



MODERN DERMATOLOGY

WESTPORT, CT

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NOTICE of PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

We have summarized our responsibilities and your rights at the beginning of the Notice of Privacy Practices. For a complete description of our privacy practices, please review this entire notice.

Our Responsibilities Summary

Our practice is required to:

- Maintain the privacy of your health information
- Provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice

Your Rights

As a patient at our practice, you have several rights in regard to your health information, including the following:

- The right to request that we not use or disclose your health information in certain ways.
- The right to request to receive communications in an alternate manner or location.
- The right to access and obtain a copy of your health information.
- The right to request an amendment to your health information.
- The right to an accounting of disclosures of your health information.

We reserve the right to change our privacy practices and to make the new provisions effective for all health information we maintain. Should our privacy practices change, we will post the changes in our office. A copy of the revised notice will be available after the effective date of the changes upon request. We will not use or disclose your health information without your authorization, except as described in this notice.

If you have any questions about this Notice please contact our office at (203) 635-0770.

Patient or Legal Guardian

Date