

# 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.

This notice takes effect on February 5, 2007 and remains effect until we replace it.

## 1 OUR PLEDGE REGRADING MEDICAL INFORMATION

The privacy of you medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the way we use and share medical information about you. We also describe your rights and certain duties regarding the use and disclosure of medical information.

## 2 OUR DUTY

### ***Our duty is to:***

- Keep your medical information private.
- Give you this notice describing our duties, privacy practices, and our rights regarding your medical information.
- Follow the terms of the notice this is now in effect.

### ***We have the right to:***

- Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
- Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

### ***Notice of Change to Privacy Practices:***

- Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

## 3 USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

We will only use your health information when doing our jobs. The following are some examples of our possible uses and disclosures of your health information. However, not every use or disclosure will be listed. For uses beyond what we normally do, we must have your written authorization unless the law permits or requires it. Any specific written authorization you provide may be revoked at any time by writing to us.

**FOR TREATMENT:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share medical information about you to your other health care providers to assist them in treating you or making decision on your treatment benefits.

**FOR PAYMENT:** We may use your medical information for payment purposes.

**FOR HEALTH CARE OPERATIONS:** We may use and disclose your medical information for your health care operations. This might include measuring and improving quality, evaluating the performance or employees, conducting training programs, and getting the accreditation, certificates, licenses, and credentials we need to serve you.

**ADDITIONAL USES AND DISCLOSURES:** In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose your medical information for the following purposes

- Information purposes: Unless you provide us with alternative instructions, we may send appointment reminders and other materials about the program to your home.
- Required by law: we may disclose health information when a law requires us to do so.
- Public health activities: we may disclose health information when we are required to collect or report information about disease, injury, disability, or health conditions, to authorized public health authorities.
- Health oversight activities: we may disclose your health information to authorized health authorities for oversight activities required by law. Examples of these oversight activities are audits, inspections, investigations, and licensure.
- Coroners, Medical Examiners, Funeral Directors and Organ Donations: we may disclose health information relating to a death to coroners, medical examiners or funeral directors, and to authorized organizations relating to organ, eye, or tissue donations or transplants.
- Research in Limited Circumstances: medical information for research purposes in limited circumstances where the research has been approved by authorized reviewed boards.

- **Avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
- **Lawsuits, Disputes and Claims:** If you are involved in a lawsuit, a dispute, or a claim, we may disclose your health information in response to a court or administrative order, subpoena, discovery request, investigation of a claim filed on your behalf, or other lawful process.
- **Law Enforcement:** we may disclose your health information to a law enforcement official for purposes that are required by law or in response to a subpoena.
- **Abuse and Neglect:** we will disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or some other crime. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
- **Specific government functions:** we may disclose health information of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.
- **Families, friends or others involved in your care:** we may share your health information with people as it is directly related to their involvement in your care or payment of your care. We may also share health information with people to notify them about your location, general condition, or death.
- **Worker's Compensation:** we may disclose health information to worker's compensation programs that provide benefits for work-related injuries or illnesses without regard to fault.
- **Facility Directories:** unless you notify us that you object, the following medical information about you will be placed in our facility directories: your name; your condition described in general terms; your religious affiliation, if any. We may disclose this information to members of the clergy or, except for your religious affiliation, to others who contact us and ask for information about you by name.

#### **4 YOUR INDIVIDUAL RIGHT**

You have the right to:

- You have a right to request a restriction or limitation on the health information we use or disclose about you. We will accommodate your request if possible, but we are not legally required to agree to the requested restriction. If we agree to a restriction, we will follow it except in emergency situations.
- You have the right to ask that we send you information at an alternative address or by alternative means. We must agree to your request as long as it is reasonably easy for us to do so.
- You have a right to see your health information upon your written request. If you want copies of your health information, you may be charged a fee for copying, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.
- You may request in writing that we correct or add to your health record. We may deny the request if we determine that the health information is: (1) correct and complete; (2) not created by us and/or not part of our records; or (3) not permitted to be disclosed. If we approve the request for amendment, we will change the health information and inform you, and will tell others that need to know about the change in the health information.
- You have the right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

#### **5 QUESTIONS AND COMPLAINTS**

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact us. You may also submit a written complaint to Trung Hoa Pham, MD, LLC at 5415 Old Court Road, Suite 102, Randallstown, MD 21133. We will not retaliate in any way if you choose to file a complaint.