



East Haven • Fairfield • Hamden • Norwalk • North Haven • Orange • Southington • Stamford • Stratford • Waterbury • West Haven • Bridgeport • Bethel • New

## Milford **PRIVACY POLICY**

THE DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS ESTABLISHED A “PRIVACY POLICY” TO HELP INSURE THAT PERSONAL INFORMATION IS PROTECTED FOR YOUR PRIVACY. THE PRIVACY RULE WAS ALSO CREATED IN ORDER TO PROVIDE A STANDARD FOR USES AND DISCLOSURES OF HEALTH INFORMATION ABOUT THE PATIENT TO CARRY OUT TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS.

AS OUR PATIENT, WE WANT YOU TO KNOW THAT WE RESPECT THE PRIVACY OF YOUR PERSONAL MEDICAL INFORMATION. WE STRIVE TO ALWAYS MAKE REASONABLE PRECAUTIONS TO PROTECT YOUR PRIVACY. WHEN IT IS APPROPRIATE AND NECESSARY, WE PROVIDE THE MINIMUM INFORMATION NECESSARY TO ONLY THOSE WE FEEL ARE IN NEED OF YOUR HEALTH CARE INFORMATION, AND INFORMATION REGARDING TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS IN ORDER TO PROVIDE HEALTH CARE THAT IS IN YOUR BEST INTEREST. WE ALSO WANT YOU TO KNOW THAT WE SUPPORT YOUR FULL ACCESS TO YOUR PERSONAL MEDICAL RECORDS.

WE MAY HAVE INDIRECT TREATMENT RELATIONSHIPS WITH YOU SUCH AS; LABORATORIES THAT ONLY INTERACT WITH PHYSICIANS AND NOT PATIENTS. WE MAY HAVE TO DISCLOSE PERSONAL HEALTH INFORMATION FOR PURPOSES OF TREATMENT, PAYMENT OF HEALTH CARE OPERATIONS. THESE ENTITIES ARE MOST OFTEN NOT REQUIRED TO OBTAIN PATIENT CONSENT. YOU MAY REFUSE TO CONSENT TO THE USE OR DISCLOSURE OF YOUR PERSONAL HEALTH INFORMATION, HOWEVER, THIS MUST BE IN WRITING. UNDER THE LAW, WE HAVE THE RIGHT TO REFUSE TO TREAT YOU, SHOULD YOU CHOSE TO REFUSE DISCLOSURE OF YOUR PERSONAL HEALTH INFORMATION (PHI) IF YOU CHOSE TO GIVE CONSENT AT A FUTURE TIME YOU MAY REQUEST TO REFUSE ALL OR PART OF YOUR PHI.

**YOU HAVE THE RIGHT TO REVIEW OUR PRIVACY NOTICE, TO REQUEST RESTRICTIONS AND REVOKE CONSENT IN WRITING AFTER YOU HAVE REVIEWED OUR PRIVACY NOTE.**