

Vasectomy and Male Infertility Center of Connecticut

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 Vasectomy and Male Infertility Center of Connecticut (VMIC) is required by law to maintain the privacy of your health information and to provide you with 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 Vasectomy and Male Infertility Center of Connecticut please contact:

Scott Matson, M.D.
PO Box 10
East Glastonbury, CT 06025
(860)430-5773

Effective Date of This Notice: 01/01/2011

I. How VMIC may Use or Disclose Your Health Information

VCC collects health information from you and stores it electronically. This is your medical record. The medical record is the property of the VMIC, but the information in the medical record belongs to you. VMIC protects the privacy of your health information. The law permits VMIC to use or disclose your health information for the following purposes:

- 1. Treatment.** We may use medical/billing information about you to provide you with treatment or services. We may disclose this information about you to doctors, nurses, technicians, students or other personnel who are involved in taking care of you. For example, we may share information about you with a lab that will process medical tests, or with a pharmacy when we prescribe medication. Additionally, we may disclose your health information with others who may assist in your care such as your spouse, children or parents.
- 2. Payment.** We may use and disclose medical/billing information about you so that the treatment and services you receive may be billed to an insurance company, a third party or a State or Federal Program. For example, we may need to give your health plan information about your treatment so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval to determine whether your plan will cover the treatment.
- 3. Health Care Operations.** We may use and disclose medical/billing information about you for health care operations. For example, we may use medical/billing information to review our treatment and services and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or 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. We may also share your medical information with our "business associates", such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your medical information.
- 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. Treatment Alternatives.** Our practice may use and disclose your medical/billing information to inform you of potential treatment options or alternatives.
- 6. Notification and communication with family/friends.** 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 and your general condition. 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. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or VMIC's privacy board.
15. 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.
16. Specialized government functions. We may disclose your health information for military, national security, purposes.
17. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.
18. Marketing. We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you. We will not otherwise use or disclose your medical information for marketing purposes without your permission.
19. Change of Ownership. In the event that VMIC is sold or merged with another organization, your health information/record will become the property of the new owner.

II. When VMIC May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, VMIC will not use or disclose your health information without your written authorization. If you do authorize VMIC 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. Requesting Restrictions. You have the right to request restrictions on certain uses and disclosures of your health information. In order to request that we restrict our use or disclosure of your health information please make your request in writing to Scott Matson, M.D. (860) 430-5773. **VMIC is not required to agree to the restriction that you request**, but if we do agree we are bound by the agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. Your request must include (a) the information you wish restricted, (b) whether you are requesting to limit our practice's use, disclosure or both, and (c) to whom you want the limits to apply.
2. Confidential Communications. You have the right to receive your health information through a reasonable alternative means or at an alternative location. For example, you may request that we contact you at home rather than work. In order to request a type of confidential communication, you must make your request in writing to Scott Matson, M.D. (860)430-5773.
3. Inspections and Copies. You have the right to inspect and copy your health information with limited exceptions. We may charge a reasonable fee for copies. In order to inspect and/or obtain copies, you must submit your request in writing to Scott Matson, M.D (860)430-5773.
4. Amendment. You have a right to request that VMIC amend your health information that is incorrect or incomplete. VMIC is not required to change your health information and will provide you with information about VMIC denial and how you can disagree with the denial. Your request for amendments to your health information must be made in writing to Scott Matson, M.D.(860)430-5773 and include a reason that supports your requested amendment.
5. Accounting of Disclosures. You have a right to receive an accounting of non-routine disclosures of your health information made by VMIC. Keep in mind that VMIC does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), and 16 (certain government functions) of section I of this Notice of Privacy Practices. In order to request an accounting of disclosures, you must do so in writing to Scott Matson, M.D. (860)430-5773.
6. Right to a Paper Copy of This Notice. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact: Scott Matson, M.D. (860)430-5773.

IV. Changes to this Notice of Privacy Practices

VCC 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, VMIC is required by law to comply with this Notice. You may obtain an updated copy this Notice of Privacy Practices on our website at www.VasectomyCT.com or request a paper copy by contacting Scott Matson, MD. (860)430-5773.

V. Complaints

Complaints about this Notice of Privacy Practices or how VMIC handles your health information should be made in writing to:

Scott Matson, M.D.
PO Box 10
East Glastonbury, CT 06025
(860)430-5773

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint with the Secretary of the Department of Health and Human Services or 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>.

You will not be penalized for filing a complaint.