Your Individual Rights Regarding

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<th>Disclosures and Changes to Your Medical Information</th>
<th>Your Access to Medical Information</th>
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<td><strong>Right to Request Restrictions.</strong> You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations or to someone involved in your care or the payment for your care. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must submit your request in writing to the Privacy Officer at this clinic. In your request, you must tell us what information you want to limit.</td>
<td><strong>Right to Inspect and Copy.</strong> You have the right to inspect and copy medical information that may be used or disclosed about you and to direct us to transmit a copy to a designated person or entity of your choice. Usually this includes medical and billing records but does not include psychotherapy notes, information compiled for use in a civil, criminal, or administrative proceeding, and protected health information to which access is prohibited by law. To inspect and copy, or instruct us to transmit a copy of, medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer at this clinic. If you request a copy of the information, we reserve the right to charge you a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by this clinic will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.</td>
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<td><strong>Right to an Accounting of Non-Standard Disclosures.</strong> You have the right to request a list of disclosures we made of medical information about you. To request this list, you must submit your request to the Privacy Officer at this clinic. Your request must state the time period for which you want to receive a list of disclosures that is no longer than six years, and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (example: on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we reserve the right to charge you for the cost of providing the list.</td>
<td><strong>Right to a Paper Copy of this Notice.</strong> You have the right to inspect and copy a paper copy of our current Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. To obtain a paper copy of the current Notice, please request one in writing from the Privacy Officer at this practice.</td>
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<td><strong>Right to Amend.</strong> If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at this clinic. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if the information we are asking to amend is not part of the medical information kept at this practice, is not part of the information which you would be permitted to inspect and copy, or which we deem to be accurate and complete. If we deny your request for an amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Statements of disagreement and any corresponding rebuttals will be kept on file and sent out with any future authorized request of information pertaining to the appropriate portion of your record.</td>
<td><strong>Right to Request Confidential Communication.</strong> You have the right to request how we should send communications to you about medical matters, and where you would like those communications sent. To request confidential communications, you must make your request to the Privacy Officer at this clinic. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. We reserve the right to deny a request if it imposes an unreasonable burden on the clinic.</td>
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**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at this clinic or with the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing complaints.
We care about our patients’ privacy and strive to protect the confidentiality of your medical information at this clinic. Federal legislation requires that we issue this official notice of our privacy practices. You have the right to the confidentiality of your medical information, and this clinic is required by law to maintain the privacy of that information, and to notify you following certain breaches of that information.

This clinic is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health information. If you have any questions about this Notice, please contact the Privacy Officer at this clinic.

Who Will Follow This Notice
Any health care professional authorized to enter information into your medical record, all employees, staff and other personnel at this clinic who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g. a billing service), sites and locations of this clinic may share medical information with each other for treatment, payment purposes or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

Changes To This Notice
We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice, with the effective date on the posted copy.

Effective Date: May 14, 2003
Revised Date: May 27, 2022
Privacy Officer: compliance@cliffordbeers.org
Clifford Beers Clinic
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New Haven, CT 06511
203-772-1270