

PRIVACY

UConn Health is committed to protecting the privacy of your medical, dental and billing information. Our Notice of Privacy Practices further describes your rights and your options to control certain information, and our responsibilities in protecting the privacy of your PHI.

We will inform you in the event of a breach that may compromise the privacy of security of your health information.

OUR DUTIES

In doing our work, we will use and share your patient information:

- to provide you treatment
- to bill and receive payment for services we provide
- to perform business operations
- to conduct research to comply with state and federal laws
- to assist a medical examiner or funeral director
- to respond to legal actions and court orders

OPTIONS

Our patients have options. Please let us know if you have preferences regarding how we share information:

- with your family and friends about your condition
- for mental health, drug and alcohol treatment, and HIV
- in the hospital directory
- for marketing, fund raising or sale of your patient information
- in a disaster relief situation

YOUR RIGHTS

As a patient, you have certain rights. You may:

- access your medical record, in paper or electronic form
- receive a copy of your medical record or request a copy be sent to a 3rd party
- receive a copy of the Notice of Privacy Practices
- request a limitation or restriction in how your PHI is shared
- request an amendment or correction to your medical record
- request confidential communications
- request a list of disclosures we have made about you