

# **Moss and Maiocco MD LLC**

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## **NOTICE OF PRIVACY PRACTICES-SUMMARY**

**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.**

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information. 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 records for the following purposes: treatment, payment and healthcare operations.

\*Treatment means providing, coordinating, or managing health care and related services by one or more healthcare providers. For example, notifying a referring physician of your condition.

\*Payment means such activities as obtaining reimbursement for services, confirming coverage billing or collection activities, and utilization review. For example, sending a bill for your visit to your insurance company for payment.

\*Health care operations. We may use and disclose certain limited information about you on our SIGN-IN SHEET(your name and who will be delivering you care or service that day). We also may identify you by name in order to call you for treatment.

Any uses or disclosures other than those mentioned in our posted Privacy Notice will be made only with your written authorization. You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

\*The right to request restrictions on certain uses and disclosures of protected information, 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 you agree in writing to remove it.

\*The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.

\*The right to inspect and copy your protected health information.

\*The right to amend your protected health information.

\*The right to receive an accounting of disclosures of protected health information.

\*The right to obtain a full paper copy of the Privacy Notice from us upon request.

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

This notice is effective as of April 14, 2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office. If you feel that your privacy has been violated you have the right to file a complaint with our office, Attention:Privacy Officer, or with the Department of Health & Human Services, Office of Civil Rights, 200 Independence Avenue, S.W., Washington D.C. 20201.

We will not retaliate against you for filing a complaint.

