



SUNSHINE WELLNESS, LLC

Mental & Sexual Health

60 Boston Post Rd, Madison, CT 06443 |  (203) 208-9682 |  (855) 538-5510

[contact@sunshinewell.org](mailto:contact@sunshinewell.org)

[www.sunshinewell.org](http://www.sunshinewell.org)

### [Sunshine Wellness Privacy Policy](#)

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

#### **Uses and Disclosures of Health Information:**

- 1. Treatment:** We may use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or health care providers who will provide services which we do not provide. We may also share this information with a pharmacist who needs it to dispense a prescription to you or a laboratory that performs a test.
- 2. Payment:** We may use and disclose medical information about you to obtain payment for the services we provide. For example, we may give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
- 3. Health Care Operations:** We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide or the competence and qualifications of our professional staff. We may also use and disclose this information to request that your health plan authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services, and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your information with other health care providers, a health care clearinghouse, or health plans that have a relationship with you when they request this information, to help them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of compliance, qualifications, and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.
- 4. Business Associates:** We may share your medical information with our "business associates," such as our billing service that provides administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your medical information.
- 5. Appointment Reminders:** We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information with the person answering the phone or on your answering machine.
- 6. Sign-In Sheet:** We may ask you to sign in when you arrive at our office. We may also call out your name when we are ready to see you.



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**7. Notification and Communication With Family:** We may disclose your health information to a family member or a close friend or other person you identify where relevant to that person's involvement in your care or payment for your care. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition, or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communicating with your family and others. We will not use or disclose your medical information for marketing purposes without your written authorization.

**8. By Law:** As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect, or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

**9. Public Health:** We may, and are sometimes required by law to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury, or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

**10. Health Oversight Activities:** We may and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure, and other proceedings.

**11. Judicial and Administrative Proceedings:** We may, and are sometimes required by law, to disclose your health information during any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

**12. Law Enforcement:** We may and are sometimes required by law to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, or missing person, complying with a court order, warrant, grand jury subpoena, and other law enforcement purposes.



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**13. Coroners:** We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.

**14. Organ or Tissue Donation:** We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

**15. To Avert a Serious Threat to Health or Safety:** We may, and are sometimes required by law, to disclose your health information to appropriate personnel in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

**16. Specialized Government Functions:** We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

**17. Worker's Compensation:** We may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

**18. Change of Ownership:** In the event that this medical practice is sold or merged with another organization, your health information/record may be transferred to the new owner, although you will maintain the right to request that copies of your health information be transferred to another clinician or medical group.

**When This Medical Practice May Not Use or Disclose Your Health Information:** Except as described in this Notice of Privacy Practices, this medical practice will not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time, except to the extent that we have already taken action in reliance on the authorization.

**Your Health Information Rights:** You have several rights concerning your health information, including your right to request special privacy protections, the right to request confidential communications, the right to inspect and copy, the right to amend or supplement, the right to an accounting of disclosures, and the right to receive a copy of this Notice of Privacy Practices.

If you have any questions about this Notice, would like to exercise one or more of these rights, or would like a more detailed explanation of these rights, please contact our Privacy Officer, Tania Hossin, APRN.

I acknowledge receiving above information.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_