



Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed, and how you can access this information. Please review it carefully.

Your Rights

Get a copy of your medical record

- You can ask to see or receive an electronic or paper copy of your medical record. 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 for this service.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. We may reject your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you via a specific method or to send mail to a different address. We will accommodate 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 accommodate your request, and we may not if it would affect your care.
- If you pay for a service or item out-of-pocket in full, you can ask us not to share that information with your health insurer. We will honor your request except as required by law.

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

- You can ask for a list of the times we've shared your information for six years prior to the date of your request, who we shared it with, and why. We will include all disclosures except those regarding treatment, payment, or our operations, and certain other disclosures, such as any you asked us to make.
- You are entitled to one accounting per year, but we will charge a reasonable, cost-based fee for further requests within twelve months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time. We will promptly provide one.

Choose someone to act for you

- If you have given someone 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 validate this person's role and authority before we take any action.

File a complaint if you feel your rights are violated

- You can file a complaint with us by writing to 411 Durham Road, Madison, CT 06443.
- You can file a complaint with the US Department of Health and Human Services Office for Civil Rights by writing to 200 Independence Ave SW, Washington, DC 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints
- We will not retaliate against you for filing a complaint.

Your Choices

If you have a clear preference for how we share your information in the situations described below, let us know.

- Sharing information with your family, close friends, or others involved in your care
- Sharing information in a disaster relief situation
- If at any time you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share information when needed to lessen a serious and imminent threat to health or safety.

Our Uses and Disclosures

Most often we use or share your health information in the following ways:

- For treatment, and to share with other professionals who are treating you
- To run our practice, improve your care, and contact you as necessary
- To bill and receive payment from health plans or other entities

We are allowed or required to share your information in certain other ways, such as public health and research. We have to meet many conditions by law before we can share information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hippa/understanding/consumers/index.html

We may also share your information in the following ways:

- **Public health and safety issues:** for certain situations such as preventing disease, helping with product recalls, reporting adverse medication reactions, reporting suspected abuse, neglect, or domestic violence, or preventing or reducing a serious threat to anyone's health or safety.
- **Legal compliance:** if state or federal laws require it, including sharing with the Department of Health and Human Services if it requests to see that we are compliant with federal privacy laws.
- **Post mortem:** sharing with a coroner, medical examiner, or funeral director when an individual dies.
- **Address certain requests:** for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, or for special government functions such as military or national security.
- **Lawsuits and legal actions:** in response to a court or administrative order, or in response to a subpoena.

We never sell your health information or share it for marketing purposes.

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 here without your written permission. If you give us permission, you may change your mind at any time by informing us in writing. For more information see: www.hhs.gov/ocr/privacy/hippa/understanding/consumers/noticepp.html

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

Any questions regarding our privacy practices may be directed to birth.beyond@gmail.com or you may call our office at 203-318-8884.

Acknowledgement of Receipt of Notice of Privacy Practices

Print Name: _____

Signature: _____ Date: _____

OR

Reason for Refusal to Sign: _____