

**Office of Paul H. Deutsch, M.D., R.Ph., LLC**  
**86 New London Turnpike**  
**Norwich, CT 06360**

To Our Valued Patients:

Protecting the privacy and confidentiality of your health information is something we take very seriously. Everyone, from the physician to our staff, understands how important it is to protect your information.

Recently a federal law went into effect known as “HIPAA.” Among other things, HIPAA has strict requirements for protecting patient health information. This practice has made special efforts to comply both with this federal law as well as existing state patient confidentiality laws.

As part of our commitment to your privacy, we are providing you with the attached “Notice of Privacy Practices.” This outlines how we will use or disclose your “protected health information.” Please take a few minutes to read this Notice. If you would like a copy to take home with you, just let our front desk know. If you have any questions about how we handle your information please feel free to talk to our privacy officer, **Nicole Fur Furo, Practice Administrator. 860-889-0025**

We ask that you sign the acknowledgement of receipt of the Notice. The acknowledgement is just our written record that you received the Notice.

Sincerely,

Paul H. Deutsch, M.D, R.Ph.

# Notice of Privacy Practices

**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 office of **Paul H. Deutsch M.D., R.Ph., LLC** is required by law to maintain the privacy of your health information and to provide you with the notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at the office of **Paul H. Deutsch M.D., R.Ph., LLC** please contact: **Nicole Fur Furo, Privacy Officer, 86 New London Turnpike Norwich, CT 06360, phone: 860 889-0025**

Effective Date of This Notice: **October 1, 2013**

## **I. How the office of Paul H. Deutsch, M.D., R.Ph., LLC may Disclose Your Health Information**

The office of **Paul H. Deutsch, M.D., R.Ph., LLC** collects health information from you and stores it in your electronic health record (EHR) on a computer. This is your medical record. The medical record is the property of the office of **Paul H. Deutsch, M.D., R.Ph., LLC**, but the information in the medical record belongs to you. The office of **Paul H. Deutsch, M.D., R.Ph., LLC** protects the privacy of your health information. The law permits the office of **Paul H. Deutsch, M.D., R.Ph., LLC** to disclose your health information for the following purposes:

- 1. Treatment.** We may disclose PHI (protected health information), as needed, to other providers to whom we refer or in a medical emergency so that the treating practitioner has the information necessary to diagnose and treat you.
- 2. Payment.** We may disclose PHI, as needed, to obtain payment from your health insurance plan (including Medicare) to determine eligibility or coverage for insurance benefits and to undertake medical necessity and utilization activities, e.g. obtaining approval for a hospital stay.
- 3. Regular Health Care Operations.** We may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management.
- 4. Appointment Reminders.** We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.
- 5. Sign in Sheet.** We may ask you to sign in when you arrive at our office. The sign in sheet will contain only minimal information. We may also call out your name when we are ready to see you.
- 6. Notification and Communication with Family.** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others. In the

event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts.

7. **Required by Law**. As required by law, we may use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
8. **Public Health**. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or other abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
9. **Health Oversight Activities**. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
10. **Judicial and administrative Proceedings**. We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
11. **Law Enforcement**. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
12. **Deceased Person Information**. We may disclose your health information to coroners, medical examiners and funeral directors.
13. **Organ Donation**. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
14. **Public Safety**. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
15. **Specialized Government Functions**. We may disclose your health information for military, national security, or prisoner (and government benefits) purposes.
16. **Worker's Compensation**. We may disclose your health information as necessary to comply with worker's compensation laws.
17. **Breach Notification**. In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related in the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

**18. Change of Ownership.** In the event that the office of **Paul H. Deutsch, M.D., R.Ph., LLC** is sold or merged with another organization, your health information/record will become the property of the new owner.

**II. When the office of Paul H. Deutsch, M.D., R.Ph., LLC May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, the office of **Paul H. Deutsch, M.D., R.Ph., LLC**, will not use or disclose your health information without your written authorization. If you do authorize the office of **Paul H. Deutsch, M.D., R.Ph., LLC** to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

**III. Your Health Information Rights**

1. You have the right to request restrictions on certain uses and disclosures of your health information. A written request is required specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. We will accommodate all reasonable requests and we will not require an explanation from you as to the basis of your request.
3. You have the right to inspect and copy your health information with limited exceptions. We may charge a reasonable fee for copies. We may require inspection or copy requests to be in writing. We may deny your request under limited circumstances and you may have a right to appeal our decision. If your written request clearly, conspicuously and specifically asks us to send you or some other person or entity an electronic copy of your medical record, and we do not deny the request as discussed above, we will send a copy of the electronic health record as you requested, and will charge you no more than what it cost us to respond to your request.
4. Depending on the circumstances, you may have the right to amend PHI. In certain cases the office of **Dr. Paul H. Deutsch, M.D., R.Ph. LLC** may deny your request because we believe that the PHI is accurate and complete. If we deny your request for amendment, you have the right to file a statement of disagreement with us which we will consider. We may prepare a rebuttal to your statement and provide you with a copy of any such rebuttal.
5. You have a right to receive an accounting of disclosures of your health information made by the office of **Paul H. Deutsch, M.D., R.Ph., LLC** except that the office of **Paul H. Deutsch, M.D., R.Ph., LLC** does not have to account for the disclosures described in treatment, payment, health care operations, information provided to you, and certain government functions of section I of this Notice of Privacy Practices.
6. You have a right to a paper copy of this Notice of Privacy Practices.

**IV. Disclosure of PHI of a Minor**

1. The office of **Paul H. Deutsch, M.D., R.Ph., LLC** by Connecticut State Law, cannot disclose to the parent/guardian of a minor patient any information about the care listed below, if and as applicable, unless permission is granted by said minor.

- HIV testing and treatment.
- Testing and treatment for reportable sexually transmitted diseases.
- Family planning and abortion services.
- Alcohol and drug treatment services.

## **V. Change to This Notice of Privacy Practices**

The office of **Paul H. Deutsch, M.D., R.Ph., LLC** reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, the office of **Paul H. Deutsch, M.D., R.Ph., LLC** is required by law to comply with this Notice.

## **VI. Complaints**

Complaints about this Notice of Privacy Practices or how the office of **Paul H. Deutsch, M.D., R.Ph., LLC** handles your health information should be directed to: **Nicole Fur Furo, Privacy Officer, phone: 860 889-0025.**

If you are not satisfied with the manner in which the office of **Paul H. Deutsch, M.D., R.Ph., LLC** handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>, or you may also submit your complaint electronically by visiting <http://www.hhs.gov/ocr/privacy/index.html>

You will not be penalized for filing a complaint.