

Notice of Privacy Practices



PHI: (Protected Health Information)

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.

Maryland Endocrine, P.A. is committed to protecting your health information in compliance with the Health Insurance Portability and Accountability Act (HIPAA). We are committed to safeguarding Protected Health Information (PHI) and complying with applicable laws and regulations. This form allows you to authorize the disclosure of your Protected Health Information (PHI) for specific purposes.

Authorized Use & Disclosure of PHI

I authorize Maryland Endocrine, P.A. to use and disclose my health information for:

- Treatment, including coordination with other healthcare providers.
 - For example, referring to another provider, or provide updates to your primary care provider.
- Billing and payment processes with insurance companies.
 - For example, submitting a claim to your insurance company.
- Office communications regarding appointments and test results.
 - For example, communicating with first name only to the provided phone numbers that you have an upcoming appointment.

Authorization for disclosure of health information will only be given to individuals outside my circle of care or covered entities as defined under my emergency contacts for whom I have given PHI consent. I understand that I must provide this signed consent for any disclosure to take place.

Circle of care here is defined as care providers, pharmacies, or insurance companies I have indicated as participating in my care.

Other uses/Disclosures without authorization:

- Public Health reporting, such as reporting communicable diseases or suspected abuse.

- Law enforcement, such as responding to a court order or assisting law enforcement under specific conditions.
- Approved research, such as sharing data with researchers when an institutional review board has approved the use.
- Organ Donation and coroners, to facilitate organ donation or helping examiners identify a deceased person.
- Workers compensation, providing information to process a workplace injury claim.

Patient Rights

1. You have the right to request restrictions on certain uses and disclosures of protected health information.
2. You have the right to inspect and copy protected health information.
3. You have the right to amend protected health information.
4. You have the right to receive an accounting of disclosures.

You may request information about whom your information has been disclosed formally in writing, in person, or by patient portal. It can take up to thirty (30) days to process a request.

Complaint Procedures

To file a complaint with Maryland Endocrine you may contact the office by written notice, verbally, in person, or by patient portal, so long as, Maryland Endocrine can identify you. For concerns, complaints, or questions contact Kimberly Stahl, Practice Administrator, 301-953-2080.

If you are unsatisfied with the response of the practice you can contact the U.S. Department of Health and Human Services online at ocrportal.hhs.gov, by mail at:

U.S. Department of Health and Human Services,
150 S. Independence Mall West, Suite 372,
Public Ledger Building,
Philadelphia, PA 19106-911,

by phone at 215-861-4441, by fax at 215-861-4431, or by Email at OCRComplaint@hhs.gov. You must include the legal name and address of the entity, a clear description of violation(s) and dates, as well as any supporting documents.

No retaliation can be made for filing a complaint.

Effective Date

This notice is in effect as of last amendment, June 9, 2026. Copy of this notice is available upon request or on the www.marylandendocrine.com website.

Expiration & Revocation

I understand that signature of this notice remains in effect unless I revoke it in writing. I acknowledge that revocation will not affect any actions taken before its receipt. I understand that I may refuse to sign this document and it will not affect my care.