

**From the Practice of Maryland Endocrine, P.A.**

**NOTICE OF PRIVACY PRACTICES**

**YOUR PROTECTED HEALTH INFORMATION**

**Our practice is required by the Federal Privacy Rule to maintain the privacy of your health information that is protected by the rule, and to provide you with notice of our legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of the notice currently in effect.**

**This office reserves the right to change its 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 post changes in our waiting room area.**

**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.**

**Patient Health Information**

Under federal law, your patient health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing and insurance information.

**How We Use Your Patient Health Information**

Your health information will be used for treatment, payment, and health care operations, including administrative purposes and evaluation of the quality of care that you receive.

**Treatment:** Information obtained by our physician in this office will be recorded in your medical record and used to determine the course of treatment that should work best for you. The sharing of your health information may progress to others involved in providing care. For example, we may disclose information to other health care providers who are participating in your treatment, or to pharmacists who are filling your prescriptions. It is our policy not to discuss your healthcare with family members except in the event of an emergency, or if there is an urgent situation and we are not able to reach you.

**Payment:** Your health care information will be used in order to receive payment for services rendered by this office. We will submit bills with accompanying documentation that identifies you, your diagnosis, and procedures performed to your health insurance carrier.

**Health Care Operations:** We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, and to assess the care received. Your information may be reviewed for quality improvement purposes in our efforts to continually improve the quality and effectiveness of the care and services we provide.

**Disclosures of your Protected Health Information:** We will ask for your written authorization before using or disclosing any identifiable health information about you with the exception of the following. These circumstances do not require your written authorization:

- (a) Uses and disclosures required by law
- (b) Uses and disclosures for public health activities
- (c) Disclosures about victims of abuse, neglect or domestic violence
- (d) Uses and disclosures for health oversight activities
- (e) Disclosures for judicial and administrative proceedings
- (f) Disclosures for law enforcement purposes
- (g) Uses and disclosures for cadaver organ, eye or tissue donation purposes
- (h) Uses and disclosures for research purposes
- (i) Uses and disclosures to avert a serious threat to health and safety
- (j) Uses and disclosures for government functions
- (k) Disclosures for workers' compensation

**Individual Rights:**

You have the following rights with regard to your health information.

Request Restrictions: You may request restrictions on certain uses and disclosures of your health information

. We are not required to agree to such restrictions, but if we do agree, we must abide by those restrictions.

Inspect and Obtain Copies: You have the right to look or get a copy of your health information. There will be a charge for copies of your medical record.

Amend Information: If you believe that information in your record is incorrect, or if important information is missing, you have the right to request that we correct the existing information.

**Additional Information or Complaints:**

For further explanation of this notice you may contact Anita Newman at (301) 953-2080. If you believe we have violated your privacy rights, you may submit a complaint to the practice or the secretary of Health and Human Services. The complaint must be in writing.