

**Greenwich Internal Medicine**  
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## **Notice Of Privacy Practices**

This notice describes how Medical/Health information about you may be used and disclosed and how you can get access to this information. Please read and review it carefully.

If you have any questions about this notice, please contact Michelle Jaramillo.  
The effective date of this privacy notice is 8/16/24.

At Francis X. Walsh, M.D., P.C. we respect the privacy and confidentiality of your health information. This notice of privacy practices (“Notice”) describes how we may use and disclose you medical/health information and how you can get access to this information. This Notice applies to uses and disclosures we may make of all your health information whether created or received by us.

### **I. Our responsibilities to you**

We are required by law to:

1. Maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices.
2. Comply with the terms of our Notice currently in effect. We reserve the right to change our practices and to make the new provisions effective for all health information we maintain, including both health information we already have and health information we create or receive in the future. Should we make material changed, we will make the revised Notice available to you by posting in the waiting room in our office.

### **II. How we will use and disclosure your health information for treatment, payment and health care operations.**

We may use and disclose your health information for purposes of treatment, payment and health care operations as described below:

**Treatment:** We may use and disclose your health information to provide you with treatment and services and to coordinate your continuing care. Your health information may be used by doctors and nurses, as well as lab technicians, dieticians, physical therapists or other personnel involved in your care, both within our office and with other health care providers in your area.

For example, 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.

**For Payment:** We may use and disclose your health information so that we can bill and receive payment for the treatment and services you receive. For billing and payment purposes, we may disclose your health information to insurance companies or managed care company, Medicare, Medicaid or other third party payer.

For example, we may contact Medicare or your health plan to confirm your coverage or to request approval for proposed treatment or services.

**For Health Care Operations:** We may use and disclose your health information, as necessary for our internal operations, such as for general administrative activities and to monitor the quality of care you receive with us.

For example, we may use your health information to evaluate and improve the quality care you received, for education and training purposes and for planning for services. Health information may be used to evaluate our employees and to review the qualifications and practices of doctors and other practitioners at Francis X. Walsh, M.D., P.C.

*We may leave messages on your answering machine to disclose results of blood work, x-rays reports, MRI, CAT scans, etc. at your home.*

### **III. Other uses and disclosures we may make without your written authorization**

Under the privacy regulations, we may make the following uses and disclosures without obtaining a written authorization from you:

1. **As Required By Law:** We may disclose your health information when required by law to do so.
2. **Person Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose health about you to family member, close personal friend or other person you identify, including clergy, who is involved in your care. These disclosures are limited to information relevant to the person's involvement in your care or in arranging payment for your care.
3. **Public Health Activities.** We may disclose your health information for public health activities.
4. **Reporting victims of Abuse, Neglect or Domestic Violence.** If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your health information to notify a government authority, if authorized by law or if you agree to the report.
5. **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. A health oversight agency is a state or federal agency that oversees the health care system.

For example, some of the activities may include audits investigations, inspections and licensure actions.

6. **Judicial and Administrative Proceedings.** We may disclose your health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process.
7. **Law Enforcement.** We may disclose your health information for certain law enforcement purposes. For example, this includes to file a report as required by law or to report emergencies or suspicious deaths; to comply with a court order, warrant or other legal process; to identify or locate a suspect or missing person; or to answer certain requests for information concerning crimes.
8. **Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations.**  
We may release your health information to a coroner, medical examiner, funeral director and if you are an organ donor, to an organization involved in the donation of organs and tissue.
9. **To Avert a Serious Threat to Health or Safety.** When necessary to prevent a serious threat to your health or safety, or the health or safety of the public or another person, we may use or disclose your health information to someone able to help lessen or prevent the threatened harm.
10. **Military and Veterans.** If you are a member of the armed forces, we may use and disclose your health information about you if you are a member of a foreign military as required by the appropriate foreign Military authority.
11. **National Security and Intelligence Activities; Protective Services for the Patient and Others.** We may disclose health information to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the patient of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.
12. **Inmates/Law Enforcement Custody.** If you are an inmate of a correctional institution or under the custody of law enforcement official, we may disclose your health information to the institution or official for certain purposes including your own health and safety as well as that of others.
13. **Workers' Compensation.** We may use or disclose your health information to comply with laws relating to workers' compensation similar programs.
14. **Disasters Relief.** We may disclose health information about you to an organization assisting in a disaster relief effort.
15. **Appointment Reminders.** We may use or disclose your health information to comply with laws relating to workers' compensation similar programs.

16. **Treatment Alternatives and Health- Related Benefits and Services.** We may use or disclose your health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.
17. **Business Associates.** We may disclose your health information to our business associates under a Business Associate Agreement.

#### **IV. Your written Authorization is required For All Other Uses or Disclosures Of your Health Information.**

1. We will obtain your written authorization (an “Authorization”) prior to making any use or disclosure other than those described above.
2. A written Authorization is designed to inform you of a specific use or disclosure, other than those set forth above, that we plan to make of your health information. The Authorization describes the particular health information to be used or disclosed and the purpose of the use or disclosure. When applicable, the written Authorization will also specify the name of the person to whom we are disclosing the health information. The Authorization will also contain an expiration date and event.
3. You may revoke a written Authorization previously given by you at any time but you must do so in writing. If you revoke your Authorization, we will no longer use or disclose your health information for the purpose you specified in that Authorization except where we have already taken actions in reliance on your Authorization.

#### **V. Your Rights Regarding Your Health Information**

You have the following rights regarding your health information.

1. **Right to Request Restrictions.** You have the right to request that we restrict the way we use or disclose your health information for treatment, payment or health care operations. However, we are not required to agree to the restriction. If we do agree to a restriction, we will honor the restriction except in the event of an emergency and will only disclose the restricted information to the extent necessary for your treatment.
2. **Right to Request Confidential Communications.** You have the right to request that we communicate with you concerning your health matters in a certain manner or at a certain location.  
For example, you can request that we contact you only at a certain phone number. We will accommodate your reasonable request.
3. **Right to Access to Personal Health Information.** You have the right to inspect and, upon written request, obtain a copy of your health information except under certain limited circumstances. *Under Connecticut Law, if Francis X. Walsh, M.D., P.C. makes a copy of your medical record, we will not charge more than 0.65 per page, plus postage.* We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to health information, in some cases you will have a right to request review of the denial. This

review would be performed by a licensed health care professional designated by Francis X. Walsh, M.D., P.C. who did not participate in the decision to deny access.

- 4. Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of this notice, even if you have agreed to receive this notice electronically. You may request a copy of this Notice at any time.

## **VI. Special Regulations Regarding Disclosure of Psychiatric, Substance Abuse and HIV-Related Information.**

For disclosures concerning health information relating to care for psychiatric conditions, substance abuse or HIV-related information, special restrictions may apply.

For example, we generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign a special Authorization or court orders the disclosure. A general release of your health information will not be sufficient for purposes of disclosing psychiatric, substance abuse or HIV-related information.

- 1. Psychiatric information:** We will not disclose records relating to a diagnosis or treatment of your mental condition between the patient and psychiatrist, or which are prepared at a mental health facility, without specific written Authorization or as required or permitted by law.
- 2. HIV-related Information:** HIV-related information will not be disclosed, except under limited circumstances set forth under state or federal law, without your specific written Authorization. A general authorization for release of medical or other information will not be sufficient for purposes of releasing HIV-related information. As required by Connecticut law if we make a lawful disclosure of HIV-related information, we will enclose a statement that notifies the recipient of the information that they are prohibited from further disclosing the information.
- 3. Substance Abuse Treatment:** If you are treated in a specialized substance abuse program, information which could identify you as an alcohol or drug-dependant patient will not be disclosed without your specific Authorization, except where specifically required or allowed under state or federal law.