



Notice of Privacy Practices
Effective Date: April 14, 2003

This **Notice of Privacy Practices** describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your protected health information. "Protected health information" 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.

We are required to abide by the terms of this **Notice of Privacy Practices**. We may change the terms of our notice at any time. The new notice would be effective for all protected health information that we maintain at that time. Upon your request, we would provide you with any revised **Notice of Privacy Practices** by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next visit.

USES & DISCLOSURE OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your physician, our office staff, and other outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice. ***The following are examples of the types of uses and disclosures of your protected health care information that the physician's office is permitted to make.***

A) **Treatment:** We will use and disclose your protected health information for diagnostic purposes, laboratory tests, and prescriptions. We will use and disclose your protected health information when we coordinate with other physicians who have referred you to our practice to ensure that they have the necessary information to provide comprehensive treatment and management of your health care.

B) **Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services.

C) **Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of this practice. These might include quality care evaluations, utilization review or training of medical students, licensing, and conducting normal business activities, including the following:

1. Calling you to remind you of an appointment.
2. Calling you by name in the waiting room when the physician is ready to see you.
3. Contacting you by mail to remind you of an appointment.
4. Providing you with treatment alternatives or health related benefits that may interest you.
5. Complying with a subpoena for the records or if we need to disclose the records for the reason of protecting public health

We will keep all disclosure of your medical records to the minimum necessary.

Unless you object, we may disclose your protect health information to a member of your family, a relative, or to any other person that you identify. We may disclose your protected health information to an authorized public or private entity to assist or to coordinate your care.

Your Rights:

You have the right to inspect and copy your health information. If you feel that the health information that we have about you in incomplete or inaccurate, you have the right to request an amendment to your medical records. The request must be made in writing with the reason that supports your request. If we do not agree with your statement, you have the right to ask that your statement be placed in your medical record. You have the right to find out how your health information is used and whom it is disclosed. You may request an accounting of your medical record disclosures made by us except for disclosures made for treatment, payment and health care operation. You have the right to receive a paper copy of this notice. You may be asked to sign a specific authorization for the release of medical records for disclosure of your protected health information.

Complaints:

We are required by law to maintain the privacy of your protected health information. You may complain to the Secretary of the U.S. Department of Health and Human Services or you may complain to us if you believe that your privacy rights have been violated. Our privacy officer Beth Davis, can be contacted at (301)777-7900 for more information about this process. Any changes or revisions to this act will be posed in the office and will be available to you by request.