

**CONCERNS OR COMPLAINTS
ABOUT THE USE OR DISCLOSURE OF YOUR PHI**

If you believe that your health information privacy rights have been violated, contact us immediately and we will try to remedy the situation. You can also file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services.

Acknowledgment of Receipt

This is to acknowledge that I have received a copy of the Disclosure of Privacy Practices pertaining to the following health care facility or practice: _____

Please print name _____

Signature of client or patient: _____ Date: _____

Relationship other than patient/client _____

_____ I refuse to sign this acknowledgement form.

Note: Practice personnel if client or patient refuses, initial here _____ Date: _____

Notice of Privacy Practices

THIS NOTICE IS EFFECTIVE AS OF APRIL 14, 2003

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.

We, are dedicated to protecting your medical information. We are required by law to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices that explains how, when, and why we may use or disclose your "Protected Health Information" (PHI). We are also required by law to follow and abide by the terms of the this notice.

USE OF YOUR PROTECTED HEALTH INFORMATION

We use and disclose PHI for a variety of reasons. We have a limited right to use or disclose your PHI for purposes of treatment, payment , or our health care operations. To treat your health conditions and manage special health programs, we need to use your health information. We can do this without your written or verbal permission.

We may use and disclose your medical or other private health information without your permission under federal as well as State laws for the following purposes:

- **For Treatment:** We may use and disclose your PHI to nurses, doctors, social workers, including trainees, involved in your care, to provide treatment services for your health care needs. For example, our personnel will use your PHI in order to coordinate the care and services you need, such as substance abuse treatment, prescriptions, and medical services. If you need care from health care professionals or health care providers who are not a part of our practice, we may also need to disclose your PHI to enable them to treat you. However, they too must protect the privacy of your PHI.
- **For Payment:** We may use and disclose your PHI in order to bill and collect payment for your health care services. For example, when you receive services from providers not a part of this practice, we may have an obligation to pay for these services.
- **For Health Care Operations:** We may use and disclose your PHI in the course of our health care operations. For example, we may use your PHI in assessing the quality of our services reviewing accreditation, certification and licensing; and conducting medical reviews, audits and legal services.
- **Marketing:** We will not use your PHI to sell you services or supplies unrelated to your health care coverage or your health status. We will not give any other person your PHI to allow them to contact you in any way to try to sell you anything.
- **Appointment reminders:** We may use and disclose your PHI to contact you regarding your appointments for treatment or other health care related services.

USE OF YOUR PROTECTED HEALTH INFORMATION

- **Research:** We may, in our important health research, at times, wish to use your PHI. Generally, before we allow a use or disclosure of your PHI without your written permission, we will review the research proposal to assure that the privacy of your PHI is protected.
- **Disclosures to family, friends, or others:** We may disclose your PHI when you tell us to. We may give your PHI to a family member, friend or other person who you indicate is involved in your care or the payment for your health care.
- **Parents as personal representatives of minors:** In most cases, we may disclose your minor child's PHI to you. However, state law may require us to deny a parent's access to a minor's PHI.
- **Worker's Compensation:** As part of your worker's compensation claim, we may have to disclose your PHI.
- **Organ Donation:** We may disclose your PHI to organ donation organizations.
- **Medical Examiner:** We may disclose your PHI to permit identification or determine cause of death.
- **Funeral Directors:** We may disclose PHI to allow them to carry out their duties.
- **Public Health Activities:** We may disclose PHI when we are required to collect information about disease or injury and disability. We also may have to disclose your PHI to a person who may have been exposed to a communicable disease, or who may otherwise be at risk of contracting or spreading the disease.
- **To the Food and Drug Administration (FDA):** We may disclose PHI when you are receiving health services or supplies that are being tracked by the FDA. For example, we may have to report about drugs or medicines that have been recalled or track a medicine after it has been approved.
- **Serious threat to health or safety:** If we believe that a serious threat exists to your health or safety, or to the health and safety of any other person or the public, we may use or disclose your PHI to notify those persons we believe would be able to help prevent or lessen the threat of harm.
- **When required by law:** We may use or disclose PHI when a law requires that we report information if we believe there has been child abuse or neglect. We may use or disclose PHI if we believe that you have been a victim of abuse, neglect or violence. We may also use or disclose PHI relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.
- **To military command authorities and for national security:** We may disclose PHI 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 the protection of the President.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding your protected health information. You can write to us about your following rights:

- **Right to limit the use and disclosure of your PHI:** You have the right to request in writing that we limit how we use or disclose your PHI. Your request must be in writing. You can also write us to end these limitations at any time. However, we do not have to agree to your request and will let you know why we cannot. We cannot agree to limit the use or disclosures that are required by law.
- **Right to see and receive copies of your PHI:** If you would like to see your PHI, you will have to write to us. We will let you know within 30 days of receiving your request when and where you can see it. If we do not have your PHI readily accessible we will let you know within 15 days when and where you can see it. In certain situations, we may deny your request. If we do, we will tell you in writing why your request was denied and explain how you can have your denial reviewed. If you would like to get copies of your PHI, please write to us. We may charge you a fee for the copies of a summary or explanation of your PHI.
- **Right to correct or update your PHI:** If you believe that there is a mistake in your PHI or that important information is missing, you may request that we correct it. When you write to us and explain why we should make the correction, we will respond to you within 15 days.
- **Right to an accounting of disclosures of PHI:** You have a right to get a list of disclosures we have made. The list will state the date of disclosure, the person or organization that received it, purpose for the disclosure, and the type of PHI we released. The list will not include disclosures made for treatment, payment or operations purposes; disclosures made to you, your family, or with your written authorization; disclosures made for national security purposes to law enforcement officials or correctional facilities; or disclosures made before April 14, 2003. We will respond to your request within 15 days of receiving your written request. Your request can be for disclosure going as far back as six years, unless you request a shorter time or if less than six years have passed since April 14, 2003. For example, if you request an accounting on April 24, 2003, the list would only cover 10 days. You may receive an accounting free or charge every 12 months. We may charge you a fee for any additional requests you make within a 12-month period.
- **Your right to receive this notice:** You have the right to receive a paper copy of this Notice or an electronic copy by email upon request.

CHANGES TO THIS NOTICE

We may change this notice and our privacy practices at any time, as long as the change is consistent with the District of Columbia or federal law. If we make an important or material change to our policies, we will promptly post a new notice at www.dchealth.dc.gov/hipaa.