

# The Children's Medical Group of Greenwich P.C.

This form summarizes your privacy rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Children's Medical Group respects your right to the confidentiality of your medical record. We also favor your right to permit or refuse the release of specific information, unless mandated by law. For a better understanding, please read our full length Privacy Notice. This document will be available by request from our receptionist. If you have further questions, please use the information below:

Contact: HIPAA Dept.  
Phone: 203-268-2882, Ext. 3055

## ***Your rights regarding your personal medical information***

- You have the right to restrict or limit the medical information we disclose about you for treatment, payment or health care operations.
- You have the right to inspect and/or request a copy of your medical record.
- If you feel your medical information is incorrect, you have the right to request an amendment for the length of time the record is kept.
- You have the right to request an accounting (or list) of disclosures made by CMG.
- You have the right to request confidential communications concerning your medical information.

## ***CMG's rights regarding your medical information***

- The Children's Medical Group has the right to release your medical information for the purpose of treatment, payment and health care operations without prior authorization.
- We have the right to deny a patient's request to amend medical information if there are substantial grounds for doing so.

### **Note:**

Children's Medical Group has the right to change this notice at any given time. When revising the notice the change will effect any medical information we already have concerning you. This notice will remain posted in the office for you to review at your convenience.

I acknowledge that I've reviewed my privacy rights and have been offered the full length privacy notice.

Print Patient Name\_\_\_\_\_

Patient Signature\_\_\_\_\_

Parent Signature (if under 18 yo)\_\_\_\_\_

Date\_\_\_\_\_