



NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please read carefully.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper or orally are kept properly confidential. This act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: Treatment, Payment, and Health Care Operations.

- **Treatment** means providing, coordinating or managing health care and related services by one or more health care providers. An example of this would include a physical examination or referral to a specialist.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health Care Operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, audit functions, cost-management analysis and customer service. An example of this would be an internal quality assessment review.

We may also use and disclose medical information for the following purposes: for Appointment Reminders and Communication with your Family, and for specific situations regarding Public Health, and Public Safety. As warranted and often required by law, your medical information may be used in Judicial and Administrative Proceedings and shared with Health Oversight Agencies, Law Enforcement Agencies, the Medical Examiners office and Specialized Government Programs. We may also contact you regarding treatment alternatives or other health related benefits and services that may be of interest to you. We may also create and distribute de-identified health information by removing all reference to individually identifiable information.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the privacy officer.

- The right to request restrictions on certain uses and disclosures of protected health information, included those related to disclosures to family members, other relatives, close personal friends or any other person identified by you. We are, however, not required to agree to a requested restriction, If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of the disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

The privacy act took effect on April 14, 2003 and will remain in effect until further notice, during which time we are required to abide by the terms of the Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices and make the new notice provisions effective for all protected health information we maintain. We will post and you may request a written copy of a revised Notice of Privacy from this office. You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office, or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. If you file a complaint, we will not hold it against you.

For More Information Contact:
Litchfield County Pediatrics
Attn: Dr. Dettmer, Privacy Officer
20 Felicity Lane
Torrington, CT 06790
(860) 489-4144

For More Information about HIPAA or to file a complaint Contact:
The US Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(877) 696-6775 (Toll-Free)