

SUMMARY OF NOTICE OF PRIVACY PRACTICES

Urology Associates of Danbury, P.C.

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") was passed into law by the US Department of Health and Human Services in 2002. HIPAA was passed in order to protect the confidentiality of individuals' health information. In order to be compliant with HIPAA, Urology Associates is asking its patients to sign the attached Notice of Privacy Practices (the "Notice"). Your signature affirms that you understand the HIPAA policy as it relates to your health information.

The following is a brief summary of your rights and our responsibilities as detailed in the Notice. This summary is for your convenience and is not a substitute for reading the entire Notice and does not modify the terms of the Notice.

- 1. Uses and Disclosures of your Health Information.** We may use your health information 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 health care "operations" such as improving our practice. We may disclose your information to our business associates such as medical transcriptionists, billing services and others who assist in the operations of our practice. We may call you to remind you of appointments and may leave a message 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 obtain 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 health information for marketing purposes without your written authorization. Your health information may be disclosed without your authorization as required by law, subject to state and federal limitations, as necessary.
- 2. Other Uses and Disclosures.** Except as described in the Notice, we will not use or disclose your health information without your written authorization. You can revoke an 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 that are subject to the terms and conditions specified in the Notice. You may request:
 - a) restrictions on certain uses and disclosures of your information;
 - b) that you receive your information from us in a certain way;
 - c) to inspect and copy your medical records;
 - d) an amendment to any record you believe is inaccurate; and
 - e) an accounting of disclosures made of your records.
- 4. Changes to the Notice.** We reserve the right to change the Notice. If we do so, we will post it in our office, and on our website and provide a copy upon request.
- 5. Complaints.** You may file a complaint to our Privacy Official or with the federal government as detailed in the Notice. You will not be penalized for filing any complaint.