

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. State and federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this notice.

We are required to abide by the terms of this Notice of Privacy Practices that takes effect on April 14, 2003. We reserve the right to revise the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by contacting our billing department at (410) 970-8177.

TYPICAL USES AND DISCLOSURES OF HEALTH INFORMATION

Treatment: We will use your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to physicians who may be treating you.

Payment: Your protected health information will be used, as needed, to seek payment for your health care services provided by us or by another provider. This disclosure includes our billing department, attorneys, insurance companies and collections agency that may become involved in the process of mailing statements and/or collecting unpaid balances.

Health Care Operations: We can use and share your health information to run our practice, improve your care and contact you when necessary. Our company operates under the Minimum Necessary Standard that limits employees' access to your health information needed to perform their jobs.

Required by Law: We will share information about you when required by law. This includes with the Department of Health and Human Services if it wants see that we're complying with federal privacy laws.

Other Disclosures: We are allowed or required to share your information in other ways including: help with public health and safety issues, health emergencies, communicable diseases, abuse or neglect, FDA requirements, legal proceedings, law enforcement, coroners, funeral directors, workers' compensation claims, military activity, health oversight agencies and national security.

Marketing Activities: We will not disclose your information for marketing purposes unless you have provided written authorization to do so.

YOUR PRIVACY RIGHTS AS OUR PATIENT

You have the right to inspect and copy your protected health information. There are some limited exceptions under federal law. Upon request, we will provide a copy of your medical record and other health information usually within 30 days.

You have the right to amend your protected health information if you feel it is inaccurate or incomplete. Your request must be in writing and include an explanation of why your information should be amended. We may deny your request and will provide a reason for the denial within 60 days.

You have the right to request confidential communications from us by alternative means or at an alternative location. We will agree to all reasonable requests.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request. If our office believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another health care professional.

You have the right to receive an accounting of the times we've shared your health information for six years prior to the date of your request, who we shared it with and why. We will include all disclosures except for those regarding treatment, payment and healthcare operations that are routine.

You have a right to obtain a paper copy of this notice from us, upon request. We will promptly provide you with a paper copy.

You have the right to file a complaint with us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. We support your right to privacy and will not retaliate against you for filing a complaint.

This notice was published and becomes effective on **January 4, 2016**.

Your signature below is an acknowledgement that you have received this HIPAA Notice of Privacy Practices.

Patient Name (Print): _____ Date: _____

Patient/Parent or Legal Guardian Signature: _____