

Cynthia M. Poulos, M.D.
17 South Street
Northborough, MA 01532

Patient Privacy

Your privacy is a priority. We follow strict federal and state guidelines to maintain the confidentiality of your medical records and information.

How do we use medical information?

We use your medical information to treat you, to obtain payment for services, and to conduct normal business known as health care operations. Examples of how we use your information include:

Treatment – We keep a record of each visit and/or admission. This record may include your test results, diagnoses, medications, and your response to medications or other therapies. This allows your doctors, nurses, and other clinical staff to provide the best and most appropriate cares to meet your needs.

Payment – We document the services and supplies you receive at each visit or admission so that you, your insurance company or another third party can pay us. We may tell your health plan about upcoming treatment or services that require their prior approval.

Health Care Operations – Medical information is used to improve the services we provide, to train staff, for business management, quality improvement, and for customer service.

Other services We may also use information to:

Recommended treatment alternatives * Tell you about health benefits and services * Communicate with healthcare providers, family, or friends involved in your care * Call to remind you about appointments * Contact you with practice announcements, new products and/or services offered. Please let our staff know if you do not wish to participate.

Information we share:

There are limited times when we are permitted or required to disclose medical information without your signed permission.

For public health activities such as tracking diseases or medical devices * to protect victims of neglect or abuse * for federal and state health oversight activities such as fraud investigations * for judicial or administrative proceedings * if required by law or for law enforcement * for specialized government functions such as national security and intelligence * to workers compensation if you are injured at work * for research following strict internal review to ensure protection of information * all other uses and disclosures, not previously described, may only be done with your signed authorization. You may revoke your authorization at any time.

Our responsibilities:

Maintain the privacy of your medical record and information * provide this notice of our duties and privacy practices * abide by the terms of the notice currently in effect.

We reserve the right to change privacy practices and make the new practices effective for all the information we maintain. Revised notices will be posted in our facility, and will be available to you.

Your rights: You have the right to request that we restrict how we use or disclose your medical information. (We may not be able to comply with all requests.) You may: request that we use a specific telephone number or address to communicate with you, inspect and copy your medical information, receive an accounting of how your medical information was disclosed (excludes disclosures for treatment, payment, healthcare operations and some required disclosures), obtain a paper copy of the notice. If you would like to exercise your rights, or if you feel your privacy rights have been violated: contact our privacy officer at 508-393-4544.

We are required by law to maintain the privacy of, and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA compliance officer in person by calling 508-393-4544.

Signature below is only an acknowledgement that you have received and read this notice.

Signature _____