



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.

Each time you visit a healthcare provider, a record of your visit is made. Typically, these records contain your symptoms, examination and test results, diagnoses, treatment plans and billing related information. This Notice applies to all of the records of your care generated by Middlesex Gastroenterology Associates.

Our Responsibilities

Middlesex Gastroenterology Associates is required by law to maintain the privacy of your health information and to provide you with a description of our legal duties and privacy practices regarding your health information. The current Notice will be posted in the reception area. In addition, we will also provide you with a copy of this Notice that we request you acknowledge with your signature.

We are required by law to abide by the terms of this Notice and notify you if we make changes to this Notice, which may be at any time. Changes to the Notice will apply to your medical information that we already maintain as well as new information received after the change occurs. If we change the notice, it will be posted in the reception area. You may also request that revised Notice be sent to you in the mail or you may ask for one at your next appointment or appropriate visit. This Notice will also serve to advise you as to your rights with regards to your medical information.

YOUR RIGHTS REGARDING USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

The following categories describe examples of the way we use and disclose medical information.

For Treatment: We may use medical information about you to provide, coordinate and manage your treatment or services. We may disclose medical information about you to other doctors, nurses, technicians, or other personnel who are involved in your care. We may also provide a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.

For Payment: We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we need to give your insurance company information before it approves or pays for the health care services we recommend for you.

For health care operations: We may use or disclose as needed, your health information in order to support our routine health care operations. These operations include, but are not limited to, quality assessments, medical reviews, training activities, licensing, marketing, legal advice, billing and collections, accounting support, transcription services, or arranging for other healthcare operations. We may use or disclose your protected health information to communicate with you by telephone or mail for reminders and follow-up appointments or procedure scheduling.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include quality assurances, accounting, legal services, billing and collection services, and transcription services. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job that we have asked them to do and bill you or your third party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information through a written contract. Furthermore, Business

Associates are required by law to implement, and comply with their own HIPAA Policies and Procedures and Security Standards.

How we secure your Electronic Personal Health Information (e-PHI)

In accordance with the HIPAA Security Rule, there are administrative, physical and technical safeguards in place to ensure the confidentiality, integrity and security of your e-PHI that is created, received, used or maintained by Middlesex Gastroenterology Associates.

Permitted and Required uses and disclosures that may be made with your authorization or opportunity to object

Individuals involved with your care or payments for your care: Unless you object, we may release medical information about you to a friend or family member who is involved in medical care or helps to pay for your care. In addition, we may disclose medical information about you to an entity assisting relief effort so that your family can be notified about your condition, status and location.

Permitted and Required Uses and Disclosures That May be Made Without Your Authorization or opportunity to object

As required by law. We may use and disclose health information to do the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or legal authorities charged with preventing or controlling disease, injury or disability
- Law enforcement/Legal proceedings as required by law or in response to a valid subpoena
- Correctional institutions
- Worker's Compensation Agents
- Organ and tissue Donation Organizations
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors, Coroners and Medical Directors
- National Security and Intelligence Agencies
- The Authority that receives reports on abuse and neglect

Your Health Information Rights

Although your health record is the physical property of Middlesex Gastroenterology Associates, you have the right to:

Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. We ask that you submit your requests in writing.

Amend: If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information by submitting a request in writing. You have the right to request an amendment for as long as we keep the information. We may deny your request for an amendment and if this occurs, you will be notified of the reason for denial.

An accounting of disclosures: You have the right to request an accounting of our disclosures of medical information about you except for certain circumstances, including disclosures for treatment, payment, health care operations or where you specifically authorized a disclosure. Middlesex Gastroenterology Associates will impose a fee for each subsequent request for an accounting within the 12 month period. We ask that you submit these requests in writing.

Request Restriction: You have the right to request a restriction or limitation on the Medical Information we use or disclose about you for treatment, payment or health care operations. You also have a right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or a friend.

Request confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will agree to request the extent that is reasonable for us to do so. For example, you can ask that we use an alternate address for billing purposes. We ask that you submit all requests in writing.

SPECIAL RULES REGARDING DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION:

For disclosures concerning health information relating to the care for psychiatric conditions, substance abuse or HIV-related testing and treatment, special restrictions may apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign a special Authorization or if a court orders the disclosure.

HIV Related Information: HIV related information will not be disclosed, except under limited circumstances under state or federal law, without specific written authorization from you. If we make a lawful disclosure of HIV related information, we are required by Connecticut Law, to enclose a statement that notifies the recipient that they are prohibited from further disclosing information.

Psychiatric Information: We will not disclose records relating to a diagnosis or treatment of a mental condition between the patient and the psychiatrist or from a mental health facility. If needed for your diagnosis or treatment in a mental health program, Psychiatric information may be disclosed based on your written authorization. Limited information may be disclosed for payment purposes.

Substance Abuse Treatment: If you are treated in a specialized substance abuse program, information which could identify you as an alcohol or drug-dependent patient will not be disclosed without your specific Authorization, except for purposes of treatment, or where specifically required or allowed under State or Federal Law.

A paper copy of this notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. You may revoke that permission, in writing, at any time.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with us by calling (860)347-4620 ext 5992. You will not be penalized for filing a complaint. Privacy complaints can also be submitted directly to the OCR by calling (800)368-1019 or by calling the nearest regional office.

Privacy Officer:

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