

# Notice of Privacy Practices

## This Notice Describes:

1. How Health Information About You May Be Used and Disclosed by this Office
2. How You Can Gain Access to this Information

Please Review this Information Carefully.  
This Office Respects the Privacy of Your Health Information.

## Our Legal Duty

We are required by federal and state law to maintain the privacy of your health information. Additionally we are required to provide you this notice about our privacy practices, our legal duties, and you rights concerning your health information. We must follow the privacy practices that are described in the Notice while it is in effect. This Notice takes effect April 14, 2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and in the terms of our Notice for all health information that we maintain, including health information that we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make this Notice and the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or additional copies of this notice, please contact us using the Information at the end of this notice.

## Uses and Disclosures of Health Information

We use and disclose you health in formation for treatment, payment, and healthcare operations. Examples of these uses include:

**Treatment:** We may use of disclose your health information to a physician or other healthcare provider providing treatment ot you.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you.

**Healthcare Operations:** We may use or disclose your health information in connection with our healthcare operations. Healthcare operations include quality assurance and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance,

conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your health information for treatment, payment, or healthcare operations you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you provide us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization we cannot use or disclose your health information for any reason except those described in this Notice.

**To your family and friends:** We must disclose your health information to you as disclosed in the Patient's Rights section of this notice. We may disclose your information to a family member, friend, or other individual to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons involved in care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care or your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you an opportunity to object to such uses or disclosures. In the event of you incapacity or emergency circumstances we will disclose health information based on a determination using our professional judgment, disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Marketing related services:** We will not use your health information for marketing related communications without your written authorization.

**Required by law:** We may use or disclose your health when we are required to by law.

**Abuse or neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or health or safety of others.

**National Security:** We may disclose to the military authorities the health information of Armed Forces Personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence and other national security activities. We may

disclose to correctional institution or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders such as voicemail messages, automated calls, postcards, or letters.

#### **PATIENT RIGHTS:**

**Access:** You have the right to look at or get copies of your health information with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$.25 per page, and \$18.50 per hour for staff time to locate and copy your health information, and postage if you want copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing you your health information in that format. If you prefer we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

**Disclosure Accounting:** You have the right to see a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, or healthcare operations and certain other activities, for the last six years but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use and disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternate means or to alternate locations. (You must make your request in writing). Your request must specify the alternate means and location, and provide satisfactory explanation how payments will be handled under the alternate means or location you request.

**Amendment:** You have the right to request that we amend your health information. (Your request must be in writing and it must explain why the information should be amended.) We may deny your request under certain circumstances.

**Electronic Notice:** If you receive this notice on our Web site or by electronic mail (e-mail) you are entitled to receive this notice in written form.

### **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have you communicate with you by alternate means or at alternate locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U. S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U. S. Department of Health and Human Services upon your request. We support your right to the privacy of your health information. We will not retaliate in any way if you chose to file a complaint with us of the U. S. Department of Health and Human Services.

**Privacy Officer: Tiffany Moore**

**Telephone: 410-721-7020**

**Address: 1375 Defense Highway, Gambrills, MD 21054**