



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 it carefully.

Treatment

Your health information may be used by our staff members or disclosed to other health care professionals for the purpose of evaluation your health, diagnosing medical conditions and providing treatment. For example, results of tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by our staff members.

Appointment Reminders

Your health information may be used by our staff to send you appointment reminders.

Payment

Your health information may be used to seek payment from your health plan and other sources of coverage such as credit card companies you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health Care Operations

Your health information may be used as necessary to support the day-to-day activities and management of our Company and the physicians providing professional services. For example, information of the services you received may be used for budgeting and financial reporting, and to evaluate and promote quality assurance.

Public Health Reporting

Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosure require your authorization

Disclosure of your health information or its use of any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Our Duties

Upon request, we are required by law to maintain the privacy of your protected health information and to provide you with this Notice of Privacy Practices. We are also required to abide by the privacy policies and practices that are outlined in this Notice.

Rights to Review Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes may be required by federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit which will be applied to all protected health information that we maintain.



Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request instructions on the use of disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information (there is a fee for copying medical records).
- The right to amend or submit corrections to your protected health information.
- The right to receive an account of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this Notice.

Requests to Inspect Health Information

As permitted by federal regulation, we require that requests to inspect or copy protected information be submitted in writing. You may obtain a form to request access to your records by contacting the office manager.

Privacy Officer: Complaints/Contact Person

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns. If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

The name and address of the contact person is:

*Carolyn Stroud
2440 M St. NW, Suite 401
Washington, DC 20037
Phone: 202-293-6567*

Patient Name _____

Signature _____

Date _____