

## **Notice of Privacy Practices**

*This notice describes how health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.*

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 01/01/2020, and will remain in effect.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at our practice locations, and copies of the new Notice will be available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, please contact us at one of our locations via the contact information listed at the end of this Notice.

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### ***How We may Use and Disclose Health Information about You***

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. Descriptions for each of these categories are provided. Some information, such as HIV, genetic, alcohol and substance abuse records, and mental health histories may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

#### **Treatment**

We may use and disclose health information for your treatment, for example, to another specialist or general practitioner providing additional treatment to you.

#### **Payment**

We may use and disclose health information to obtain reimbursement for the treatment and services you receive from us or other entities involved in your care. Payment activities include billing, collections, claims management, and determinations of both eligibility and coverage, which are all used to obtain payment from you, an insurance company, or another third party.

#### **Healthcare Operations**

We may use and disclose health information in connection with our healthcare operations, which may include quality assessment and improvement purposes, training programs, and licensing activities.

#### **Individuals Involved in Your Care or Payment for Your Care**

We may disclose health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make healthcare decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

#### **Disaster Relief**

We may use or disclose your health information to assist in disaster relief efforts.

This document was made in accordance with the American Dental Association's *Practical Guide to HIPAA Compliance*.

### **Public Health Activities**

We may use or disclose your information when we are required to do so by law.

### **Public Health Activities**

We may use or disclose health information for public health activities, including:

- Prevention or control of diseases, injuries, or disability
- Report child abuse or neglect
- Report reactions to medications or problems with products or devices
- Notify a person of a recall, repair, or replacement of products or devices
- Notify a person who may have been exposed to a disease or condition
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence

### **National Security**

We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials the health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose health information of an inmate or patient to the correctional institution or law enforcement officials that have lawful custody.

### **Secretary of Health and Human Services**

We will disclose your health information to the Secretary of Health and human Services when required to investigate or determine compliance with HIPAA.

### **Worker's Compensation**

We may disclose your PHI to the extent necessary and authorized by law relating to worker's compensation or other similar programs established by law.

### **Law Enforcement**

We may disclose your PHI for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

### **Health Oversight Activities**

We may disclose your PHI to an oversight agency for activities authorized by law. These activities may include: audits, investigations, inspections, and credentialing, as necessary for licensure. We may also disclose for the government to monitor the health care system, government programs, and compliance with civil rights laws.

### **Judicial and Administrative Proceedings**

If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process instituted by someone involved in the dispute. This can occur only if efforts have been made, either by the requesting party or us, to tell you about the request or obtain an order protecting the information requested.

### **Research**

We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has established protocols to ensure the privacy of your information.

### **Coroners, Medical Examiners, and Funeral Directors**

We may release your PHI to a coroner or medical examiner. This may be necessary to identify a deceased person or determine cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

### **Fundraisers**

This document was made in accordance with the American Dental Association's *Practical Guide to HIPAA Compliance*.

We may contact you to provide you with the information about our sponsored activities, including fundraising programs as permitted by applicable law. If you do not wish to receive this information from us, you may opt out at any time.

### ***Other Uses and Disclosures of PHI***

Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use, or disclosure of PHI for marketing, and for the sale of PHI. We will also obtain your written authorization before using or disclosing your PHI for purposes other than those provided in this notice. You may revoke authorization in writing at any time. Upon receipt of written revocation, we will stop using or disclosing your PHI, except to the extent we have already taken in reliance on the authorization.

### ***Your Health Information Rights***

#### **Access**

You have the right to look at or get copies of your health information. You must make the request in writing. You may submit the written request by using the contact information listed at the end of this Notice. If you request information that we maintain on paper, we may provide you with a photocopy of the information. If you request information that we maintain electronically, you have the right to an electronic copy. We reserve the right to charge you for the cost of supplies and labor of copying, and for postage required to provide you with your information. If you are denied a request, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

#### **Disclosure Accounting**

You have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and health regulations. To request an accounting of disclosures of your health information, you must submit your request in writing to the contact listed at the end of this Notice. We reserve the right to charge you a cost-based fee if you request accounting more than once in a 12-month period.

#### **Right to Request a Restriction**

You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to the contact listed at the end of this Notice. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both, and (3) to whom the limits should apply. *We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan) has paid our practice in full.*

#### **Alternative Communication**

You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing and must specify the alternative means or location, as well as provide satisfactory explanation of how payments will be handled under the alternative means or locations. We will accommodate all reasonable requests.

#### **Amendment**

You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your records and notify

you as such. If we deny your request, we will provide you with a written explanation and explain your rights.

**Right to Notification of a Breach**

You will receive notifications of breaches to your unsecured protected health information as required by law.

**Electronic Notice**

You may receive a paper copy of this Notice upon request, even if you have agreed to receive this notice via our website or by email.

***Questions and Complaints***

*If you want more information about our privacy practices or have questions or concerns, please contact us.*

*If you are concerned that we may have violated your privacy rights, or if you disagree with a decision, we have made about access to your health information, or in response to a request you made, you may complain to us using the contact information listed below. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file this complaint upon request.*

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**CONTACT OFFICER**

Linda Kwochka: Practice Manager

Telephone: (203) 458 4450

Address: 246 Goose Lane, Suite 204, Guilford, CT 06437

Email: [coastalct@coastalctoms.com](mailto:coastalct@coastalctoms.com)