

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, as well as how you can get access to this information. Please review this carefully.

Understanding Your Health Record

A record is made each time you visit a physician or other health care provider. Your symptoms, examination, test results, diagnosis, treatment, and plans for future care are recorded. This record serves as a means of communication among any and all other health care professionals who may contribute to your care in any way. This record is the physical property of the health care practitioner, and therefore, belongs to you. A hard copy of this privacy notice will be available to all patients upon request, and a copy will be placed inside each medical record. Some medical records may be stored in a secure off-site facility. You have the right to review or obtain a paper copy of your information and request communications of your health information be made by alternative means or to alternative locations. You may revoke any further authorizations to use or disclose your health information. You have the right to request restrictions on how your records are disclosed for treatment, payment, or other health care operations. We are not required to agree to your restrictions, but if we do, we are bound by our agreement with you.

Understanding Our Privacy Policy

This office is required to maintain the privacy of your health information and provide you with notice of our legal commitment and privacy practices with respect to the information we collect and maintain about you. This office is required to abide by the restrictions or reasonable desires to communicate your health information by alternative means or to alternative locations. We may disclose limited information for the purposes of research or marketing where medically relevant or for the purposes of better care and treatment for you, the patient. You have the right to request specific restrictions on certain uses and disclosures of your information, and to request amendments be made to your health record. This office reserves the right to change its practices and effect new provisions that enhance the privacy standards of all patient medical information. In the event that changes are made, this office will notify you at the current address provided on your medical file. If applicable, this office will post changes on our web site that provides information about our customer services or benefits.

Other than for reasons described in this notice, this office agrees not to use or disclose your health information without your authorization. However, it may be necessary to disclose information to appropriate persons in order to prevent or lessen serious threat to the health and safety of a particular person or the general public. For further explanation of this notice, or if you believe your privacy rights have been violated, you have the right to file a complaint with the Office Manager at (410) 747-9422. You may also contact the Secretary of Health and Human Services, with no fear of retaliation by this office.

If you would like to grant another individual access to your medical records, please list them here:

Name _____ Relation _____

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in trust on your prior consent.

Patient Signature _____ **Date** _____