

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.

Quentin Medical Group is required by law to maintain the privacy of your Protected Health Information (PHI). Quentin Medical Group provide clinically integrated services and consist of an organized health care arrangement. (OCHA) This Notice describes how we will treat your PHI and how we may use and disclose your PHI to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. We may share your health information for treatment, payment and health operations as described in this Notice. This Notice also describes your rights to access and control your PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

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Uses and Disclosures of Protected Health Information.

Your PHI may be used and disclosed by the physician, our office staff and others outside of our offices that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the business, and any other use required by law. We may disclose PHI to family members, close friends or others concerned with your care and treatment.

Treatment:

We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your PHI may be provided to a physician to whom you have been referred or are receiving treatment from to ensure that the physician has the necessary information to diagnose or treat you.

Payment:

Your PHI will be used to obtain payment for your health care services. For example, we may provide PHI to your insurance company to obtain authorization and payment for services rendered. We may contact the Guarantor for your visit in order to obtain payment.

Healthcare Operations:

We may use or disclose your PHI in order to support our business activities. These activities include, but are not limited to business associates, quality assessment activities, internal investigations, performance reviews, and training employees. In addition, we will use a sign-in sheet at the registration desk where you will be asked to provide your name and insurance company. We may also call you by name in the waiting room when the physician is ready to see you. We may use or disclose your PHI to contact you to remind you of an appointment, to notify you of test results, to inform you of health-related services that may be of interest to you, and to check on your treatment, progress, and satisfaction with our services.

We may use or disclose your PHI in the following situations without your authorization: As required by Law, for Public Health issues, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal proceedings, Law Enforcement, Coroners, Funeral Directors, Organ Donation, Preliminary Research Identification, Research with an IRB waiver, Criminal Activity, Military Activity, to avert a serious and imminent threat to a person or the public, National Security, to comply with Worker's Compensation laws, Inmates, Disaster Relief and other Required Uses and Disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services.

Other permitted and required uses and disclosures, such as for marketing or sale of your PHI to third parties, will be made only with your authorization. Once given, you may withdraw authorization at any time in writing delivered to the address given below.

You have the right to inspect and copy your protected health information. Under federal law, you may not inspect or copy psychotherapy notes, information compiled in anticipation of, or use in, a legal proceeding, and PHI that is otherwise prohibited.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. Your request must be in writing, delivered to the address given below, and state the specific restriction requested and to whom you want the restriction to apply. If you have paid for your services in full and ask us not to disclose your visit to your insurance company, we will honor that request. We are not required to agree to any other restriction that you may request and if we believe it is in your best interest to permit use and disclosure of your PHI, it will not be restricted. You then have the right to use another health care professional.

You have the right to receive confidential communications from us by alternative means, or at an alternative location by notifying us in writing, delivered to the address given below.

You have the right to obtain a paper copy of this notice from us, upon request to the Clinic Manager or our Privacy Officer.

You may have the right to ask us to amend your protected health information. If we deny your written request for amendment, you have the right to deliver a statement of disagreement with us at the address given below and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. Your request must be in writing, delivered to the address given below. We are required to notify you if your unsecured PHI is involved in a reportable breach.

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. Or, you may file a complaint with us by mail or by contacting our Privacy Officer at (203) 583-8400. We will not retaliate against you for filing a complaint.

Quentin Medical Group reserves the right to change the terms of this notice. Any change will apply to all PHI that we maintain. We post our current policy at each location and on our website. All written requests must be delivered to the Clinic Manager or mailed to HIPAA Privacy Officer. Quentin Medical Group 1918 Blackrock Turnpike Fairfield, CT 06825.

SETTING UP TRANSLATION SERVICE FLIER

* If you do not have Adobe Reader you will need to download it for free online:

<https://get.adobe.com/reader/>

STEP 1: Open this document in Adobe Reader.

STEP 2: On page 2, the legal Name of your franchise's Business Entity where indicated. Then edit in your entity or clinic's contact information including Name, phone number, email address and mailing address for the person who will handle correspondence for this service.

STEP 3: Review page 3 of your state language listing. If one of the 15 languages list no translation an editable text field has been placed in telling you to seek a local translator, who can translate the English version for you and assist you in finding a translation service to make arrangements with to be an available translator for that language. *See footnote.

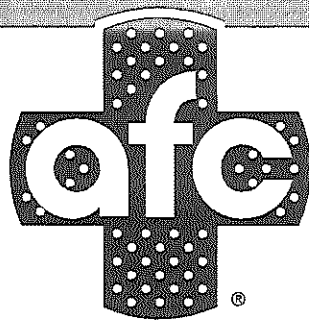
STEP 4: Once all edits have been made to this document, **SAVE A COPY** of this PDF file **before closing** it so that your changes will save. Print pages 2-3 for use in the clinic.

*If Language Translation is missing on Page 3 of this PDF file, please flow in the translation for a missing local language over top of the text provided in the text editing field. The following should be translated by your local translator for this language:

Written in their language: **Language Name**

Translate the following: **Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.**

Please Note: Some foreign language fonts are not easily obtained and may use characters that will be difficult to obtain. Check with your local hospital to see how they have done this for their facility. It is possible that your local translator may need to hand write the language translation on a label to place onto a missing language if shown on Page 3. As of 2016, all missing languages are indicated by the Federal Government to be spoken in the home and most often these language speakers (above the age of 5) are able to speak English if living in the US. It is possible that the language is used in speech only. If that is the case, have your front desk call a local translator for that language to assist over the phone with the patient if needed.



NOTICE AND NON-DISCRIMINATION STATEMENT

Business Entity Name (referred to "we" here after in this notice)

We comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We provide:

- **Free aids and services to people with disabilities to communicate effectively with us, such as:**
 - **Qualified sign language interpreters**
 - **Written information in other formats**
- **Free language services to people whose primary language is not English, such as:**
 - **Qualified interpreter services**
 - **Information written in other languages**

If you need these services, please notify clinic staff.

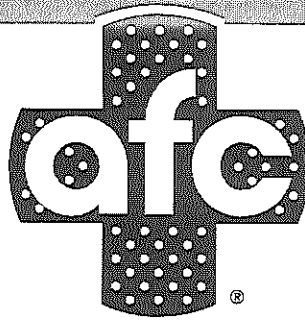
If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Name: AFC Urgent Care Fairfield
Phone: (203) 583-8400
Email: fairfieldteam@afcurgentcare.com
Mailing Address: 1918 Blackrock Turnpike Fairfield, CT 06825

You can file a grievance in person or by mail, fax, or email. If you need help filing grievances contact: The Compliance Office as given above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201. Phone: 1-800-368-1019, 800-537-7697 (TDD).


Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.





CONNECTICUT


ENGLISH


Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.


Spanish Español 
Señale su idioma y llamaremos a un intérprete.
El servicio es gratuito.


Chinese 
請指認您的語言，以便為您提供免費的口譯服務。
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Korean 한국어 
귀하께서 사용하는 언어를 지정하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.


Vietnamese Tiếng Việt 
Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.


Portuguese Português 
Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.


Arabic عربي 
أشر إلى لغتك. وسيتم الاتصال بمترجم فوري. كما سيتم إحضار المترجم الفوري مجانًا.


Haitian Creole (French Creole) Kreyòl 
Lonje dwèt ou sou lang ou pale a epi n ap rele yon entèprèt pou ou. Nou ba ou sèvis entèprèt la gratis.


French Français 
Indiquez votre langue et nous appellerons un interprète. Le service est gratuit.


Tagalog Tagalog 
Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.


Russian Русский 
Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.

Italian Italiano 
Indicare la propria lingua. Un interprete sarà chiamato. Il servizio è gratuito.

Polish Polski 
Proszę wskazać swój język i wezwiemy tłumacza. Usługa ta zapewniana jest bezpłatnie.

Albanian Shqip 
Tregoni me gisht gjuhën tuaj. Do të thërrasim një përkthyes. Përkthyesi ofrohet falas për ju.

Hindi हिंदी 
अपनी भाषा को इंगित करें। जिसके अनुसार आपके लिए दुभाषिया बुलाया जाएगा। आपके लिए दुभाषिया की निशुल्क व्यवस्था की जाती है।

Greek Ελληνικά 
Δείξτε τη γλώσσα σας και θα καλέσουμε ένα διερμηνέα. Ο διερμηνέας σας παρέχεται δωρεάν.