



**Aspetuck Health District**  
**180 Bayberry Lane, Westport, CT 06880**  
**Phone (203) 227-9571 | Fax (203) 221-7199**

**Aspetuck Health District**  
**PRIVACYNOTICE**

**Please read this notice carefully. The privacy of your and/or your child's health information is important to us. This notice describes how health information about you and your child may be used and disclosed, and how you can get access to this information.**

***What is HIPAA?***

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") is a federal program which requires that all medical records and other individually identifiable information used or disclosed by us, Aspetuck Health District, in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your *personal health information* (PHI) is used.

***How will you use my Personal Health Information (PHI)?***

We may use and disclose your medical records, without your consent or authorization for each of the following purposes:

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical exam.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health Care Operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be quality assessment review.

***Can you use my PHI without my consent, written authorization or opportunity to object?***

By law, we are required to share your or your child's PHI in these instances:

- Public Health Communicable Disease Reporting
- Public Health Activities for preventing or controlling disease, injury, or disability
- Child Abuse, Neglect, or Domestic Violence reporting (We are mandated reporters)
- Health Oversight Activities
- Legal Proceedings
- Law Enforcement
- Harmful or Self-Harmful Activities
- Organ, eye, or tissue donation purposes

- We may also create and distribute de-identified health information by removing all references to individually identifiable information.
- We may send your child's immunization record to the school nurse at the school your child is currently attending, after we provide the immunization.
- Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.
- We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

***What are my rights?***

You have the following rights with respect to your personal health information (PHI):

***The right to***

- Request restrictions on certain uses and disclosures of your or your child's PHI, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless emergency treatment is necessary or you agree in writing to remove it.
- Reasonable requests to receive confidential communications of your or your child's PHI from us by alternative means or at alternative locations.
- Inspect and copy your or your child's PHI
- Request amendment of your or your child's PHI
- Receive an accounting of disclosures of your or your child's PHI
- Obtain a paper copy of this notice from us upon request

To exercise any of these rights, you will be required to complete a form that we will provide you with upon request. We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI.

This notice is effective as of January 15, 2026, and we are required to abide by the terms of the Privacy Notice currently in effect. We reserve the right to change the terms of our Privacy Notice and to make the new notice provisions effective for all PHI that we maintain. We will post and you may request a written copy of a revised Policy Notice from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office, or the Department of Health and Human Services, Office of Civil Rights, about violations of the provision of this notice and the policies and procedures of our office. We will not retaliate against you for filing a complaint.

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If you have any questions about this notice, or you would like to file a complaint, you may contact our Privacy Officer: Director of Clinical Services, Aspetuck Health District, 180 Bayberry Lane, Westport, CT 06880 Phone: (203) 227-9571 | Fax: (203) 221-7199

For more information about HIPAA, or to file a complaint with Health and Human Services:  
The U.S. Department of Health and Human Services, Office of Civil Rights, 200 Independence Avenue, S.W. Washington, DC 20201 (202)619-0257 or Toll free 1 (877) 696-6775