

## GALES FERRY PEDIATRICS

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### **\*Notice of Privacy Practices\*** Effective April 14, 2003

Please review the following Notice carefully. The full text of the Gales Ferry Pediatrics Notice of Privacy Practices is available for review in the foyers of both the Gales Ferry and Old Saybrook offices.

*If you have any questions about this notice, please contact Privacy Officer Jackie Hirsch, (860)464-7248.*

At Gales Ferry Pediatrics, we respect the privacy and confidentiality of your health information. This Notice of Privacy Practices describes how we may use and disclose your medical health information, and how you can get access to this information. This Notice applies to uses and disclosures we may make of all your health information whether created or received by us.

WE ARE REQUIRED BY LAW to maintain the privacy of your health information and provide you with notice of our legal duties and privacy practices. We are also required to comply with the terms of our Notice currently in effect; however, we reserve the right to change our practices and to make new provisions in the future. Should such a change be necessary, the revisions will be posted in the front foyer for your review.

WE MAY USE AND DISCLOSE your health information for purposes of treatment, payment, and health care operations. To coordinate your continuing care, your health information may be used by doctors and nurses, as well as by lab technicians, dietitians, physical therapists, or other personnel involved in your care, as necessary. For payment, we may disclose your health information to an insurance or managed care company, for reasons including, but not limited to, confirming your coverage or requesting approval for a proposed treatment or service. For health care operations, we may use your health information internal to the office for administrative and evaluative purposes, including but not limited to evaluating and improving the quality of care you receive and planning for services.

WE MAY ALSO USE AND DISCLOSE your health information without your written Authorization in the following circumstances: • As required by law; • As necessary for persons involved in your care or payment for your care; • For public health investigations; • For reporting victims of abuse, neglect, or domestic violence; • For health oversight activities; • In response to a court or administrative order; • For certain law enforcement purposes; • To coroners, medical examiners, funeral directors, and/or organ procurement organizations; • To avert a serious threat to health and safety; • As required by military command authorities (for military and veteran patients only); • To correctional institution or law enforcement official (for inmates or patients under custody of the law); • To comply with laws relating to workers' compensation; • For those aiding disaster relief; • To remind you about appointments; • To advise you of treatment alternatives and health-related benefits; • To our Business Associates, under a Business Associate Agreement.

YOUR WRITTEN AUTHORIZATION IS REQUIRED prior to making any use or disclosure of your health information other than those described above. A written Authorization will inform you of a specific use or disclosure of your health information by describing the particular health information to be used or disclosed and the purpose thereof. Where applicable, the Authorization will specify the name of the person or organization to whom we are disclosing the health information. The Authorization will also contain an expiration date or event. You may revoke a written Authorization at any time but such revocations must be in writing. Such requests will be honored immediately except where actions have already been taken on your Authorization.

YOU HAVE THE FOLLOWING RIGHTS regarding your health information: • Right to Request Restrictions; • Right to Request Confidential Communications; • Right of Access to Personal Health Information; • Right to Request Amendment; • Right to an Accounting of Disclosures; • Right to a Paper Copy of This Notice, including the full text version posted in the Gales Ferry Pediatrics foyer.

SPECIAL REGULATIONS MAY APPLY to disclosures of health information relating to care for psychiatric conditions, substance abuse, or HIV-related information. We will not disclose records relating to a diagnosis or treatment of your mental condition between the patient and psychiatrist, or which are prepared at a mental health facility, without specific written Authorization or as required or permitted by law. A general authorization for release of medical or other information will not be sufficient for purposes of releasing HIV-related information; your specific written Authorization is required. As required by Connecticut law, if we do make a lawful disclosure of HIV-related information, we will enclose a statement notifying the recipient that they are prohibited from further disclosing the information. Finally, information which could identify you as an alcohol- or drug-dependant patient will not be disclosed without your specific Authorization, except where specifically required or allowed under state or federal law.

IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED, you may file a complaint in writing with us or with the Office of Civil Rights in the U.S. Department of Health and Human Services at 200 Independence Ave SW, Room 509p, HHH Building, Washington, DC 20201. To file a complaint with us, contact Jackie Hirsch, Privacy Officer, PO Box 608, Gales Ferry, CT 06335. In no way will Gales Ferry Pediatrics retaliate against anyone who files a complaint.

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