

# CONNECTICUT ASTHMA & ALLERGY CENTER LLC

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## PRIVACY NOTICE

Your privacy and trust is of the utmost importance to Connecticut Asthma & Allergy Center LLC (CAAC). The providers of CAAC make every reasonable effort to ensure that any information you provide and that is maintained by us is private, confidential, and secure. CAAC clearly and fully discloses our security and privacy practices.

This is to notify you of all uses and disclosures that CAAC may make of your/your dependent's protected health information (PHI). *Please review it carefully.* If you have any questions or concerns about this notice, please call Mary Hernandez at (860) 232-9911.

## OUR RESPONSIBILITIES TO OUR PATIENTS

We are required by law to:

1. Maintain the privacy of our patient's health information and to provide a Privacy Notice to our patients.
2. Comply with the terms of the current Privacy Notice. We reserve the right to change or add to our privacy practices. Should any changes occur, we would make the revised Privacy Notice available to you by posting it in our waiting room.

## YOUR RIGHTS REGARDING YOUR/YOUR DEPENDENT'S HEALTH INFORMATION

1. You have a right to access your/your dependent's medical record. You may inspect and, upon written request obtain a copy of the medical record. Request for Release of Medical Records Forms are available at the front desk. In certain circumstances, guardianship papers may need to be submitted with your written request. Connecticut General Statute §20-7c allows the physicians to charge 65 cents per page plus the cost of first class postage. Payment is due in full before medical records will be released. The physicians of CAAC will continue to provide medical records to your treating physician(s) at no charge.
2. You have a right to alternative communication. You have the right to request that we communicate with you concerning the patient's health matters in a confidential manner or in a private location. For example, you may request to be moved into a closed room to discuss your PHI. Our staff will accommodate any reasonable request.
3. You have a right to amend your/your dependent's medical record. Any amendment you request must be made in writing and must state the reason you are requesting it. We may deny your request if the information: [a] was not created by CAAC, unless you provide reasonable information that the person who created the information is no longer available to respond to your request; [b] is information to which you do not have a right of access; or [c] is already accurate and complete, as determined by us. If CAAC denies your requested amendment, we will notify you in writing, including the reason for our denial. You have a right to send a letter disagreeing with the denial. If you choose to send one, it will be attached to the medical record.
4. You have a right to request restrictions on uses and disclosures of your/your dependent's PHI. You may request that we restrict the way we use or disclose the health information for treatment, payment, or healthcare operations. CAAC is not required to agree to the restriction. If we do agree to a restriction, we will honor that restriction except in the event of an emergency. In an emergency, we will only disclose the minimum necessary for treatment.
5. You have a right to an accounting of disclosure. This is a listing of disclosures made by CAAC, but does not include disclosures for treatment, payment, and healthcare operations. You must submit your request in writing specifying the time period you are requesting. The listing will include: [a] the disclosure date; [b] the name of the recipient, including the address, if known; [c] a brief description of the information sent; and [d] a brief statement of the purpose of the disclosure. You may be charged for the costs for completing the accounting.
6. You have a right to complain. Should you feel that your/your dependent's privacy rights have been violated, or have any complaint regarding our Privacy Practices, please file a written complaint to CAAC's HIPAA Privacy Officer, Mary Hernandez. Her office is in the main office at West Hartford. CAAC will not retaliate against you in any way for filing a complaint.
7. You have a right to a paper copy of this notice. You may request a copy at any time. It is also available at our website, [www.ctallergy.net](http://www.ctallergy.net).

## HOW WE USE AND DISCLOSE YOUR/YOUR DEPENDENT'S HEALTH INFORMATION

The following categories describe the different ways we may use and disclose your/your dependent's health information.

1. **For treatment.** We may use and disclose health information to provide you with treatment and services and to coordinate your continuing care. The information may be used by doctors, nurses, labs, specialists, or other personnel involved in your care. For example, we may ask you to have laboratory tests and we may use the results to help us reach a diagnosis. A pharmacist will need certain information to fill a prescription ordered by your doctor. We may also disclose your health information to persons or facilities that will be involved in your care after you leave our office.
2. **For payment.** We may use and disclose health information so that we can bill and receive payment for the treatment and services you receive. For example, we may contact your health insurer to certify your eligibility for benefits or to request prior authorization for a proposed treatment or service. We may provide your insurer with details regarding your treatment to determine if your insurer will cover your treatment.
3. **For health care operations.** We may use and disclose health information as necessary for our internal operations, such as for general administration activities and to monitor the quality of care you receive with us. For example, we may use information to evaluate and improve the quality of care you received, for education and training purposes, or to conduct cost-management and business planning activities for our practice.
4. **Appointment reminders.** We may use and disclose health information to contact you and remind you of an appointment.
5. **To avert a serious threat to health or safety.** We may use and disclose health information when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another individual. Information will only be disclosed to someone able to lessen or prevent the threatened harm.
6. **National security.** We may use and disclose health information as needed to provide protection to the President of the United States, certain other persons or foreign heads of states, or to conduct certain special investigations as authorized by law.
7. **Workers' compensation.** We may use and disclose health information to comply with laws relating to workers' compensation or similar programs.
8. **Reporting victims of abuse, neglect, or domestic violence.** If we believe that a patient has been a victim of abuse, neglect, or domestic violence, we may use and disclose health information to notify a government authority, if authorized by law or if you agree to the report.
9. **Health oversight activities.** We may disclose health information to a health oversight agency, a state or federal agency that oversees the healthcare system, for activities authorized by law. Some of the activities may include audits, investigations, and inspections.
10. **Treatment options.** We may use and disclose health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.
11. **As required by law.** We may use and disclose health information when required by law to do so.

We are part of an Organized Health Care Arrangement (OHCA) with the Hartford Physicians Association, Inc. and its other members for the purpose of engaging in certain medical management, utilization review, quality assessment and improvement, and data aggregation activities. We may use and disclose your PHI without your consent in connection with the operations of the OHCA. No member of the OHCA shall be liable or otherwise responsible in any manner for the acts or omissions of any other member of the OHCA by reason of its participation in such arrangement.

Your written authorization is required for all other uses or disclosures of your/your dependent's health information. CAAC will obtain your written authorization prior to making any disclosures. The authorization will expire after six months. You may revoke your written authorization, in writing, and we will no longer disclose the health information except where we have already taken actions in reliance on your authorization. Psychiatric, HIV/Aids-related information, and substance abuse treatment information requires a specific written authorization. A general authorization for release of medical information will not be sufficient for purposes relating to this information.