

**NOTICE OF PRIVACY PRACTICES**

**January 1, 2019**

**Please carefully review the following regarding your protected health information:**

The intent of this notice is to inform you of your rights under the Health Insurance Portability and Accountability Act (HIPAA), an act passed by the U.S. federal government to establish privacy and security protections for health information. To view a complete description of your rights and choices regarding your health information, as well as Greater Hartford Wellness' responsibilities and disclosures, visit [www.greaterhartfordwellness.com](http://www.greaterhartfordwellness.com) and under "About" → "What to Expect," click the link for "HIPAA Practices." Copies are available in the waiting room.

Strict confidentiality is actively maintained when patient information is provided via telephone, facsimile, or mail to third parties such as managed care companies who facilitate authorization of treatment under the auspices of insurance companies. All patient documentation is kept in a locked file cabinet within the office. People sitting beyond the locked door to the waiting room cannot observe information about patients received via fax.

The use and disclosure of confidential patient information is maintained by the wishes of the patient as reflected in written and signed authorization forms. Confidential information can only be shared with others after patients have signed the authorizations to release and obtain information from parties such as the referral source, primary care physician, school personnel, and other concurrent providers such as psychiatrists or attorneys if applicable. These authorizations can be revoked in writing at any time to prevent the use and disclosure of patient information, although the revocation cannot be applied retroactively to the time period between the original date of authorization and the date of revocation. However, patient consent to disclose information is not required when clinical intervention is necessary to address any situations that involve danger to self or others, including intent and/or plan to harm oneself as well as abuse or neglect of vulnerable individuals such as children or the elderly.

All patients have the right of access to their records that contain information about their treatment. Copies of these records can be requested in writing, and there will be a reasonable cost-based fee for expenses such as photocopying and staff time, as well as postage for mailing.

If you would like more information about these privacy practices or have questions or concerns, you may pursue these issues by contacting Greater Hartford Wellness, LLC or the Connecticut Office of the Attorney General.

**Greater Hartford Wellness | 40 Avon Meadow Lane | Suite 201 | Avon, CT 06001**  
**p: 860.878.2028 | f: 860.470.5523**

*Your signature is requested below to acknowledge that you have been provided with a copy of this Notice of Privacy Practices.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date