

**NOTICE OF PRIVACY PRACTICES**  
**Dr Stefana Pecher, LLC**  
**Country Doc Walk-In & Wellness LLC**

**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.**

The Health Insurance Portability and Accountability Act (HIPAA), provides that an individual has the right to an accurate and thorough understanding of the possible uses and disclosures of their Protected Health Information (PHI). The cornerstone of this understanding is the Notice of Privacy Practices. Dr Stefana Pecher, LLC and/or Country Doc Walk-In & Wellness LLC uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a designated medical record that is the physical property of Dr Stefana Pecher, LLC and/or Country Doc Walk-In & Wellness LLC.

Should you have any questions about this Privacy Notice, please contact our Privacy Officer:  
391 Norwich-Westerly Rd PO Box 417  
North Stonington, CT 06359  
860 (535) 4600 860-(245)-4466

**EFFECTIVE DATE: January 1, 2013**

**OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Dr Stefana Pecher, LLC and/or Country Doc Walk-In & Wellness LLC. We need this record to provide you with quality care and to comply with certain legal requirements. This Privacy Notice will tell you about the ways in which we may use and disclose your PHI. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

This Privacy Notice applies to all records and communications regarding your care generated by or to Dr Stefana Pecher, LLC and/or Country Doc Walk-In & Wellness LLC. We have specified policies and/or procedures regarding the use and disclosure of your PHI that is created and/or received by Dr Stefana Pecher, LLC and/or Country Doc Walk-In & Wellness LLC.

Dr Stefana Pecher, LLC and/or Country Doc Walk-In & Wellness LLC is required by federal and state law to provide the following: 1) To ensure that medical information that identifies you is kept private 2) To give you this Notice of our legal duties and our privacy practices with respect to the medical information about you 3) To follow the terms of the Notice that is currently in effect 4) To notify you if we are unable to agree to a requested restriction on how your information is used or disclosed 5) To obtain your written authorization to use or disclose your health information for reasons **OTHER** than those listed and permitted under federal and state law.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information.

**FOR TREATMENT:** Dr Stefana Pecher, LLC and/or Country Doc Walk-In & Wellness LLC may use your health information to provide you with medical treatment or services.

**FOR PAYMENT:** Dr Stefana Pecher, LLC and/or Country Doc Walk-In & Wellness LLC may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive.

**FOR HEALTH CARE OPERATIONS:** Dr Stefana Pecher, LLC and/or Country Doc Walk-In & Wellness LLC may use and disclose your health information about you for health care operational purposes.

**APPOINTMENT REMINDERS:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care. We reserve the right to leave a message regarding your appointment unless otherwise directed by you in writing.

**REQUIRED BY LAW:** Dr Stefana Pecher, LLC and/or Country Doc Walk-In & Wellness LLC may use and disclose information about you as required by federal and state law.

## NOTICE OF PRIVACY PRACTICES

**RESEARCH:** Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a special approval process from the research institution. You will be asked for a specific authorization if the researcher would have access to your name, address or other information that clearly reveals and/or identifies you.

**TO YOUR FAMILY AND FRIENDS:** In signing the appropriate form you have been provided with, we may disclose your health information to those you have listed by name.

**MILITARY:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

**LAWSUITS AND DISPUTES:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to an authorized court or administrative order. We may also disclose medical information about you in response to an authorized subpoena or other lawful process by someone else involved in the dispute.

**INMATES:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the authorized correction institution or law enforcement official.

### YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights provided under federal and state law regarding PHI, about you that Dr Stefana Pecher, LLC and/or Country Doc Walk-In & Wellness LLC maintains.

**RIGHT TO INSPECT AND COPY:** You have the right to inspect and to obtain a copy of your medical information, with limited exceptions, that may be used to make decisions about your care. If you would like to request access to inspect or obtain a copy of the information, please contact our office and arrange for you to come in to do so. If requesting a copy, we will charge a reasonable cost based fee for labor, copying, postage, and summary preparation associated with your request.

**RIGHT TO AMEND:** If you feel that medical information we have about you is incorrect or incomplete, you may ask to amend this information. To request an amendment, your request must be made in writing and submitted to our office. 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 you ask us to amend information that was not created by us or is accurate and complete.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have the right to request an "accounting of disclosures." To request this, you must submit your request in writing to our office. Your request must state a time period which may not be more than six years old, and may not include dates prior to January 1, 2013.

**RIGHT TO A PERSONAL COPY OF THIS NOTICE:** You have the right to a personal copy of Dr Stefana Pecher, LLC and/or Country Doc Walk-In & Wellness LLC Privacy Notice.

### CHANGES TO THIS PRIVACY NOTICE

We reserve the right to change this Privacy Notice. We reserve the right to make the revised or changed Privacy Notice effective for medical information we already have about you, as well as, any information we develop and/or receive in the future. Dr Stefana Pecher, LLC and/or Country Doc Walk-In & Wellness LLC will post a copy of the current Privacy Notice in the waiting room. It will always contain an effective and modified date.

### COMPLAINTS

If you believe your privacy rights have been violated, submit your complaint in writing to Dr Stefana Pecher, LLC and/or Country Doc Walk-In & Wellness LLC. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the U.S. Department of Health and Human Services.

**The quality of your care will not be jeopardized, nor will you be penalized or retaliated against for filing a complaint.**