

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.

Connecticut Orthopaedic and Hand Surgery Center

A Notice about our Privacy Policy

We are providing you with this Notice of our Privacy Policy in accordance with the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996. This Act regulates how we use and disclose your protected health information. Your protected health information, or PHI, is personal information that concerns your past, present, or future physical and mental health condition. This Notice explains your right to access and control your PHI.

Your Rights:

- You have the right to request restrictions on certain uses and disclosures of your PHI.
- You have the right to choose how and where we contact you.
- You have the right to inspect or copy your medical records.
- You have the right to request amendments to your records.
- You have the right to receive an accounting of some disclosures of your PHI.

All requests must be made in writing. We will provide you with the appropriate request form. We are not required to agree to your requests.

Uses And Disclosures for Treatment, Payment or Operations.

Treatment We will use and disclose your PHI to provide, coordinate, and manage your health care. For example, if you are referred to another physician for treatment, we will provide that physician with part or all of your medical records.

Payment We will use your PHI to obtain payment for our services. For example, we may submit claims on your behalf to your insurance company, or disclose selected PHI to a company which performs billing or collection services for us.

Operations We may use your PHI to carry out other operations of our medical practice. Our practice may share minimal PHI with Business Associates that perform services for us. Our Business Associates are pledged to safeguard your privacy.

Reminders or Treatment Options. We may contact you to remind you of your next appointment. We may provide information to you about treatment alternatives or other health-related services that may be of interest.

Uses And Disclosures without your authorization. We may use and disclose your PHI for public health purposes, for health oversight activities, to report abuse or neglect, for Workers' Compensation programs, or for national security and intelligence.

Uses And Disclosures with your authorization. Certain uses and disclosures will be made or revoked only with your written authorization.

Our Duties.

We are required by law to maintain the privacy of your PHI and to provide you with this notice of our legal duties and privacy practices with respect to PHI. We will follow the terms of the notice currently in effect. We reserve the right to change the terms of our privacy notice at any time, and make any revised notice provisions effective for all PHI that we created or received prior to issuing the revised notice. We will not implement any change prior to its effective date.

Any revised notice will be posted in lobby and be available from our Privacy Office.

Privacy Complaints.

You may complain to our Privacy Office if you believe your privacy rights have been violated. You may also complain to the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint.

For additional information please contact our Privacy Office at (860) 456-3997.