

Summary of Notice of Privacy Practices

Urology Associates of Norwalk
12 Elmcrest Terrace
Norwalk, CT 06850
Compliance Officer: Peter R. Dodds M.D.

The following is a brief summary of your rights under the Health Insurance and Portability Act of 1996. This summary is for your convenience and is not a substitute for reading the entire Notice displayed on the wall of the waiting room. Urology Associates of Norwalk is committed to fulfilling the intent of the privacy acts which is to provide a secure and comfortable environment for your medical care. We encourage you to share with us, preferably in writing, your concerns and suggestions regarding privacy issues.

1. **Uses and Disclosures of Your Health Information** – We may use the information we develop and collect for treatment by our practice or disclose the information to others to whom we refer you for treatment, for payment for these services and for certain healthcare "operations" such as improving the competence and quality of our staff and business planning and management. We may disclose your information to our business associates such as medical transcribers, billing services and others who assist in the operations of our practice. We may call you to remind you of appointments and may leave messages on your answering machine, if you have one. We may also disclose information to your family about your location, general condition or death. If you are available and able, we will ask your consent first. We may also use your information to recommend products or services related to your care but will not use or disclose your medical information for marketing purposes without your written authorization. Your medical information may be disclosed with out your authorization as required by law, for public health purposes, healthcare oversight, including audits and investigations, judicial and administrative proceedings, subject to the limits imposed by the state and federal law, and certain other purposes.
2. **Other Medical Disclosures** – Except as described in the Notice, we will not use or disclose your medical information without your written authorization at any time, except to the extent that we have already taken action in reliance on the authorization.
3. **Your Health Information Rights** – You have a number of rights under state and/or federal law which are subject to the terms and conditions specified in the Notice: a) You may request restrictions on certain uses and disclosures of your information, b) You may request that you receive your information from us in a certain way, c) You may inspect and copy your medical records, d) You may request an amendment to any record you believe is inaccurate, e) You may request an accounting of disclosures made of your records.
4. **Complaints** – you may file suggestions or complaints to our Privacy Official whose name is above or with the Federal government as detailed in the Notice. You will not be penalized for filing a complaint. We welcome your input.

Please Sign _____ Date _____