

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.

Privacy Notice

This notice is designed to inform you about the types of individually identifiable information collected, how such information is used, the circumstances under which I share it with other health care practitioners, and the circumstances under which non-public personal health and financial information is disclosed to persons outside this practice.

Policy

This practice is committed to protecting the privacy of its patients, including former patients. I consider maintaining the confidentiality of my patient's personal health and financial information important to my mission of providing quality healthcare. I maintain policies regarding confidentiality of individually identifiable health and, financial information, including policies regarding access to medical records and disclosure of financial information. As sole practitioner I am required to maintain the confidentiality of current and former patients' individually identifiable health and financial information. The unauthorized disclosure of individually identifiable health and financial information is prohibited.

Information Collected

This practice collects various types of nonpublic personal health and financial information either from you or from other sources in order to provide health care services, evaluate benefits and claims, and fulfill legal and regulatory requirements. Examples include:

- Medical information, including medical and hospital records, mental health records, laboratory results, x-ray reports, pharmacy, reminder calls and appointment records.
- Information contained on Patient Information Forms such as your name, address, date of birth, Social Security number, gender, marital status, Health Insurance Company and policy information.

Uses of Shared Information

Certain nonpublic personal health and financial information of current and former patients will need to be used or shared during the normal course of my doing business and providing services.

I may use or disclose nonpublic personal health and financial information under certain circumstances, which may include:

- Personal health and financial information will be shared only with proper written authorization as required by law, or as expressly required or permitted by law without written authorization.
- Personal health and financial information will be shared in order to provide services to you, and for filing insurance, billing and payment.
- Personal information will be used in order to maintain appointment records and make reminder calls when indicated.

Information Shared with Non-affiliated Third Parties

We occasionally disclose nonpublic health and financial information of current and former patients for the following activities:

- State and federal law generally require that I disclose health and financial information when disclosure is compelled by: a court, a board, a Commission or administrative agency, a party to a proceeding before a court or administrative hearing pursuant to a subpoena or other provision authorizing discovery, an arbitrator or arbitration panel, a search warrant, or a coroner.
- State and federal law also require other disclosures. Examples include among other things: records of communicable diseases and

workers' safety or industrial accident records disclosed to public agencies, birth and death information, and state tumor registries.

- State and federal law permit the disclosure of health information without patient's authorization under specific circumstances: Examples include, among other things: disclosure to providers or health plans for purposes of diagnosis or treatment of a patient, emergency medical personnel peer review committees, public licensing agencies, and accrediting bodies.

Protecting Information

This practice protects the confidentiality and security of private information of current and former patients. I maintain physical, electronic and procedural safeguards that comply with federal and state standards to protect your private information and to assist me in preventing unauthorized access to that information.

Patient Rights

This practice recognizes patient rights.

Patients have the right to request restrictions on certain uses and disclosures. This practice is not required to agree to a restriction.

Patients have the right to inspect, copy and amend confidential information, except for psychotherapy notes and information compiled in reasonable anticipation of legal action or proceedings.

This practice may further deny a patient access, provided that the patient is given a right to have such denial reviewed, in the following circumstances:

- The therapist has determined, in her professional judgment, that the access requested is reasonably likely to endanger the life or the physical safety of the patient or another person.
- reasonably likely to cause substantial harm to The information makes reference to another person (other than a health care provider) and the therapist has determined, in her professional judgment that the access requested is reasonably likely to cause substantial harm to the other person, or
- The request for access is made by the patient's representative and the therapist has determined, in her professional judgment, that the access to their representative is the patient or another person.

Patients have the right to receive an accounting of disclosures of confidential information.

Patients have the right to receive a copy of this notice.

Patients have the right to complain to this practice and to the Secretary of the Department of Health and Human Services.

This policy is effective April, 2003. For any questions or concerns please contact me at (301) 949-2624.