MTC Care Notice of Privacy Practices (NOPP)

Your Information. Your Rights. Our Responsibilities.

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**. Privacy related questions and concerns can be directed to: MTC Compliance by contacting us at compliance@mtccare.com or by calling 1.860.788.6404 extension 203.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief

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- Provide mental health care
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Conduct research
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this by contacting us at compliance@mtccare.com or by calling 1.860.788.6404 extension 203.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this by contacting us at compliance@mtccare.com.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **https://www.hhs.gov/hipaa/filing-a-complaint/index.html.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster relief situation

  If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information
see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our web site.

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MTC CARE CONSENT FOR BEHAVIORAL HEALTH, TELEHEALTH, AND CARE MANAGEMENT SERVICES

About MTC Care

MTC Care provides behavioral health services both in-person and through telehealth. Our providers evaluate, diagnose, and treat mental health and behavioral health conditions.

Throughout this Consent, references to "you" include the patient and, when applicable, the patient's legally authorized representative. By signing this Consent on behalf of the patient, the authorized representative confirms that they have the legal authority to make healthcare decisions for the patient and agrees to the terms of this Consent on the patient's behalf. You may choose to revoke your consent at any time.

Consent for Evaluation and Treatment

You have the right to:

- Be informed about your health condition and treatment options.
- Participate in decisions about your care.
- Ask questions and receive understandable answers.
- Accept or refuse treatment.

Before treatment begins, your provider will discuss:

- Your symptoms and diagnosis, when applicable.
- Recommended treatment options.
- Potential benefits and risks.
- Alternative treatments, when available.

By signing this form, you consent to receive behavioral health services from MTC Care. You understand that you will have the opportunity to ask questions before treatment is provided.

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You may withdraw your consent for future treatment at any time by notifying MTC Care. Withdrawal of consent does not affect services already provided or information already disclosed as permitted by law.

Privacy and Confidentiality

MTC Care protects your health information in accordance with HIPAA and other applicable laws.

Your information may be shared without additional authorization only when permitted by law, including:

- Treatment and coordination of care
- Emergencies
- Health care operations and quality improvement
- Insurance verification and payment

You have received or been offered access to MTC Care's Notice of Privacy Practices, available at: https://www.mtccare.com/NOPP

Telehealth Consent

MTC Care sometimes provides services through secure telehealth technology.

Potential benefits include:

- Improved access to care
- Convenience
- Coordination of services from the comfort of your facility

Potential risks include:

- Technical problems that may interrupt visits
- Delays in care due to equipment or connectivity issues
- Rare privacy or security breaches despite safeguards

By signing this form, you consent to receive services through telehealth and acknowledge that the risks and benefits have been explained.

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You may withdraw telehealth consent at any time by notifying MTC Care.

Health Care Decision-Making

You may designate another person to make health care decisions on your behalf when permitted by law.

If you are unable to make decisions, MTC Care may work with your legally authorized representative, health care proxy, power of attorney, or advance directive.

Insurance Authorization

By signing this form, you authorize MTC Care to:

- Release information necessary to process insurance claims.
- Communicate with your insurance company regarding services provided.
- Receive insurance payments directly for covered services.

Financial Responsibility

You are responsible only for amounts that MTC Care may legally bill you under applicable law and your insurance plan's rules. These may include applicable deductibles, copayments, coinsurance, and charges for noncovered services, subject to any required notices and consents. This consent does not waive protections available under Medicare, Medicaid, or other applicable laws. This may include fees associated with:

- Deductibles
- Co-payments
- Co-insurance
- Non-covered services
- Out-of-network charges

You are responsible for:

- Understanding your insurance benefits and limitations.
- Promptly notifying MTC Care of insurance changes.

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If insurance coverage is unavailable, terminated, or denied, you remain responsible for any unpaid balance that MTC Care may legally bill to you.

Medicare Patients

Medicare patients must provide current Medicare and secondary insurance information, if applicable.

If secondary insurance information is not provided, MTC Care may be unable to bill that insurer, and you may be responsible for the balance.

Behavioral Health Integration (BHI), Principal Care Management (PCM) Consent, Chronic Care Management (CCM), and Remote Therapeutic Monitoring (RTM), and Remote Patient Monitoring (RPM)

If you have a qualifying behavioral health condition and meet certain clinical criteria you may be eligible for CCM, BHI, or RTM, RPM, PCM services.

Behavioral Health Integration: Connects your primary doctor and medical team members with mental health professionals to better manage your emotional and physical well-being together.

Principal Care Management: Provides focused, extra support for managing a complex high risk health condition.

Chronic Care Management: Offers ongoing help and coordination for patients living with two or more long-term health conditions.

Remote Patient Monitoring: Uses digital tools to track health data and sends it to your care team so they can stay updated on your progress.

Remote Therapeutic Monitoring: Collects and reviews of patient data related to status of a therapeutic response using a connected devise or digital tool to track clinical outcomes.

These services may include:

- Care coordination
- Ongoing monitoring and follow-up
- Medication review
- Care planning

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- Assistance with transitions between providers and care settings
- Access to care team support and telehealth services

Your Authorization

By signing this form, you:

- Consent to receive CCM, BHI, RPM, RTM, and/or PCM services.
- Authorize electronic sharing of information and consultation with members of your treatment team for care coordination.
- Agree to receive occasional email or text communications related to your care needs and available resources.
- Understand that only one practitioner may provide and bill Medicare for CCM, BHI, RPM, RTM and/or PCM services during a calendar month.
- Understand that Medicare cost-sharing requirements may apply and you may receive a bill for a portion of these services.
- Understand that your provider may consult with other specialists to discuss your treatment and care and provide recommendations based on clinical factors.

Your Rights

You may choose how you would like to receive your care plan:

☐ Electronic copy (email or text)

☐ Printed copy

☐ Verbal review with care coordinator

Email: _____

Mobile Number: _____

By default, your care plan will be made available through your facility medical record and will be made available to your medical team. You may request a copy of your care plan by emailing **compliance@mtccare.com** or calling **1.860.788.6404 extension 203.**

You may stop CCM, BHI, RTM, RPM and/or PCM services at any time by notifying MTC Care by emailing **compliance@mtccare.com** or calling **1.860.788.6404 extension 203.**

Communication

Questions about consent, retraction of consent, complaints, or care questions/concerns can be directed to **compliance@mtccare.com** **or by calling 1.860.788.6404 extension 203**.

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MTC Care Patient Rights and Responsibilities

Respectful and Safe Care

- Be given considerate, respectful and compassionate care.
- Be given care in a safe environment, free from abuse and neglect (verbal, mental, physical or sexual).
- Be free from restraints and seclusion unless needed for safety.
- Know the names and jobs of the MTC Care people who care for you.
- Know when students, residents or other trainees are involved in your care.
- Have your culture and personal values, beliefs and wishes respected.
- Be treated without discrimination based on race, color, national origin, age, gender, sexual orientation, gender identity or expression, physical or mental disability, religion, ethnicity or language.
- Be given a list of protective and advocacy services, when needed. These services help certain patients (e.g., elderly or disabled) exercise their rights and protect them from abuse and neglect.
- Receive information about our charges.
- Ask for an estimate of our charges before care is provided.

Effective Communication and Participation in Your Care

- Get information during your visit in a way you can understand. This includes communication assistance, such as foreign language interpreters, as well as vision, speech and hearing assistance provided free of charge.
- Get information from your MTC Care provider about:
    - your diagnosis
    - your test results
    - possible outcomes of care and unanticipated outcomes of care
- Be involved in your plan of care and discharge plan from our services.
- Involve your family in decisions about care.
- Ask questions and get a timely response to your questions or requests.
- Refuse care.
- Have someone with you for emotional support, unless that person interferes with your or others' rights, safety or health.
- Select someone to make health care decisions for you if at some point you are unable to make those decisions (and have all patient rights apply to that person).

Informed Consent

- Give permission (informed consent) before any non-emergency care is provided, including:
    - risks and benefits of your treatment
    - alternatives to that treatment
    - risks and benefits of those alternatives

Privacy and Confidentiality

- Have privacy with confidential treatment and communication about your care.
- Be given a copy of the MTC Care HIPAA Notice of Privacy Practices, which includes information on how to request access to your medical record.

Patient Responsibilities

- Provide accurate and complete information about your health, address, telephone number, date of birth and insurance carrier.
- Have your facility notify us if you cannot keep your appointment.
- Be respectful to your care team, from the Psychologists, Psychiatrists, Nurse Practitioners, and Social Workers to the Facilitators that aid you in the telemedicine visit.
- Be considerate in language and conduct of other people and property, including being mindful of noise levels.
- Be in control of your behavior if feeling angry.
- Ask questions if there is anything you do not understand.
- Report unexpected changes in your health.
- Take responsibility for the consequences of refusing care or not following instructions.
- Keep all information about facility staff or other patients private.
- Pay your bills or work with us to find funding to meet your financial obligations.

Complaints & Grievances:

- If you have a complaint or grievance with MTC Care's services or if you believe your patient privacy rights have been violated, you may complain and have your complaint reviewed without affecting your care. MTC Care will not take action against you for filing a complaint.

- You may contact **MTC Care's Compliance Department** directly to file a compliant:
  - By email at Compliance@mtccare.com or
  - By phone at (877)-742-6992 ext. 507
  - In writing at:
    - MTC Care
    - Attn: Compliance Department
    - 213 Court St STE 603
    - Middletown, CT 06457
- All verbal and written complaints or grievances are documented, reviewed and resolved by MTC Care's compliance team.
- If you are not satisfied with MTC Care's resolution of any complaint or grievance, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services (HHS). More information on how to file a complaint can be found directly on the HHS website, here.

By signing below, I agree to MTC Care's™ Notice of Privacy Practices and Consent to Screen, Evaluate and Treat policies.

_____	_____
Name of patient	Name of authorized agent for patient
_____	_____
Signature of patient	Signature of authorized agent for patient
_____	_____
Date	Date