

## **SUMMARY OF NOTICE OF PRIVACY PRACTICES**

This summary is provided to assist you in understanding the Notice of Privacy Practices

The attached Notice of Privacy of Practices contains a detailed description of how our office will protect your health information, your rights as a patient, and our common practices in dealing with patient health information. Please refer to that notice for further information.

**Uses and Disclosures of Health Information** – We will use and disclose your health information in order to treat you or to assist other health care providers in treating you. We will also use and disclose your health information in order to obtain payment for our services or to allow insurance companies to process insurance claims for services rendered to you by us or other health care providers. Finally, we may disclose your health information for certain limited operation activities such as quality assessment, licensing, accreditation, and training of students.

**Uses and Disclosures based on your authorization** – Except as stated in more detail in the Notice of Privacy Practices, we will not use or disclose your health information without your written authorization.

**Uses and Disclosures not requiring your authorization** – In the following circumstances, we may disclose your health information without your written authorization:

- For purposes of public health and safety
- To Government agencies for purposes of their audits, investigation, and other oversight activities
- To Government authorities to prevent child abuse or domestic violence
- To the FDA to report product defects or incidents
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders
- When required by court orders, search warrants, subpoenas, and as otherwise required by the law.

**Patient Rights** – As our patient, you have the following rights:

- To have access to and/or a copy of your health information
- To receive an accounting of certain disclosures we have made of your health information
- To request restrictions as to how your health information is used or disclosed
- To request that we communicate with you in confidence
- To request that we amend your health information
- To receive notice of our Privacy Practices

If you have questions, concerns, or a complaint regarding our Privacy Practices, please refer to the attached Notice of Privacy Practices for the person or office that you may contact.

## NOTICE OF PRIVACY PRACTICES

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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.

THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

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### *Our Legal Duty*

We are required by applicable federal and state laws to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, or legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect **November 3, 2014** and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information we maintain, including medical information we created or received before the changes were made.

You may request a copy of our notice (or any subsequent revised notice) at any time. For more information about our privacy practices, or for additional copies of this notice, please use the information listed at the end of this notice to contact the person or office that you may contact us.

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### *Uses and Disclosures of Protected Health Information*

We will not use or disclose your health information without your written authorization, which you may revoke, with the following exceptions. We will use and disclose your protected health information about you for treatment, payment, and health care operations.

The following are examples of the types of uses and disclosures of your protected health care information that may occur. These examples are not meant to be exhaustive but to describe the types of uses and disclosures that may be made by our office.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time to time to another physician or health care provider (e.g. a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

**Research, Death, Organ Donation:** We may use or disclose your protected health information for research purposes in limited circumstances. We may disclose the protected health information of a deceased person to a coroner, protected health examiner, funeral director, or organ procurement organization for certain purposes.

**Public Health and Safety:** We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety, or the health or safety of others. We may disclose your protected health information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee health care systems, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public authority that is authorized by law to receive reports of child abuse or neglect. In addition we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations: to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

**Criminal Activity:** Consistent with the applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Required by Law:** We may use or disclose your protected health information when we are required to do so by law. For example, we must disclose your protected health information to the U.S. Department of Health and Human Services upon request for the purpose of determining whether we are in compliance with federal privacy laws. We may disclose your protected health information when authorized by workers' compensation or similar laws.

**Process and Proceedings:** We may disclose your protected health information in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your protected health information to law enforcement officials.

**Law Enforcement:** We may disclose limited information to a law enforcement official concerning the protected health information of a suspect, fugitive, material witness, crime victim, or missing person. We may disclose the protected health information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances. We may disclose protected health information

when necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

**Appointment and Service Information:** We may use or disclose your protected health information by contacting you to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

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## ***Patient Rights***

**Access:** You have a right of access to inspect a copy of your protected health information for as long as the protected health information is maintained with the exception of psychotherapy notes. You must make a request in writing to the contact person listed at the end of this notice to obtain access to your protected health information. A meeting will be arranged two weeks after receipt of your written request. You also have the right to request copies of your records. We will charge a reasonable, cost based fee of \$0.50 per page for the first 50 pages, \$0.25 for each additional page, a flat fee of \$10.00, plus any applicable postage if you request the copies be mailed, for this service.

**Accounting of Disclosures:** You have the right to receive, within 60 days of request, a list of instances which we or our business associates disclosed your protected health information for purposes other than treatment, payment health care operation and certain other activities after April 13, 2003. We will provide your request with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure, and certain other information.

**Restriction Requests:** You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

**Confidential Communication:** You have the right to request that we communicate with you in confidence about your protected health information by alternative means or to an alternative location. You must make your request in writing. We must accommodate your request if it is reasonable, specified the alternative means or location, and continues to permit us to bill and collect payment from you.

**Amendment:** You have the right to request that we amend your protected health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people or entities you name of the amendment and to include the changes in any future disclosures of that information.

**Electronic Notice:** If you received this notice from our website, you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain the notice in written form.

## ***Questions and Complaints***

If you want more information about our privacy practices or have questions or concerns, please contact us using the information provided.

If you believe that we have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made, you may complain to us using the contact information provided. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

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## ***Contact Information***

Office Manager  
11490 Commerce Park Drive Suite 420  
Reston, VA 20191  
Phone: (703) 481-9111  
Fax: (703) 707-8657