

# **PRIVACY NOTICE**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE READ THIS NOTICE CAREFULLY. THE PRIVACY OF YOUR AND/OR YOUR CHILD 'S HEALTH INFORMATION IS IMPORTANT TO US.**

The Health Insurance Portability and Accountability Act of 1996("HIPAA") is a federal program which requires that all medical record and other individually identifiable information used or disclosed by us, Stratford Health Department, in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your *personal health information* (PHI) is used.

As required by "HIPAA", we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical/dental records only for each of the following purposes: Treatment, payment, and health care operations.

- ❑ **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical exam.
- ❑ **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- ❑ **Health Care Operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be quality assessment review.

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**How We Will Use or Disclose Personal Health Information Without Your Consent, Without Written Authorization or Without Opportunity to Object:**

The following examples are other ways we may use and share your or your child's PHI without your consent, written authorization, or opportunity to object. By law, we are required to share your or your child's PHI in these instances:

- Public Health Communicable Disease Reporting**
- Public Health Activities for preventing or controlling disease, injury or disability**
- Child Abuse, Neglect, or Domestic Violence reporting (We are Mandated reporters)**
- Health Oversight activities**
- Legal proceedings**
- Law enforcement**
- Harmful or Self- Harmful Activities**

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may send your child's immunization record to the school nurse at the Stratford school your child is currently attending, after we provide the immunization.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

**YOUR RIGHTS**

You have the following rights with respect to your personal health information (PHI):

- The right to request restrictions on certain uses and disclosures of your or your child's PHI, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless emergency treatment is necessary or you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of your or your child's PHI from us by alternative means or at alternative locations.
- The right to inspect and copy your or your child's PHI
- The right to request amendment of your or your child's PHI.
- The right to receive an accounting of disclosures of your or your child's PHI
- The right to obtain a paper copy of this notice from us upon request.

In order to exercise any of these rights, you will be required to complete a form that we will provide to you upon request.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI.

This notice is effective as of April 14<sup>th</sup>, 2003, and we are required to abide by the terms of the Privacy Notice currently in effect. We reserve the right to change the terms of our Privacy Notice and to make the new notice provisions effective for all PHI that we maintain. We will post and you may require a written copy of a revised Privacy Notice from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office, or the Department of Health and Human Services, Office of Civil Rights, about violations of the provision of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

If you have any questions about this notice, or you would like to file a complaint, you may contact our Privacy Officer:

**Beth Strimpel, RN**  
**Stratford Health Department**  
**468 Birdseye Street, Stratford, CT 06615**  
**(203) 385-4058**  
*[bstrimpel@townofstratford.com](mailto:bstrimpel@townofstratford.com)*

For more information about HIPAA, or to file a complaint with Health and Human Services:

The U.S. Department of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(202) 619-0257  
Toll free 1-877- 696-6775