

## **Notice of Privacy Practices**

Bethesda Physicians, PC

**Effective Date:** \_\_\_\_\_ *May 12, 2003* \_\_\_\_\_

***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.***

### ***Understanding your health record***

A record is made each time you visit a hospital, physician, or other health care provider. Your symptoms, examination and test results, diagnoses, treatment, and a plan for future care are recorded. This information is referred to as your "health or medical record". Understanding how this information may be used will help you to ensure its accuracy, and enable you to relate to who, what, when, where, and why others may be allowed access to your health information.

### ***Understanding your health information rights***

Your health record is the physical property of the health care practitioner or facility that compiled it but the content is about you, and therefore belongs to you. You have the right to request restrictions on certain uses and disclosures of your information, and to request amendments be made to your health record. Your rights include being able to review or obtain a copy of your health information, and to be given an account of all disclosures. You may revoke any further authorizations to use or disclose your health information.

### ***Our responsibilities***

This office is required to maintain the privacy of your health information and to provide you with notice of our legal commitment and privacy practices with respect to the information we collect about you.

This office reserves the right to change its practices and effect new provisions that enhance the privacy standards of all patient medical information. Other than for reasons described in this notice, this office agrees not to use or disclose your health information without your authorization.

### ***To receive additional information or report a problem***

If you believe your privacy rights have been violated, you have the right to file a complaint with this office or by contacting the Secretary of Health and Human Services, with no fear of retaliation by this office.

### ***Your health information will be used for treatment, payment, and health care operations.***

**Treatment** – Information obtained 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 your care, such as specialty physicians or lab technicians.

**Payment** – Your health care information will be used to receive payment for services rendered by this office. A bill may be sent to either you or a third-party payer with documentation that identifies you, your diagnosis, procedures performed and supplies used.

**Health Care Operations** – This office will use your health information to assess the care you received and the outcome of your case compared to others like it. Your information may be reviewed for risk management or quality improvement purposes to improve services we provide.

### ***Understanding our office policy for specific disclosures***

- ***Business Associates*** – Some or all of your health information may be subject to disclosure through contracts for services to assist this office in providing health care. For example, to process certain laboratory tests or radiology images. To protect your health information, we require these Business Associates to follow the same standards held by this office through terms detailed in a written agreement.
- ***Communications with Family***– Using best judgment, a family member, or close personal friend, identified by you, may be given information relevant to your care and/or recovery.
- ***Funeral Directors*** – Your health information may be disclosed consistent with law.
- ***Organ Procurement Organizations*** – Your health information may be disclosed consistent with laws governing entities engaged in the procurement, banking, or transplantation of organs.
- ***Marketing*** – This office reserves the right to contact you with appointment reminders or information about treatment alternatives and other health-related benefits that may be appropriate to you.
- ***Food and Drug Administration (FDA)*** – This office is required by law to disclose health information to the FDA related to any adverse effects of food, supplements, products, and product defects.
- ***Worker's Compensation*** – This office will release information to the extent authorized by law.
- ***Public Health*** – This office is required by law to disclose health information to public health and/or legal authorities charged with tracking reports of birth and morbidity, communicable disease, injury, or disability.
- ***Law Enforcement*** – (1) Your health information will be disclosed for law enforcement purposes as required under state law or in response to a valid subpoena. (2) Provisions of federal law permit the disclosure of your health information to appropriate health oversight agencies, public health authorities, or attorneys in the event that a staff member or business associate of this office believes in good faith that there has been unlawful conduct or violations of professional or clinical standards that may endanger one or more patients, workers, or the general public.

***NOTICE OF PRIVACY PRACTICES AVAILABILITY:*** The terms described in this notice will be posted where registration occurs. Please download and print a copy to keep for your own records.