable federal and state laws before we may distribute the Notice.

The Notice must be distributed to each individual no later than the date of our first service delivery, including service delivered electronically after the compliance date for the federal Privacy Rules established by the Department of Housing and Urban Development. **Reliance Health, Inc.**, or the **Reliance Health, Inc.** Business Associates, must also have the Notice available at the service delivery site for individuals to request to take with them. At all physical service delivery sites, the Notice must be posted in a clear and prominent location where it is reasonable to expect any individuals seeking service from the **Reliance Health, Inc.** to be able to read the Notice. Whenever the Notice is revised, make the Notice available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter, the Notice must be distributed to each new client at the time of service delivery and to any person requesting a Notice.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your private personal information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your private personal information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect immediately, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all private personal information that we maintain, including private personal information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

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You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

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How We Use or Disclose Your Private Personal Information

To Provide Services

We will use private personal information about you to provide you with services. We may share this information with members of our staff or with others involved in your support. We may also disclose your private personal information to a member of your family or other person who is involved in your care upon your approval.

For Administrative Operations

We may use or disclose your private personal information for operational purposes. For example, we may use your private personal information to evaluate our services, including the performance of our staff in caring for you. We may also use this information to learn how to continually improve the quality and effectiveness of the services that we provide to you.

There are some services that are provided for us by our business associates such as accountants, consultants and attorneys. Whenever we share information with our business associates we will have a written contract with them that requires that they protect the privacy of your private personal information.

Other Uses or Disclosures of Your Personal Information

Service Alternatives – We may use and disclose private personal information about you to contact you about other services that are available to you. If you do not want to receive these communications, please notify our Complaint Officer in writing.

Related Benefits and Services – We may use and disclose private personal information about you to contact you about other benefits or services that may interest you. If you do not want to receive these communications, please notify our Complaint Officer in writing.

Individuals Involved in Your Care – With your approval, we may disclose private personal information about you to a family member, other relative, close friend or any other person identified by you if they are involved in your care. We may also use or disclose private personal information about you to notify those persons of your location, general condition or death. If there is a family member,

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other relative or close friend to whom you do not want us to disclose private personal information about you, please notify our Complaint Officer in writing.

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Uses or Disclosures That Are Required or Permitted by Law

For Administrative Functions - We may use or disclose your protected personal information to carry out the administrative functions of our office.

Academic Research Purposes - We may use or disclose protected personal information to individuals performing academic research who have a formal relationship with ServicePoint.

Required by Law – We may use or disclose medical information about you when we are required to do so by law.

Public Health Activities – We may disclose private personal information about you if the HMIS user or developer, in good faith, believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Victims of Abuse, Neglect or Domestic Violence – We may disclose private personal information about you to a government **Reliance Health, Inc.** if we believe you are the victim of abuse, neglect or domestic violence.

Legal Activities – We may disclose private personal information about you in response to a court proceeding. We may also disclose private personal information about you in response to a subpoena or other legal process.

Disclosures for Law Enforcement Purposes – We may disclose private personal information about you to law enforcement officials for law enforcement purposes:

- _ As required by law.
- _ In response to a court order, subpoena or other legal proceeding.
- _ To identify or locate a suspect, fugitive, material witness or missing person.
- _ When information is requested about an actual or suspected victim of a crime.
- _ To report a death as a result of possible criminal conduct.

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- _ To investigate allegations of misconduct that may have occurred on our premises
- _ To report a crime in emergency circumstances.

Funeral Directors, Coroners and Medical Examiners – We may disclose protected personal information about you as necessary to allow these individuals to carry out their responsibilities.

National Security and Intelligence – We may disclose protected personal information about you to authorized federal officials for national security and intelligence activities.

Protective Services for the President and Others – We may use protected personal information about you to authorized federal officials for the provision of protective services to the President of the United States or other foreign heads of state.

Uses or Disclosures That Require Your Authorization

Other uses and disclosures will be made only with your written authorization. You may cancel an authorization at any time by notifying our Complaint Officer in writing of your desire to cancel it. If you cancel an authorization it will not have any affect on information that we have already disclosed. Examples of uses or disclosures that may require your written authorization include the following:

- _ A request to provide your private personal information to an attorney for use in a civil law suit.

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Your Rights

The information contained in your record maintained by the **Reliance Health, Inc.** are the physical property of the **Reliance Health, Inc.** The information in it belongs to you. You have the following rights:

Right to Request Restrictions – You have the right to ask us not to use or disclose your private personal information for a particular reason related to our services or our operations. You may ask that family members or other authorized individuals not be informed of specific private personal information. That request must be made in writing to our Complaint Officer. We do not have to agree to your request. If we agree to your request, we must keep the agreement, except in the case of a medical emergency. Either you or the **Reliance Health, Inc.** can stop a restriction at any time.

Right to Inspect and Copy Your Protected Personal Information – You have the right to request to inspect and obtain a copy of your private personal information. You must submit your request in writing to our Complaint Officer. If you request a copy of the information or that we provide you with a summary of the information we may charge a fee for the costs of copying, summarizing and/or mailing it to you.

If we agree to your request we will tell you. We may deny your request under certain limited circumstances. If your request is denied, we will let you know in writing and you may be able to request a review of our denial.

Right to Request Amendments to Your Protected Personal Information – You have the right to request that we correct your private personal information. If you believe that any private personal information in your record is incorrect or that important information is missing, you must submit your request for an amendment in writing to our Complaint Officer.

We do not have to agree to your request. If we deny your request we will tell you why. You have the right to submit a statement disagreeing with our decision.

Right To An Accounting of Disclosures of Private Personal Information -- You have the right to find out what disclosures of your private personal information have been made. The list of disclosures is called an accounting. The accounting may be for up to six (6) years prior to the date on which you request the accounting, but cannot include disclosures before July 1, 2004.

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We are not required to include disclosures for services, payment or operations or for National Security or Intelligence purposes, or to correctional institutions and law enforcement officials. The right to have an accounting may be temporarily suspended if it will impede the **Reliance Health, Inc.'s** activities. The notice of suspension should specify the time for which such a suspension is required. Requests for an accounting of disclosures must be submitted in writing to our Complaint Officer. You are entitled to one free accounting in any twelve (12) month period. We may charge you for the cost of providing additional accountings.

Right To Obtain a Copy of the Notice – You have the right to request and get a paper copy of this notice and any revisions we make to the notice at any time.

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Complaints

You have the right to complain to us and to the United States Secretary of Housing and Urban Development if you believe we have violated your privacy rights. There is no risk in filing a complaint.

If you are concerned that we may have violated your privacy rights, you disagree with a decision we made about access to your private personal information or in response to a request you made to amend or restrict the use or disclosure of your private personal information, or have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed in this notice.

To file a complaint with us, contact by phone or by mail:

Complaint Officer:

Questions and Information

If you have any questions or want more information about this Notice of Privacy Practices, please contact:

By phone with questions or with written requests for information as defined under the **Your Rights** section of this notice. Complaints or questions may be made by phone or in writing.

We support your right to protect the privacy of medical information. We will not retaliate in any way if you choose to file a complaint with us.

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Authorization of Executive Director of Reliance Health, Inc.

I hereby authorize the above Notice of Privacy Practices for the Homeless Management Information System of **Reliance Health, Inc..**

Name (Print)

Title

Signature

Date