



9800 Falls Road, Suite 3, Potomac, MD 20854

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## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **1. OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION (PHI)**

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

### **2. OUR LEGAL DUTY**

The law requires us: to keep your PHI private; to give you this notice describing our legal duties, privacy practices, and your rights regarding your PHI; to follow the terms of the notice that 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; to make the changes in our privacy practices and the new terms of our notice effective for all PHI that we keep, including information previously created or received before the changes. 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 PHI**

The following section describes different ways that we use and disclose PHI. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose PHI. We will not use or disclose your PHI for any purpose not listed below without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

We may use your PHI: to provide you with medical treatment or services – We may disclose your PHI to doctors, nurses, technicians, medical students, and health care providers to assist them in treating you; for payment purposes; for Health Care Operations (such as improving quality of our services, conducting training programs, evaluating the performance of employees); for appointment reminders; and for providing information about treatment options or health-related benefits or services. We may also release your PHI to a friend or family member that is involved in your care. We may also disclose your PHI to a family member or friend as directed by you. Finally, our office will disclose your PHI when required to do so by federal, state, or local law (as in the case of information about the abuse of a child or dependent adult).

### **SPECIAL CIRCUMSTANCES**

We may use or disclose your PHI when public health risks may be involved. This may include (but are not limited to) reports to prevent or control disease, reports regarding reactions to medications or problems with products, and notification(s) to individuals who may have been exposed to a disease, reports to Worker's Compensation programs, and reports for Health Oversight Activities (for example, audits, investigations, inspections).



Other special circumstances may include:

**Lawsuits:** If you are involved in a lawsuit, our office may release your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protesting the information requested.

**Deceased Patients:** We may release your PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we may also release information in order for funeral directors to perform their jobs.

**Organ and Tissue Donation:** We may release your PHI to organization that handles organ or tissue transplantation as necessary to facilitate the donation if you are an organ donor.

**Military Members and Veterans:** If you are a member of the armed forces, we may release your PHI as required by military command authorities.

**Inmates:** We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary for the institution to provide health care services to you, to provide for the safety and security of the institution, or to protect your health and safety or the health and safety of other individuals.

#### **OTHER USES OF PHI**

Our office will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. Please note: We are required by law to retain records of your care.

#### **YOUR RIGHTS CONCERNING YOUR PHI**

You have a right:

1. To inspect and obtain a copy of your medical records from my office for as long as the information is obtained. This request must be in writing. You may get the form to request access by using the contact information listed at the end of this notice or by sending a letter to the contact person listed at the end of this notice. If you request copies, we reserve the right to charge a nominal fee for each page as well as for postage (if you want the copies mailed).
2. To receive an account of any disclosures we have made regarding your PHI for purposes other than treatment, payment, health care operations, and other specified exceptions.
3. To request restrictions on certain uses and disclosures of your PHI. I have the option to agree or disagree with these restrictions.
4. To request and receive confidential communication and information from me by alternative means and/or at an alternative address. This request must be made in writing to the contact person listed at the end of this form.
5. To request an amendment of your PHI (deleted, modified, or added). I may deny this request if I determine that the information is complete and accurate.
6. To have any complaints you make about my policies or procedures recorded in your PHI.

#### **QUESTIONS OR CONCERNS**

Feel free to address any questions or concerns regarding your PHI without fear of prejudice or reprisal. You have the right to file a complaint with the Maryland Board of Nursing and with the Secretary of the U.S. Department of Health and Human Services.

If you have any questions regarding this notice, please contact

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