

## **NOTICE OF PRIVACY PRACTICES**

This Notice describes how medical information about you may be used and disclosed and how you may obtain access to this information. Please review it carefully. You have the right to obtain a paper copy of this Notice up on request

### **Patient Health Information**

Under federal law, your patient health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing, and insurance information.

### **How We Use Your Patient Health Information**

We use health information about you for treatment, to obtain payment, and for health care operations, including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use or disclose the information even without your permission.

### **Example of Treatment, Payment and Health Care Operations**

**Treatment:** We will use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians and other members of your treatment team will record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions, and to authorized family members who are helping with your care.

**Payment:** We will use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payment from your health plan.

**Health Care Operations:** We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment and to assess the care and outcomes of your case and others like it.

### **Special Uses**

We may use your information to contact you with appointment reminders. We may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may contact you for fundraising purposes, but you have the right to opt out of receiving such communications.

### **Other Uses and Disclosures**

We may use or disclose identifiable health information about you for other reasons, even without your consent. Subject to certain requirements, we are permitted to give out health information without your permission for the following purposes:

**Required by Law:** We may be required to report gunshot wounds, suspected abuse or neglect, or similar injuries and events.

**Research:** We may use or disclose information for approved medical research.

**Public Health Activities:** As required by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products, and similar information to public health authorities.

**Health oversight:** We may be required to disclose information to assist in investigations and audits, eligibility for government programs, and similar activities.

**Judicial and administrative proceedings:** We may disclose information in response to an appropriate subpoena or court order.

**Law enforcement purposes:** Subject to certain restrictions, we may disclose information required by law enforcement officials.

**Deaths:** We may report information regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies.

**Serious threat to health or safety:** We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Military and Special Government Functions:** If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional institutions or for national security purposes.

**Workers Compensation:** We may release information about you for workers compensation or similar programs providing benefits for work-related injuries or illness.

**Business Associates:** We may disclose your health information to business associates or third parties that we have contracted with to perform agreed upon services.

We do not engage in selling your health information, however if we do, we will obtain your written authorization before we are permitted to sell your health information. In all other situations, including marketing activities, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

### **Individual Rights**

You have the following rights with regard to your health information. Please contact the person listed below to obtain the appropriate form for exercising these rights.

**Request Restrictions:** You may request restrictions on certain uses and disclosures of your health information. You have the right to restrict disclosures of your health information to your health plan for payment and health care operations purposes (and not for treatment) if the disclosure pertains to a health care item or service for which you paid out-of-pocket in full. If requesting a restriction for a health care item or service for which you paid out-of-pocket in full, we will honor your request, unless the disclosure is necessary for your treatment or is required by law. For all other restriction requests, we are not required to agree to such restrictions, but, if we do agree, we must abide by those restrictions.

**Confidential Communication:** You may ask us to communicate with you confidentially by for example, sending notices to a special address or not using post-cards to remind you of appointments.

**Inspect and Obtain Copies:** In most cases, you have the right to look at or get a copy of your health information. There may be a small charge for the copies.

**Amend Information:** If you believe that information in your record is incorrect, or, important information is missing, you have the right to request that we correct the existing information or add the missing information.

**Accounting or Disclosures:** You may request a list of instances where we have disclosed health information about you for reasons other than treatment payment, or health care options.

**Breach Notification:** We are required to notify you in the event of a breach of your unsecured protected health information, and will do so

### **Our Legal Duty**

We are required by law to protect and maintain the privacy of your health information, to provide this notice about our legal duties and privacy practices regarding protected health information, and to abide by the terms of the notice currently in effect.

### **Changes in Privacy Practices**

We may change our policies at any time. Before we make a significant change in our policies, we will change our Notice and post the new Notice in the waiting area and each examination room. You can also request a copy of our Notice at any time. For more information about our privacy practices, contact the person listed below.

### **Complaints**

If you are concerned that we have violated your privacy rights, or, you disagree with a decision we made about your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

### **Contact Person**

If you have any questions, requests, or complaints, Please contact:

The Privacy Officer  
5550 Friendship Blvd  
Suite T-90  
Chevy Chase, MD 20815  
(301) 654-2521

I \_\_\_\_\_  
hereby acknowledge receipt of the Notice of Privacy Practices given to me.

Signed \_\_\_\_\_ Date:

If not signed, reason why acknowledgement was not obtained:

Staff Witness seeking acknowledgement:

Date: