NOTICE OF PRIVACY

Effective: April 14, 2022; Revision: 8/1/2013
Privacy Officer/Contact: Susie J. Adamson
Address: 2 Batterson Park Road, Farmington, CT
Phone/Confidential Compliance: 860-321-7028, ext 8008

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AS WELL AS HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

This practice is committed to protecting the privacy and confidentiality of your protected health information. This Notice describes your rights and options and how you may use or disclosure your protected health information. "Protected Health Information" is information about you, including demographic information, that relates to your health that is created, received, maintained, or transmitted by a health care provider or related service provider in connection with providing a health care service. "Use" means the creation, access, or transmittal of protected health information; "Disclose" means use in a way that is not permitted by this Notice; "You" means the individual about whom protected health information has been created or received by this practice.

The practice follows the standards and regulations in the 2013 edition of the Health Insurance Portability and Accountability Act (HIPAA) regulations and the related regulations promulgated by the U.S. Department of Health and Human Services. This practice is a "Covered Entity" (as defined in 45 CFR 160.103) and is bound by the health insurance reform law and regulations (as amended by the American Recovery and Reinvestment Act of 2009), and the regulations promulgated thereunder.

This Notice applies to all of the services and activities that the practice performs as a covered entity, and to all protected health information that the practice creates, receives, maintains, or discloses, in any form or medium.

We reserve the right to amend this Notice at any time, in which case we will provide you with a new Notice of Privacy Practices. Any such amendments will be effective for protected health information created or received by the practice on or after the date that we make the amendments, and will be available to you by request or upon request at our office.

Changes to This Notice

We reserve the right to change the terms of this Notice at any time, in which case we will provide you with a new Notice of Privacy Practices. Any such amendments will be effective for protected health information created or received by the practice on or after the date that we make the amendments, and will be available to you by request or upon request at our office.

If you have questions about this Notice, you may contact any of the locations in this Notice.

If you request Confidential Communications, you have the right to request that protected health information not be disclosed to your health care providers, health plans, or health care clearinghouse.

This practice will not sell, lease, or otherwise disclose your protected health information to any other person or organization. This practice will use your information only to provide services to you, or to help you. No one will have access to your information if you have not given permission for it to be used.

If you request Transmission of Your Protected Health Information in Electronic Form, you have the right to request that electronic copies of your protected health information be sent to you in a secure manner.

This practice will make reasonable efforts to transmit your protected health information in an electronic environment that is secure and that meets HIPAA standards.

If you request a Paper Copy of This Notice, you have the right to request a paper copy of this Notice, which is your printout copy of this Notice. This Notice is also available on the practice's website: (http://www.mmact.com/gelting-started/new-patient-forms/).

To obtain a paper copy of this Notice, please contact the Privacy Officer/Contact listed on the first page of this Notice. Special Rules Regarding Disclosure of Psychiatric, Substance Abuse and HIV Related Information.

Under Connecticut or Federal Law, additional disclosures may apply to disclosures of health information that relate to care for psychiatric conditions, substance abuse or HIV related testing and treatment. This information may not be disclosed without your specific written permission, except as may be specifically required or permitted by Connecticut or Federal Law. The following are examples of disclosures that may be made without your written permission:

- Psychiatric Information: We may disclose psychiatric information to a mental health professional if needed to your diagnosis or treatment.
- HIV Related Information: We may disclose HIV related information for purposes of treatment or payment.
- Substance Abuse Treatment: We may disclose information obtained from a substance abuse program as an emergency.

Complaints

If you have questions or concerns about this Notice, you may contact our office. You have the right to file a complaint with the Secretary of the Department of Health and Human Services. If you disagree with a decision about your request, you may file a complaint with: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Ave., S.W. Room 509F, Washington, DC 20201.