

RIGHT TO REVISE PRIVACY PRACTICES

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal state law and regulations. Whatever the reason for the revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the office of Dr. Russell Caram.

COMPLAINTS

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Dr. Russell D. Caram
182 Grassy Plain St.
Bethel, CT. 06801

If you believe your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concerns to the above address.

You will not be penalized to otherwise retaliated against for filing a complaint or comment.

CONTACT PERSON

The person to contact for further information concerning our privacy practices is:

Dr. Russell D. Caram
182 Grassy Plain St.
Bethel, CT. 06801

EFFECTIVE DATE

This notice is effective on or after April 14, 2003. As of the date of this letter, the above mentioned office is HIPAA-free, which means the transfer of patient information electronically IS NOT performed at this facility, thus insuring your right of privacy. However, should there be a time in the future when this office must comply with the HIPAA requirements, your consent will be required.

I have read and fully understand the above mentioned guidelines regarding the HIPAA mandate and my signature below acknowledges that I permit this office to abide by those requirements, should the office ever need to become HIPAA-compliant.

Signature _____ Date _____