The Health Insurance Portability and Accountability Act (HIPAA) ensures that individuals have access to their health information. Although your health information is shared with the Western Connecticut Health Network (WCHN) for treatment, payment, and health care operations, you retain the right to access, amend, and request a copy of your health information. If you believe your rights have been violated or if you have any questions about this privacy notice, please contact the Privacy Officer at the address or phone number listed on the back of this notice. Your participation benefits the quality of care we provide to our patients.

Access to Personal Health Information

You have the right to:

1. Access to Your Records. If you have any questions about your right to access your records, please contact your provider or the Privacy Officer at the address or phone number listed on the back of this notice.

2. Amend Your Records. If you believe your health information is incorrect or incomplete, you have the right to request that your provider amend your records. Your provider will inform you of the results of your request.

3. Request a Copy of Your Records. You have the right to request a copy of your health information.

4. Request Restrictions. You have the right to request that your health information not be used or disclosed for treatment, payment, or health care operations. Your provider will inform you of the results of your request.

5. Request Confidential Communications. You have the right to request that your health information be communicated in a manner more confidential than the one specified by law or this notice. Your provider will inform you of the results of your request.

6. Request an Accounting of Disclosures. You have the right to request an accounting of disclosures. Your provider will inform you of the results of your request.

7. Request the Name and Address of Your Privacy Officer. You have the right to request the name and address of your privacy officer. Your provider will inform you of the results of your request.

8. Request to Be Notified of a Breach of Health Information. Your provider will inform you of the results of your request.

9. Appeal a Denial of Access. If your provider denies your request for access to your health information, you have the right to file a complaint with the Secretary of the Department of Health and Human Services. Your provider will inform you of the results of your request.

10. Request a Copy of This Notice. You have the right to receive a copy of this notice at any time. Your provider will inform you of the results of your request.

If you believe your privacy rights have been violated, you have the right to file a complaint with the Secretary of the Department of Health and Human Services. You can also contact your provider at the address or phone number listed on the back of this notice. Your provider will inform you of the results of your request.