**HIPAA Notice of Privacy Practices**

Your health information is private and protected by the Office of Civil Rights through the Health Insurance Portability and Accountability Act of 1996, otherwise known as HIPAA. HIPAA is a federal law that sets rules for health care providers and health insurance companies by restricting who can view and receive your health information. This also includes rights over your own health information, like the right to get a copy of your information, ensure it is correct, and know who has seen it. The HIPPA Privacy Rule provides individuals the right to be informed of the privacy practices of their health care providers, as well as to be informed of their privacy rights with respect to their personal health information. This notice serves to provide a clear explanation of these rights and practices.

**Your Rights**

You can request an electronic or paper copy of your medical record and other health information we have about you for a cost-based fee. We will provide a copy or summary of your health information within 30 days of your request. If you feel that there is incorrect or incomplete information, you may contact us with a written request to correct it. Please note that while we reserve the right to deny this request, we will also make sure to contact you with an explanation within 60 days.

You may 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 health information.

You also have the right to request a restriction or limitation on the health information we use or disclose for treatment, payment, or health care operations. To request a restriction, please do so in writing and we will contact you within 30 days of your request.

You can contact us with a complaint, should you feel we have violated your rights in any way. We will try our best to address your concerns but if you feel your needs have not been met, you may also file an official complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/, sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, or calling 1-877-696-6775.

**Our Uses and Disclosures**

We typically use or share your health information in the following ways:

• We may share your health information with other health care professionals who are also treating you.

 For example, we may disclose health information to doctors, nurses, technicians, or other personnel,

 including people outside our office, who need the information to provide you the best medical care

 possible.

• We may share your health information with your insurance plan to request payment for your services.

• We may use your health information in our practice to better manage your treatment and services. These

 uses and disclosures are necessary to operate and manage our practice so that all of our patients receive

 quality care. For example, we may share information with other entities that have a relationship with

 you, like your health plan.

• 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. 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 may also disclose your health information under these special circumstances:

• We may share your health information with our business associates when it is appropriate for them to

 perform necessary functions such as billing services on our behalf.

• We may share your health information in compliance with the law if local, state or federal laws demand

 it.

• We may share your health information while working with a coroner, medical examiner, or funeral

 director when an individual dies.

• We may also share health information about you for Workers’ Compensation claims, for law

 enforcement purposes or with a law enforcement official, with health oversight agencies for activities

 authorized by law, and for special government functions such as military, national security, and

 presidential protective services.

• If you are an organ donor, we may use or release health information to organizations that handle

 procurement, banking or transportation of organs.

• If you are involved in a lawsuit or a dispute, we may disclose health information in response to a court

 order, an administrative order, or in response to a subpoena.

• In certain cases it may be required of us to share your information in ways that contribute to the public

 good, such as public health and research. Some examples include: preventing disease, helping with

 product recalls, reporting adverse reactions to medications, or reporting suspected abuse, neglect, or

 domestic violence. We have to meet many conditions before we can share your information for these

 purposes. For more information, please see:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/>

We are required by law to maintain the privacy and security of your protected health information. This means that we will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.

We will not use or share your information with anyone other than as described here unless you tell us we can in writing. If you choose this option, please remember you may change your mind at any time.

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