

Old Georgetown Mental Health Associates, LLC

Notice of Privacy Practices for 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.

The office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and health care operations. Protected health information (PHI) is the information we create and obtain in providing our services to you. Such information may include your history, symptoms, examination, test results, diagnosis, treatment and application for future care or treatment. It also includes billing documents for those services.

Examples of uses of your health information for treatment purposes are 1) your physician determines that he/she will need to consult with another specialist in the area and share information with such specialist to obtain his/her input, and 2) your physician provides diagnostic information to obtain clinical laboratory testing. An example of the use of your health information for payment purposes is the submission of insurance claims which include requested PHI regarding medical care given to you and the medical diagnosis necessitating that care. We may also use your information for health care operations because we obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We will share the minimum necessary information about you with such insurers or other business associates as needed to obtain these services.

Your Health Information Rights

The health and billing records we maintain are the physical property of the office. The information in it, however, belongs to you. You have a right to:

- Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information
- Request that you be allowed to inspect and receive a copy of your health record and billing record
- Request a restriction on certain uses and disclosures of your health information by making a request to our office
- We are not required to agree to your requested restrictions, but if we do agree then we are bound to abide by such restriction
- Appeal a denial of access to your PHI except in certain circumstances
- Request that your health care record be amended to correct incomplete or incorrect information

- We may deny your request if you ask us to amend information that was not created by us; unless the person or entity that created the information is no longer available to make the amendment. We may also deny your request if the information is not part of the health information kept by the office, is not part of the information that you would be permitted to inspect and copy, or is accurate and complete. If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a request to our office
An accounting will not include uses and disclosures or information for treatment, payment or operations; disclosures or uses made to you or made at your request; or uses or disclosures made pursuant to an authorization signed by you.
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our office, except to the extent information or action has already been taken

If you want to exercise any of the above rights, please contact La Shawn Farrish, 301-897-0099 ext. 300, in person or in writing, during regular business hours. She will inform you of the steps that need to be taken to exercise your rights.

Our Responsibilities

The office is required to:

- Maintain the privacy of your health information as required by law
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you
- Abide by the terms of this Notice
- Notify you if we cannot accommodate a requested restriction or request
- Accommodate your reasonable requests regarding methods to communicate health information with you

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our “Notice” or by visiting our office and picking up a copy.

To Request Information or File a Complaint

If you have questions, would like additional information or want to report a problem regarding the handling of your information, you may contact La Shawn Farrish at 301-897-0099 ext. 300.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to La Shawn Farrish. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services, whose street address and e-mail address is Tommy G. Thompson, Secretary of Health and Human Services, 200 Independence Ave., S.W., Washington, DC 20201, hhs.mail@hhs.gov

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Other Disclosures and Uses

Communication With Family

- We will not disclose your PHI to a family member, close personal friend or any other person you authorize unless specifically requested by you or unless you or someone else is at immediate risk. Even in an emergency we will attempt to obtain your consent.

Research

- We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocol to insure the privacy of your PHI.

Food and Drug Administration (FDA)

- We may disclose to the FDA your PHI relating to adverse events with respect to food, supplements, products and proven defects or post-marketing surveillance information to enable product recalls, repairs, or replacements.

Workers Compensation

- If you are seeking compensation through Workers Compensation, we may disclose your PHI to the extent necessary to comply with laws relating or Workers Compensation.

Public Health and Disaster Relief

- As authorized by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition. We may use your PHI to assist in disaster relief efforts.

Abuse & Neglect

- We may disclose your PHI to public authorities as required by law to report abuse or neglect.

Employers

- We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

Correctional Institutions

- If you are an inmate of a correctional institution, we may disclose to the institution the PHI necessary for your health and the health and safety of other individuals.

Law Enforcement

- We may disclose your PHI for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution or to the extent an individual is in the custody of law enforcement.

Health Oversight

- Federal law allows us to release your PHI to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings

- We may disclose your PHI in the course of any judicial or administrative proceedings as allowed or required by law, with your authorization, or as directed by a proper court order.

Serious Threat

- To avert a serious threat to health or safety, we may disclose your PHI consistent with applicable law to prevent or lessen serious imminent threat to the health or safety of a person or the public.

For Specialized Governmental Function

- We may disclose your PHI for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Coroners, Medical Examiners, or Funeral Directors

- We may release health information to a coroner, medical examiner, or funeral director. This may be necessary to identify a deceased person or determine the cause of death.

Other Uses

- Other uses and disclosures, besides those identified in the Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as previously provided in this Notice under "Your Health Information Rights."

Effective Date: April 14, 2003

