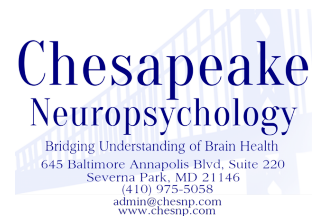


## Notice of Privacy Practices

This notice describes how health information may be used and disclosed and how you can get access to this information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA). **Please review it carefully.** This Notice takes effect 1/1/2024, and will remain in effect until we replace it.



### Our responsibilities

- We will maintain privacy and security of protected health information (PHI).
- We will notify you if a breach occurs that may have compromised the privacy or security of your information.
- We will follow the duties and privacy practices described in this notice.

### Our Uses and Disclosures:

- We never market or sell PHI.
- We can use your PHI and share it with your referral source. With your permission, we can also share your PHI with other professionals who are treating you.
- We are allowed (and sometimes required by professional ethics) to seek consultation from other professionals about specific cases, although patient identity is kept confidential.
- When services are requested or ordered by a third party, such as a court or social service agency, your agreement to receive those services indicates agreement that requested information will be disclosed to that third party.
- We can use and share your PHI to run our practice, improve your care, and contact you when necessary.
- We can use and share your PHI to bill and receive payment from health plans or other entities.
- We can use and share your PHI for workers' compensation claims.
- We can use and share your PHI if state or federal laws require it, including the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- We can use and share your PHI for special government functions such as military, national security, and presidential protective services.
- We have chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and D.C. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt-out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [www.crisphealth.org](http://www.crisphealth.org). Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.
- We will not use or share your information other than as described here unless you give us permission. You may revoke all such permissions at any time. You may not revoke an authorization to the extent that (1) we have already relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

We may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – If we have reason to suspect that a child has been sexually or physically abused, or is subjected to abuse or neglect, we must report this suspicion to the appropriate authorities.
- *Adult and Domestic Abuse* – We may disclose PHI regarding you if we reasonably believe that you are a victim or perpetrator of vulnerable adult abuse, neglect, or exploitation.
- *Health Oversight Activities* – If we receive a subpoena from an official Maryland agency because they are investigating our practice, we must disclose any PHI requested by the agency.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and we will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated by a third party, or where the evaluation is court ordered. You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety* – If you communicate to us a specific threat of imminent harm against another individual or if we believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, we may make disclosures that we believe are necessary to protect that individual from harm. If we believe that you present an imminent, serious risk of physical or mental injury or death to yourself, we may make disclosures we consider necessary to protect you from harm.

- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Website and Electronic Communication**

When you complete the appointment request form on our website, that information is emailed directly to us. While email is a convenient form of communication, we cannot guarantee its security. If you provide us with your email address or send us e-mail that contains PHI (such as information about appointments, symptoms, or health concerns), by doing so, you imply that we have permission to respond with e-mail containing PHI.

### **You have the right to:**

- *Obtain a copy of your PHI, with limited exceptions*
  - You can ask to see or get an electronic or paper copy of PHI in our records. We may deny you access under certain circumstances. Upon your request we will discuss with you the details of the request and denial process for PHI.
- *Correct your PHI*
  - You can ask us to correct PHI about you that you think is incorrect or incomplete. We may deny your request. Upon your request we will discuss with you the details of the amendment process.
- *Request confidential communication*
  - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- *Ask us to limit the information we share*
  - You can ask us not to use or share certain PHI for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
  - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
  - If you have a clear preference for how we share your information in certain situations (e.g. sharing information with your family, close friends, etc.), talk to us. Tell us what you want us to do, and we will follow your instructions provided it does not violate our limits of confidentiality or interfere with your care.
- *Get a list of those with whom we have shared your information*
  - You have the right to receive an accounting of disclosures of PHI. On your request, we can discuss the details of the accounting process.
- *Receive a paper copy of this privacy notice*
  - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- *Choose someone to act for you*
  - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We will make sure the person has this authority and can act for you before we take any action.
- *File a complaint if you believe your privacy rights have been violated*
  - If you feel we have violated your rights, please let us know immediately. We will make every effort to make it right.
  - You can file a complaint by sending a letter to the U.S. Department of Health and Human Services Office for Civil Rights.
  - We will not retaliate against you for filing a complaint.

### **Changes to the Terms of this Notice**

We reserve the right to change the terms of this notice without prior notification, provided such changes are permitted by applicable law. The new terms of our notice will be effective for all health information that we maintain, including health information we created or received before we made the changes. The new notice will be available upon request, in our office, or if you prefer, via email.