

NOTICE OF PRIVACY PRACTICES

CONNECTICUT COLON & RECTAL SURGERY, LLC

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

This notice applies to all of the records of your care generated by this practice.

General Rule: We understand that your medical information is personal to you and we are committed to protecting the information about you. We respect our legal obligation to keep health information that identifies you private. As our patient, we create paper electronic medical records about your health. We need this record to provide for your care and to comply with certain legal requirements. We are required by law to: 1) Make sure that the protected health information about you is kept private; 2) Provide you with our Privacy Practices and your rights with respect to protected health information about you; 3) Follow the conditions of the Notice that is currently in effect.

Uses or disclosures with consent: We will ask you to sign a consent form allowing us to use and disclose your health information for purposes of treatment, payment and healthcare operations for this office. We are allowed to refuse to treat you if you do not sign the consent form. Uses include but are not limited to:

Medical Treatment: we use information for treatment purposes, when for example we set up an appointment for you, when the doctor schedules surgical procedures; prescribes medication. Therefore, we may, and most likely will, disclose medical information about you to doctors, nurses, technicians or pharmacists. Sometimes we may ask for copies of your health information from another professional that you may have seen before us.

Payment: We may use and disclose medical information about you for services and procedures so they may be billed and collected from you, an insurance company or any other third party. We may disclose your health information outside of our office for payment purposes when bills or claims for payment are mailed, faxed or sent by computer to you or your medical plan. We occasionally have to ask a collection agency or attorney to help us with unpaid amounts due. We may also tell your health plan and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine benefits.

Health Care Operations: We may use and disclose medical information about you so that we can run our practice more efficiently and make sure that all our patients receive quality care. These may include reviewing our treatment and services to evaluate the performance of our staff. We may also use or disclose information about you for internal or external utilization review and/or quality assurance, to business associated for purposed of helping us to comply with our legal requirements, to auditors to verify our records, to billing companies to aid us in this process.

Appointment and Patient Recall and Reminders: We may disclose information about you to contact you for a reminder for appointment or recall. This contact may be by phone, in writing and may involve leaving a message on an answering machine which could be received or intercepted by others.

Uses and Disclosures without Consent or Authorization: In some instances, the law requires us to use or disclose your health information without your permission: (1) When a state or federal law mandates that certain health information be reported for specific purpose; (2) For public health purposes, such as contagious disease reporting; and notices to and from Food/Drug Administration; (3) To governmental authorities about victims of suspected abuse, neglect, or domestic violence; (4) Uses and disclosures for health oversight activities such as licensing of doctors; audits by Medicare/Medicaid or for investigation of possible violations of health care laws. (5) Disclosures in response to subpoenas or court orders or administrative agency. (6) Disclosure relating to worker's compensation programs. (7) Disclosure to business associates who perform health care operations for us and who agree to keep your health information private.

Other Disclosure: We will not make any other use or disclosure of your health information unless you sign written authorization form. You do not have to sign such a form. If you do sign one, you may revoke it at any time unless we have already acted on it.

Patient's Rights Regarding Health Information: The law gives you rights regarding your health information. You may: (1) Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions you want. To request restrictions, you must make your request in writing. (2) Request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing. We will accommodate all reasonable requests. (3) See or get photocopies of your health information. This includes your medical and billing records. You will be able to view or have a copy of your health information within 30 days of written notice to us. You may have to pay for photocopies in advance. If we deny your request, we will send a written explanation and instructions on how to get an impartial review. (4) Ask us to amend your health information if you feel the information about you in our record is incorrect or incomplete. You must request the amendment and a reason that supports your request. The amendment must be dated and signed by you and notarized. If we do not agree, you can write a statement of your position and we will include it with your health information. (5) Get a list of disclosures that we have made of medical information about you, to others. To request this list, you must submit your request in writing. Your request must state a time period not longer than 6 years back and may not include dated before April 14, 2003 (or the actual implementation date of HIPAA Privacy Regulations). We will respond to your request within 60 days. (6) Get additional paper copies of Notice of Privacy Practices upon request.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health & Human Services. All complaints must be submitted in writing and all complaints shall; be investigated without repercussion to you.

Changes to this Notice: We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our waiting area.