

---

**Notice of Privacy Practices**  
Effective Date: July 1, 2019

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.

Understanding Your Health Record:

A record is made each time you visit a hospital, physician or other health care provider. Your symptoms, examination and test results, diagnosis, treatment, and a plan for total care are recorded. This information is most often referred to as your “health or medical record,” and serves as a basis for planning our care and treatment. It also serves as a means of communication among any and all other health professionals who may contribute to your care. Understanding what information is retained in your record and how that information may be used will help you ensure accuracy and enable you to relate to whom, what, when, where, and why others may be allowed to access your health information. This effort is being made to assist you in making informed decisions before authorizing the disclosure of your medical information to others. Use or disclosure of your health information will follow the more stringent of State or Federal laws.

Understanding Your Health Information Rights:

Your health record is the physical property of the health care practitioner or facility that compiled it but the content is about you, and therefore belongs to you. You have the right to request restrictions on certain uses and disclosures of your information, and to request amendments be made to your health records. Your rights include being able to review or obtain a paper copy of your health information, and to be given an account of all disclosures. You may also request communications of your health record be made by alternative means or to alternative locations. Other than activity that has already occurred, you may revoke any further authorizations to use or disclose your health information.

Our Responsibilities:

This office is required to maintain the privacy of your health information and to provide you with notice of our legal commitment and privacy practices with respect to the information we collect and maintain about you. This office is required to abide by the terms of this notice and to notify you if we are unable to grant your requested restrictions or reasonable desires to communicate your health information by alternative means or to alternative locations.

This office reserves the right to changes in how it practices and effect new provisions that enhance the privacy standards of all patient medical information. In the event that changes are made, this office will notify you at the current address provided on your medical file. If applicable, this office will post changes on our website that provides information about our customer service and/or benefits. Other than the reason described in this notice, this office agrees not to use or disclose your health information without your authorization.

To receive additional information or to report a problem:

For further explanation of this notice you may contact our office at (240) 316-4004. If you believe your privacy rights have been violated, you have the right to file a complaint with this office or by contacting the Secretary of Health and Human Services, with no fear of retaliation by this office.

Your health information will be used for treatment, payment and health care operations:

**Treatment** — Information obtained by your health practitioner in this office will be recorded in your medical record and used to determine the course of treatment that should work best for you. This consists of your physician recording his/her own expectations and those others involved in providing your care such as his/her physician assistant, nurse, or medial assistant. The sharing of your health information may progress to others involved in your care, such as specialty physicians or lab technicians.

**Payment** — Your health care information will be used in order to receive payment for services rendered by this office. A bill may be sent to you or a third-party payer with accompanying documentation that identifies you, your diagnosis, procedures performed and supplies used.

**Health Care Operations** - The medical staff in this office will use your health information to assess the care provided and the outcome of your care compared to others like it. Your information may be reviewed for risk management or quality improvement purposes in our efforts to continually improve the quality and effectiveness of the care an services we provide.

**Business Associates** — Some or all of your health information may be subject to disclosure through contracts for services to assist this office in providing health care. For example, it may be necessary to obtain specialized assistance to process certain laboratory tests or radiology images. To protect our health information, we require these Business Associates to follow the

same standards held by this office through terms detailed in a written agreement.

**Notification** —Your health care record may be used to notify or assist family members, personal representatives, or other persons responsible for your care to enhance your well-being or whereabouts.

**Communications with Family** — Using best judgment, a family member, or a close personal friend, identified by you, may be given information relevant to your care and/or recovery.

**Upon Your Death** —Your health information may be disclosed consistent with laws governing estate and postmortem personal matters. Generally, your health information may be disclosed to your personal representative as designated by you and certified by the State and to Funeral Directors with laws governing mortician services.

**Organ Procurement Organization** —Your health information may be disclosed consistent with governing entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation or transplant.

**Marketing** — This office reserves the right to contact you with information about treatment alternatives and other health related benefits that may be appropriate to you.

**Appointment Reminders** — This office reserves the right to contact you with appointment reminders through an automated system, by our staff, or via U.S. Postal Service.

**Phone Contact** - This office reserves the right to contact you via the telephone for such things as test result notification. We may leave a generic message on your answering machine, or with the person answering the phone concerning the nature of the call along with a request that you call us for more specific details.

**Research** — Your information will be disclosed to researchers upon Institutional Review Board approval and upon the issuance that established protocol to ensure the privacy of your health information has been obtained.

**Food and Drug Administration (FDA)** — This office is required by law to disclose health information to the FDA related to any adverse effects of food, supplements, products, and product defects for surveillance to enable products recalls, repairs or replacements.

**Workers' Compensation** — This office will release information to the extent authorized by law in letters of Workers' Compensation.

**Public Health** — This office is required by law to disclose health information to public health and/or legal authorities shared with tracking reports or birth and morbidity. This office is further required by law to report communicable disease, injury or disability.

**Correction Facilities** — This office will release medical information on incarcerated individuals to Correctional Agents or Institutions for the necessary welfare of the individual or for the health and safety of other individuals. The rights outlined in this Notice of Privacy Practices will not be extended to incarcerated individuals.

**Law Enforcement** — (1) Your health information will be disclosed for law enforcement purposes as required under State Law or in response to a valid subpoena. (2) Provisions of Federal Law permit the disclosure of your health information to appropriate health oversight agencies, public health authorities, or attorneys in the event that a staff member or business associate of this office believes in good faith that there has been unlawful conduct or violations of professional or clinical standards that may endanger one or more parties, workers, or the general public.

NOTICE OF PRIVACY PRACTICES AVAILABILITY: The terms described in this notice will be posted where registration occurs All individuals receiving care will be given a hard copy.

Patient comments:

---

---

---

Signature of Patient or Legal Representative

---

Date