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## **NOTICE OF PRIVACY PRACTICES**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes information followed by me or by any staff I may employ in the future. The “designated privacy officer” is Sean P. Heffernan, M.D.

### **YOUR HEALTH INFORMATION**

This notice applies to the information and records I have about your health, health status, and the healthcare and services you receive at this office.

### **HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

I must have your written and signed consent to use and disclose health information for the following purposes:

1. **Treatment**

I use health information about you to provide medical treatment or services. I may share information about you and disclose information to people who do not work in my office in order to coordinate your care, such as phoning/faxing prescriptions to your pharmacy and scheduling/ordering lab work. Family members and other healthcare providers outside this office may be part of your medical care and may require information about you that I have.

2. **Payment**

I may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment collected from you, an insurance company, or a third party. For example, I may need to give your health plan information about services you receive here so that they will reimburse you for services provided. I may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

3. **Healthcare Operations**

If I hire additional staff, I may use and disclose health information about you to run the office and make sure you receive quality care, for example, to help with scheduling or billing.

4. **Appointment Reminders**

I may contact you as a reminder that you have a scheduled appointment at the office.

5. Treatment Alternatives

I may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

6. Health-Related Products and Services

I may tell you about health-related products or services that may be of interest to you.

You may revoke your Consent at any time by giving me written notice. Your revocation will be effective when I receive it, but it will not apply to any uses and disclosures that occurred before that time. If you revoke your Consent, I will not be permitted to use or disclose information for purposes of treatment, payment, or healthcare operation, and I may therefore choose to discontinue providing you with healthcare treatment.

SPECIAL SITUATIONS

I may use or disclose health information about you *without* your permission for the following purposes, subject to all applicable legal requirement and limitations:

1. Prevention of a Serious Threat to Health or Safety

I may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the general public.

2. Required by Law

I will disclose health information about you when required to do so by federal, state, or local law.

3. Military, Veterans, National Security and Intelligence

If you are or were a member of the armed forces, or part of the national security or intelligence communities, I may be required by military command or other government authorities to release health information about you. I may also release information about foreign military personnel to the appropriate foreign military authority.

4. Worker's Compensation

I may release health information about you for workers' compensation or similar programs, but I would request your consent first.

5. Public Health Risks

I may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability, or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications, or problems with products. In Maryland, I must report any unreported and/or suspected child abuse that is occurring or has occurred at any time in the state of Maryland.

6. Health Oversight Activities

I may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.

7. Lawsuits and Disputes

If you are involved in a lawsuit or dispute, I may disclose healthcare information about you in response to a court or administrative order. Subject to all applicable legal requirements, I may also disclose health information about you in response to a subpoena.

8. Law Enforcement

I may also release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process, subject to all applicable legal requirements.

9. Coroners, Medical Examiners and Funeral Directors

I may release health information to a coroner or medical examiner, for example, if necessary to identify a deceased person or determine the cause of death.

10. Information Not Personally Identifiable

I may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

11. Family and Friends

I may disclose health information about you to your family members or friends if I obtain your written or verbal agreement to do so. I may also disclose health information to your family or friends if I can infer from the circumstances, based on my professional judgment, that you would not object, for example if you bring them into the office with you during treatment or when treatment is discussed. Please notify me of any specific issues that you do not want discussed in front of another person in such a situation. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), I may, using my professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, I will disclose only health information relevant to that person's involvement in your care. I may also use my judgment to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, prescriptions or medical records.

**OTHER USES AND DISCLOSURES OF HEALTH INFORMATION:**

I will not use or disclose your health information for any purpose other than identified in the previous sections without your specific, written Authorization. I must obtain this Authorization separate from any Consent I may have obtained from you. If you give me Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, I will no longer use or disclose information about you for reasons covered by that written Authorization, but I cannot take back any uses or disclosures already made with your permission.

If I have medical information about you regarding HIV or substance abuse, I cannot release that information without a special signed, written Authorization (different from the Authorization and Consent mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment, or healthcare operations, I will have to have both your signed

Consent and a special written Authorization that complies with the law governing HIV or substance abuse records.

#### YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information I maintain about you:

1. Right to Inspect and Copy

You have the right to inspect and copy your health information, such as medical and billings records, that I use to make decisions about your care. You must submit a written request to me in order to inspect and/or copy your health information. I may deny the request to inspect or copy in certain limited circumstances. If you are denied access to your health information, you may ask that a licensed psychiatrist review the denial. If law requires such a review, I will comply with the outcome.

2. Right to Amend

If you believe health information I have about you is incorrect or incomplete, you may ask me to amend the information. You have the right to request an amendment as long as I keep the information. To request an amendment, you must submit a request in writing. I may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

3. Right to an Accounting of Disclosures

You may request a list of the disclosures I made of medical information about you for purposes other than treatment, payment, and healthcare operations. To obtain this list, please submit your request to me in writing. It must state a time period that may not surpass five years and may not start before July 1, 2015. Your request should state that you want the list in writing.

4. Right to Request Restrictions

You may request a restriction or limit on the health information I use or disclose about you for treatment, payment, or healthcare operations. You also may request a specific limit on the health information I disclose about you to someone who is involved in your care or the payment for it. I am not required to agree to your request. For example, if I think it will cause danger or harm to that person. To request restrictions, please submit a written request to me.

5. Right to Request Confidential Communications

You may request that I communicate with you about medical matters in a certain way or at a certain location, for example, only at a certain phone number. To request confidential communications, please submit a written request to me. I will accommodate all reasonable requests, but your request must specify how or where you wish to be contacted.

6. Right to a Paper Copy of this Notice

You may ask me for a copy of this notice at any time

#### CHANGES TO THIS NOTICE

I reserve the right to change this notice, and to make the revised or changed notice effective for medical information I already have about you as well as any information I receive in the future. You may request a copy of the current notice by contacting me.