



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN ACCESS THIS INFORMATION, AND YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI). PLEASE REVIEW IT CAREFULLY.

Our Commitment to Protecting Your Health Information

Chapel Haven Schleifer Center (CHSC) is committed to protecting the privacy and security of your Protected Health Information (PHI). Federal and state laws, including the Health Insurance Portability and Accountability Act (HIPAA), require us to maintain the privacy and security of your PHI, provide you with this Notice of Privacy Practices, and follow the privacy practices described in this Notice.

PHI includes information that identifies you and relates to your physical or mental health, the health care or services you receive, or payment for those services. This Notice explains how CHSC, may use and disclose your PHI, your rights regarding your PHI, our legal responsibilities to protect your information, and how you may contact us with questions or concerns.

How We May Use and Disclose Your Protected Health Information

This Notice describes how we may use and disclose your PHI to carry out treatment, payment, health care operations, and other purposes permitted or required by law. It also describes your rights regarding your PHI.

For Treatment. We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes coordinating your care with physicians, hospitals, therapists, pharmacies, home health agencies, other health care providers, and individuals involved in your care when permitted by law.

For Payment. Consistent with applicable laws and regulations, CHSC may use and disclose your PHI to bill and collect payment for the health care services you receive. We may disclose information to Medicaid, Medicare, insurance companies, managed care organizations, or other third-party payers to determine eligibility, obtain prior authorization, support claims, and receive payment for services.

For Health Care Operations. We may use and disclose your PHI to support activities necessary to operate and improve our organization. These activities include program planning, management and administration, quality assessment and performance improvement, compliance monitoring, auditing, risk management, staff education and training, licensing, credentialing, certification and accreditation activities, responding to complaints and grievances, information technology support, cybersecurity, and other activities necessary to provide high-quality services.

Business Associates. We may disclose your PHI to business associates that perform services on our behalf, including electronic health record vendors, information technology providers, billing companies, consultants, attorneys, auditors, and other service providers. These organizations are required by federal law and written agreement to appropriately safeguard your PHI and may use or disclose it only as permitted by HIPAA and applicable law.

Electronic Health Information. CHSC maintains health information in both paper and electronic formats. We use appropriate administrative, technical, and physical safeguards to protect electronic PHI in accordance with the HIPAA Security Rule.

Technology and Secure Electronic Systems. CHSC may use secure electronic systems, cloud-based applications, and technology vendors to assist with treatment, payment, health care operations, quality improvement, compliance, and administrative functions. These organizations are permitted to access PHI only as necessary to perform services on our behalf and are required to appropriately protect your information.

Uses and Disclosures That May Be Made Without Your Authorization

CHSC may use or disclose your PHI in the following situations without your authorization or the opportunity to agree or object, as permitted or required by law:

As Required by Law. We will disclose PHI when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of another person or the public.

Workers' Compensation. We may disclose your PHI as authorized by workers' compensation laws and other similar legally established programs.

Public Health Activities. We may disclose PHI for public health activities authorized by law, including reporting disease, injury, abuse, neglect, or domestic violence.

Health Oversight Activities. We may disclose PHI to agencies authorized by law to oversee the health care system, government benefit programs, licensing, certification, investigations, inspections, audits, and compliance activities.

Judicial and Administrative Proceedings. We may disclose PHI in response to court orders, subpoenas, discovery requests, or other lawful processes when permitted by law.

Law Enforcement. We may disclose PHI for law enforcement purposes as permitted or required by law.

Coroners, Medical Examiners, and Funeral Directors. We may disclose PHI as necessary to carry out their authorized duties.

National Security and Specialized Government Functions. We may disclose PHI to authorized federal officials as permitted by law.

Research. We may disclose PHI for approved research purposes when all applicable legal requirements have been satisfied.

Your Written Authorization is Required for Other Uses and Disclosures

The following uses and disclosures of your PHI generally require your written authorization:

1. Most uses and disclosures of psychotherapy notes.
2. Uses and disclosures of PHI for marketing purposes when required by law;
3. Disclosures that constitute a sale of your PHI.
4. Other uses and disclosures not described in this Notice unless otherwise permitted or required by law.

CHSC may contact you regarding fundraising activities. You have the right to opt out of receiving future fundraising communications.

You may revoke your authorization at any time by submitting your request in writing. Revocation will not apply to actions already taken in reliance on your authorization.

Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out

Individuals Involved in Your Care. Unless you object, we may disclose PHI to a family member, relative, close friend, guardian, or another person you identify who is involved in your care or payment for your care. If you are unable to agree or object because of your condition or an emergency, we may determine that such disclosure is in your best interest.

Disaster Relief. We may disclose your PHI to disaster relief organizations to coordinate your care or notify family or others of your location or condition.

Communications. Unless you request otherwise, we may communicate with you regarding appointments, treatment, billing, benefits, or other health care operations by telephone, voicemail, mail, email, or other secure electronic means. You may request an alternative method or location for receiving communications, and we will accommodate reasonable requests.

Your Rights

You or your legally authorized personal representative have the following rights regarding the PHI we maintain about you:

Right to Inspect and Copy. You have the right to inspect and obtain paper or electronic copies of your medical records and other PHI that we maintain. We generally will provide the information within 30 days of your request. A reasonable, cost-based fee may apply as permitted by law.

Right to Request Electronic Copies. If your information is maintained electronically, you may request an electronic copy in a readily producible format when feasible.

Right to Receive Notice of a Breach. You have the right to be notified if a breach of your unsecured PHI occurs that may have compromised the privacy or security of your information.

Right to Amend. If you believe your PHI is incorrect or incomplete, you may request an amendment in writing.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures of your PHI made by CHSC, as provided by law.

Right to Request Restrictions. You have the right to request restrictions on certain uses or disclosures of your PHI. Although we are not required to agree to every request, we will comply when required by law. If you pay for a service in full out of pocket, you may request that information regarding that service not be disclosed to your health plan, and we will honor that request when required by HIPAA.

Right to Request Confidential Communications. You have the right to request that we contact you at a specific address, telephone number, or by another reasonable method. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to receive a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

Changes to This Notice

We reserve the right to change the terms of this Notice at any time. Any revised Notice will apply to all PHI that we maintain. The current Notice will be available upon request, at CHSC service locations, and on our website.

To Contact Chapel Haven Schleifer Center or File a Complaint

If you have questions about this Notice, wish to exercise your privacy rights, believe your privacy rights have been violated, or wish to file a complaint, please contact:

Privacy Officer

Chapel Haven Schleifer Center
1040 Whalley Avenue
New Haven, CT 06515
Phone: 203-397-1714

Complaints should be submitted in writing.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Filing a complaint will not affect your care, and CHSC will not retaliate against you for filing a complaint or exercising your rights under HIPAA.

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