



11110 Medical Campus Rd. Suite 151 • Hagerstown, MD 21472  
301-797-7600 • Fax 301-797-1249

600 Memorial Ave. Suite 304 • Cumberland, MD 21502  
301-722-3777 • Fax 301-722-3779

## Notice of Privacy Practices

**This notice describes how health information about you may be used  
Disclosed and how you can get access to this information. Review carefully.**

State and Federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this notice. We must follow the privacy practices as described below. This notice will take effect on March 10, 2003 and will remain in effect until it is amended or replaced by us.

It is our right to change our privacy practices provided law permits the changes. Before we make a significant change, this notice will be amended to reflect the changes and we will make the new notice available upon request. We reserve the right to make any changes in our privacy practices and the new terms of our notice effective for all health information maintained, create and/or received by us before the date changes were made.

You may request a copy of our Privacy Notice at any time by contacting our Privacy Officer. You may contact us by calling writing or asking to speak with us at the above address and telephone number.

### ***TYPICAL USES AND DISCLOSURES OF HEALTH INFORMATION***

We will keep your health information confidential, using it only for the following purposes:

**Treatment:** We may use your health information to provide you with our professional services. Everyone on our staff is required to sign a confidentiality statement.

**Disclosure:** We may disclose and/or share your healthcare information with other healthcare professionals who provide treatment and/or service to you. These professionals will have a privacy and confidentiality policy like this one. Health information about you may also be disclosed to your family, friends, and/or other persons you choose to involve in your care, only if you agree that we may do so.

**Payment:** We may use and/or disclose your health information to seek payment for services we provided to you. This disclosure involves our business office staff and may include insurance organization or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

**Emergencies:** We may use or disclose your health information to notify or assist in the notification of a family member or anyone responsible for your care in case of emergency involving your care, location or your general condition or death. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our judgment to make reasonable inference of your best interest by allowing someone to pick up filled prescriptions, x-rays or other similar forms of health information and/or supplies unless you have advised us otherwise.

**Healthcare Operations:** We will use or disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records staff, outside health or management reviews and individuals performing similar activities.

**Appointment Reminders:** We may disclose medical information to provide appointment reminders (e.g., contacting you at the phone number you have provided us and leaving a message as an appointment reminder).

**Communication with Family:** Unless you object, health professionals, using their best judgment, may disclose to a family member or close personal friend health information relevant to that person's involvement in your care or payment related to your case. We may notify these individuals of your location and general health.

**Required by Law:** We may use or disclose your health information when we are required to do so by law. This includes administrative orders, subpoena, discovery request or other lawful processes. It also would include situations of national security, intelligence and other state and federal requests and/or if you are an inmate or otherwise under the custody of law enforcement.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

**Public Health Responsibilities:** We will disclose your health care information to report problems with products, reactions to medications, product recalls, disease/infection exposure and to prevent and control disease, injury and/or disability.

**Marketing Health Related Services:** We will NOT use your health information for marketing purposes unless we have your written authorization to do so.

### **YOUR PRIVACY RIGHTS AS OUR PATIENT:**

**Access:** Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian). You will need to contact our Privacy Officer to request a copy of the form requesting your health information. After this form is completed and submitted, you will be notified of the time that your records will be available to you. There will be a fee for any copies of health information you request. Contact our office for a fee schedule.

**Amendment:** If, you feel within your healthcare record is inaccurate or incomplete, you have the right to request your healthcare information. This would be the disclosure of your information for reasons other than treatment, payment or healthcare operations. You can request information going back 6 months starting on April 14, 2003. Information prior to that dated does not have to be released.

**Restrictions:** You have the right to request that we place additional restrictions on our use or disclosure of your healthcare information. We do not have to agree to the additional restrictions, but if we do, we will abide by our agreement. Please contact our office if you wish to add more restrictions.

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Questions/Complaints: You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our Privacy Officer. The complaint should be in writing. If we do not satisfactorily handle your complaint, you have the right to file a complaint with the U.S. Department of Health and Human Services without the threat of retaliation from us.

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