

AVON MEDICAL PROFESSIONALS
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Avon, CT 06001

HIPAA
HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT

NOTICE OF PRIVACY PRACTICES

Effective 4/1/2003
Updated 9/1/2013

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

INTRODUCTION

At Avon Medical Professionals we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective 4/1/2003, and applies to all protected health information as defined by federal regulations, and has been amended effective 4/15/2019.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit Avon Medical Professionals a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often is referred to as your health or medical record, serves as:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal documentation concerning the care you received
- Means by which you or a third party can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to assure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS:

Although your health records is the physical property of Avon Medical Professionals, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect (by appointment only) and request a copy of your health record as provided for in 45 CFR 164.524. You must request a copy of your records in writing. If you request copies, we will charge you for each page as permitted by Connecticut State Law and postage if you want the records mailed to you. We will process your request within 30 days as required by law.
- Amend your health record as provided in 45 CFR 164.528
- Obtain accounting of disclosures of your health information
- Request communications of your health information
- Request a restriction on certain uses and disclosures of your information as provided by CFR 164.552 especially with regards to any psychotherapy notes
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken
- Opt out of fundraising communication
- **Pay for medical service in full and request in writing that your insurance company NOT be notified of your visit.** Request must be very specific with regards to what information should NOT be released and which date of service is being referenced.

OUR RESPONSIBILITIES:

Avon Medical Professionals is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate **reasonable** requests you may have to communicate health information
- Notify you in writing of any breach in protected information

We reserve the right to change our practices and to make the provision effective for all protected health information we maintain.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after

we have received a written revocation of the authorization according to the procedures included in the authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions and would like additional information, you may contact the practice's Privacy Officer, Evan Schiff, M.D. at 860-677-5533.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights (OCR), U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS:

We will use your health information for treatment

For example: Information obtained by a medical assistant, physician or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will use your health information for payment

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

We will use your health information for regular health operations

For example: Members of the medical staff may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business Associates

There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department, radiology and laboratory tests. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've 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.

Funeral Directors

We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Marketing

We may contact you to provide appointment reminders or information about treatment alternatives or other health related services, which may be of interest to you.

Food and Drug Administration

We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects.

Public Health

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Law Enforcement

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.