

**Maryland Digestive Disease Center
Maryland Digestive Disease Research
Corridor Anesthesia, LLC**

7350 Van Dusen Road, Suite 250, Laurel, MD 20707
301-498-5500

NOTICE OF PRIVACY PRACTICES

Original Effective Date of this Notice: April 14, 2003

Revised: April 1, 2010

NOTICE OF PRIVACY PRACTICES as required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INSURANCE (HI).

PLEASE REVIEW THIS NOTICE CAREFULLY

A. OUR COMMITMENT TO YOUR PRIVACY:

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (HI). In conducting our business, we create records regarding you and the treatment & services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your HI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- *How we may use and disclose your HI
- *Our obligations concerning the use and disclosure of your HI
- *Your privacy rights in your HI

The terms of this notice apply to all records containing your HI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

Original Effective Date of the Notice: April 14, 2003, Revised: April 1, 2010

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

The Privacy Officer, 7350 Van Dusen Road, #250, Laurel, MD 20707, Telephone: 301-498-5500

C. WE MAY USE & DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (HI) IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and disclose your HI.

1. Treatment. Our practice may use your HI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your HI in order to write a prescription for you, or we might disclose your HI to a pharmacy when we order a prescription for you. Many of the people who work for our practice-including, but not limited to, our doctors and nurses-may use or disclose your HI in order to treat you or to assist others in your treatment. Additionally, we may disclose your HI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your HI to other health care providers for purposes related to your treatment.
2. Payment. Our practice may use and disclose your HI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details, regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your HI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your HI to bill you directly for services and items. We may disclose your HI to other health care providers and entities to assist in their billing and collection efforts.
3. Health Care Operations. Our practice may use and disclose your HI to operate our business. As examples of the way in which we may use and disclose your information for our operations, our practice may use your HI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your HI to other health care providers and entities to assist in their health care operations.
4. Appointment Reminders. Our practice may use and disclose your HI to contact you and remind you of an appointment. We will be calling your phone numbers you provide to remind you of an appointment. If you are not available at the number, we may be leaving a brief message on your voice mail.
5. Treatment Options. Our practice may use and disclose your HI to inform you of potential treatment options or alternatives.
6. Health-Related Benefits and Services. Our practice may use and disclose your HI to inform you of health-related benefits or services that may be of interest to you.
7. Release of Information to Family/Friends. Our practice may release your HI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.
8. Disclosures Required By Law. Our practice will use and disclose your HI when we are required to do so by federal, state or local law.

D. USE & DISCLOSURE OF YOUR HI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Risks.** Our practice may disclose your HI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as birth and deaths
 - Reporting child abuse or neglect
 - Preventing or controlling disease, injury or disability
 - Notifying a person regarding potential exposure to a communicable disease
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition
 - Notifying your employer under limited circumstances related primarily to work place injury, illness, or medical surveillance
2. **Health Oversight Activities.** Our practice may disclose your HI to a health oversight agency for activities authorized by law. Oversight Activities can include, for example investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **Lawsuits and Similar Proceedings.** Our practice may use and disclose your HI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your HI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement.** We may release your HI if asked to do so by a law enforcement official regarding a crime or in response to a warrant, summons, court order or similar legal process.
5. **Workers' Compensation.** Our practice may release your HI for workers' compensation and similar programs.
6. **Research.** The Maryland Digestive Disease Research section provides patients the opportunity to participate in clinical research trials. We may contact our patients to inform them of a specific research study related to their health condition. If you should agree to participate in a clinical research trial we will obtain your written authorization to use your HI for research purposes at the time of consent. This consent will outline how your HI will be used and disclosed in greater detail.

E. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding the HI that we maintain about you:

1. **Confidential Communications.** You have the right to request that our practice communicate with you about your health & related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to (**Privacy Officer, Laurel business office** as a contact for further information) specifying the requested method of contact, or location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request restriction in our use of disclosure of your HI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your HI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. Also, if you have paid for your health care treatment out-of-pocket and in full, and if you request that we limit disclosure of your information to a health plan for purposes of payment or healthcare operations, we will abide by your request. In order to request restriction in our use or disclosure of your HI, you must make your request in writing to (**Privacy Officer, 301-498-5500** as a contact for further information). Your request must describe in a clear and concise fashion:
 - (a) the information you wish restricted
 - (b) whether you are requesting to limit our practice's use, disclosure or both; and
 - (c) to whom you want the limits to apply
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the HI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing (**Privacy Officer, 301-498-5500** as a contact for further information) in order to inspect and/or obtain a copy of your HI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to (**Privacy Officer, 301-498-5500** as a contact for further information). You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the HI kept by or for the practice; (c) not part of the HI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your HI for non-treatment, non-payment, non-operations purposes. Use of your HI as part of the routine patient care in our practice is not required to be documented. For example, the sharing of information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to (**Privacy Officer, 301-498-5500** as a contact for further information). All request for an "accounting of disclosures" must state a time period, which may not be longer than (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional requests and you may withdraw your request before you incur any costs.
6. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the receptionist in any of our offices or the Privacy Officer at 301-498-5500.
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact (**Privacy Officer at 301-498-5500** as a contact for handling complaints). All complaints must be submitted in writing. You will not be penalized for filing a complaint.
8. **Right to Provide an Authorization for Other Uses and Disclosures.** Our practice 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 HI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your HI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact (**Privacy Officer, 301-498-5500** as a contact for further information).