

**BROOKSIDE GYNECOLOGY ASSOCIATES, P.C.**

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**Notice of Patient Privacy Practices**

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Date of Last Revision: October 4, 2010

Effective Date: Immediately

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

*If you have any questions about this Notice, please contact our Privacy Officer at the number listed at the end of this Notice.*

Each time you visit a healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. We understand that your medical information is personal to you, and we are committed to protecting that information. This Notice applies to all of the records of your care generated by your healthcare provider and describes our privacy policies with respect to such records. Our privacy policies extend to our practice's health care professionals, administrative staff, business associates, and other employees or personnel that work for or with our practice.

We are providing this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

If you agree to receive this Notice electronically, and such agreement has not been withdrawn, we will provide you a copy of this Notice via email. If we know that the email transmission containing this Notice fails, we will provide you with a paper copy of this Notice.

**A. Our Duties and Responsibilities**

Brookside Gynecology Associates, P.C. is required by law to maintain the privacy of your protected health information and to provide you with a description of our legal duties and privacy practices regarding your health information. The current Notice will be posted in our reception room and on our website at [www.brooksidegyn.com](http://www.brooksidegyn.com). The Notice will include the effective date.

In addition, we will provide you with a copy of this Notice upon your enrollment with our practice (which we ask that you acknowledge with your signature or through electronic confirmation of receipt) and upon request.

We are required by law to abide by the terms of this Notice and notify you if we make changes to this Notice, which may be at any time. Changes to the Notice will apply retroactively to your medical information that we already maintain as well as new information received after the change occurs. If we change our Notice, it will be posted in our reception room and on our website at [www.brooksidegyn.com](http://www.brooksidegyn.com). You may also request that a revised Notice be sent to you in the mail or you may ask for one at your next appointment or appropriate visit. This Notice will also serve to advise you as to your rights with regard to your health information.

We are also required by law to notify you if we discover a breach of your unsecured health information. Unsecured health information is health information that has not been encrypted or otherwise rendered unreadable through the use of certain kinds of technology. In the event of such a breach of your unsecured health information, we will notify you in writing or by email if you have agreed to receive such notices electronically.

**B. How We May Use and Disclose Health information About You**

The following categories describe different ways that we use and disclose protected health information without your signed authorization. Each category of uses or disclosures provides a general explanation and provides some examples of uses. Not every use or disclosure in a category is necessarily listed. The explanation is provided for your general information only.

1. **For Treatment:** We may use health information about you to provide, coordinate and manage your treatment or services. We may disclose health information about you to other doctors, nurses, technicians (e.g. clinical laboratories or imaging companies), medical students, or other personnel who are involved in your care. We may communicate your information either orally or in writing by mail, facsimile, or email. We may also provide a subsequent healthcare provider with copies of various reports that should assist him or her in treating you. For example, your health information may be provided to a physician to whom you have been referred so as to ensure that the physician has appropriate information regarding your previous treatment and diagnosis.

2. **For Payment:** We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information before it approves or pays the health care services we recommend for you.

3. **For Health Care Operations:** We may use or disclose, as needed, your health information in order to support our business activities. These activities may include, but are not limited to, quality assessment activities, employee review activities, licensing, legal advice, accounting support, information systems support and conducting or arranging for other business activities.

4. **Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include billing collections, childbirth consultants, lactation consultants, quality assurance, and computer software support. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job that we have 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 through a written contract.

5. **As Required or Authorized By Law.** We may disclose health information about you to government or other authorities when required or authorized to do so by federal, state, or local law. Examples include:

- disclosure to local, state or federal agencies for oversight activities authorized by law, such as audits, investigations, or inspections;
- disclosure to a law enforcement official in relation to criminal conduct, an emergency situation, or as a response to a court order, subpoena, warrant, or similar process;
- disclosure in response to a judicial or administrative proceeding, subpoena, discovery request, or other lawful process; and
- disclosure to the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence, but only with your authorization or to the extent the disclosure is expressly authorized by statute or other applicable law.

6. **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat either to your specific health and safety or the health and safety of the public or another person.

7. **Organ and Tissue Donation.** If you are an organ donor or if we have no indication on hand about your donation preferences, we may release health information to organizations that handle organ procurement or organ, eye or issue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

8. **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner, medical examiner and funeral director to aid in identifying a deceased person, determining a cause of death, or as otherwise necessary for them to carry out their duties.

9. **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness without regard to fault.

10. **Public Health Risks.** We may disclose health information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they might be using; or
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

11. **Specialized Government Functions.** We may use or disclose health information about you for certain specialized government functions. Examples include:

- disclosure regarding Armed Forces personnel to appropriate military command authorities to ensure the proper execution of military missions or to the Department of Veterans Affairs to determine eligibility for benefits;
- disclosure to authorized federal officials for national security activities authorized by the National Security Act; or
- disclosure to authorized federal officials for the provision of protective services to the President.

12. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official.

13. **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes, but only if such research is necessary for the research purposes and the use or disclosure of the health information has been approved by a review board or privacy board as required by law.

C. **Special Cases.**

1. **Appointment and Patient Recall Reminders.** We may ask that you sign in in writing at our front desk and we may also call you by name in the waiting room when your physician is ready to see you. In addition, we may use or disclose your health information, as necessary, to contact you to remind you of your appointment by telephone, email, or reminder card.

2. **Other Mailings:** We may communicate to you via newsletters, mailings or other means regarding treatment options, information on health-related benefits or services to remind you that you have an appointment for medical care, or other community based initiatives or activities in which our facility is participating. If you are not interested in receiving these materials, please contact our Privacy Officer.

3. **Uses and Disclosures Related to Your Care and Notification.** If you agree or do not object upon notice of a possible disclosure, we may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care, or to an organization assisting in a disaster relief effort or in an emergency situation so that your family can be notified about your condition, status and location. If you are not present or able to agree or object to the use or disclosure of the health information (such as in an emergency situation), then your clinician may, using professional judgment, determine whether the disclosure is in your best interest. In such a case, only the health information directly related to your health care will be disclosed.

4. **State Law Restrictions.** In the case of HIV-related information, mental health records from a psychiatrist, and alcohol and/or drug treatment records, special protections apply under Connecticut law. With certain exceptions, your written permission is generally required by law to release this information.

D. **Other Permitted and Required Uses and Disclosures.**

Other uses and disclosures of medial information not covered by this Notice or the laws that apply to use will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. However, we are unable to take back any

disclosures we have already made with your permission and we are required to retain our records of the care that we provided to you.

E. **Your Health Information Rights**

Although your health record is the physical property of Brookside Gynecology Associates, P.C., you have the right to:

1. **Inspect and Copy:** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. We may deny your request to inspect and copy health information in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. The person conducting the view will not be the person who denied your request. We will comply with the outcome of the review. Requests for access to and copies of your health information must be submitted to Brookside Gynecology Associates, P.C. in writing. The practice may charge up to the maximum amount permitted by law for making copies of your record.

2. **Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information by submitting a request in writing. You have the right to request an amendment for as long as we keep the information. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

3. **An Accounting of Disclosures:** You have the right to request an accounting of our disclosures of health information about you made during the six years prior to the date of the request, including disclosures for treatment, payment, health care operations or where you specifically authorized a disclosure. Brookside Gynecology Associates, P.C. may charge up to the maximum amount permitted by law for such accounting. We ask that you submit these requests in writing.

4. **Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a procedure that you had. We ask that you submit these requests in writing.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment or if we are otherwise required to disclose the information under applicable law.

**Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for use to do so. For example, you can ask that we use an alternative address for billing purposes, or that we not leave voicemails for you. We ask that you submit these requests in writing.

5. **A Paper Copy of This Notice:** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

To exercise any of your rights, please obtain the required forms from the Privacy Officer and submit your request in writing.

G. **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us by calling (203) 869-7080 and asking for the Privacy Officer or by contacting the Office for Civil Rights of the Department of Health and Human Services for Region I at the following address:

Office for Civil Rights  
U.S. Department of Health and Human Services  
JFK Federal Building – Room 1875  
Boston, MA 02203

All complaints must be submitted in writing and shall be investigated without repercussion to you. You will not be penalized for filing a complaint.

H. **Privacy Officer**

Privacy Officer: Leslie Donovan, M.D.  
Telephone Number: (203) 869-7080

**BROOKSIDE GYNECOLOGY ASSOCIATES, P.C.**

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**ACKNOWLEDGMENT**

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I acknowledge receipt of the Notice of Patient Privacy Practices.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Print name of patient: \_\_\_\_\_

If you are signing as the patient's representative:

Print name of patient's representative: \_\_\_\_\_

Describe your authority: \_\_\_\_\_