



A Subsidiary of Maryland Surgical Care

The Health Insurance Portability and Accountability Act ("HIPAA")

NOTICE OF PRIVACY PRACTICES
FOR

MARYLAND SURGICAL CARE
CAPITOL VEIN & LASER
CENTERS

EFFECTIVE APRIL 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED & DISCLOSED & HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED, YOU MAY FILE A COMPLAINT WITH US OR WITH THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. TO FILE A COMPLAINT WITH US, CONTACT OUR PRACTICE ADMINISTRATOR, EVIE ROBINSON @ 301-695-8346 X 210 OR Evie@MyCVL.com. OUR MAILING ADDRESS IS MARYLAND SURGICAL CARE, 77 THOMAS JOHNSON DR #E, FREDERICK, MARYLAND 21702.

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT



This notice of Privacy practices describes the privacy practices of

Maryland Surgical Care, PC

PHI ("Protected Health Information") this is information about you, your health, past or current. We are taking every precaution to protect this information. With your help, our staff and physicians will be able to do this without complications or upset to you, our patients.

OUR PLEDGE REGARDING HEALTH INFORMATION: We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this health care practice, whether made by your personal doctor or others working in this office. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE & DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use & disclose health information.

FOR TREATMENT: We may use health information about you to provide you with health care treatment or services. We may disclose health information about you to doctors, nurses, technicians, health students, or other personnel who are involved in taking care of you. They may work at our offices, at the hospital if you are hospitalized under our supervision, or at another doctor's office, lab, pharmacy, or other health care provider to whom we may refer you for consultation, to take x-rays, to perform lab tests, to have prescriptions filled, or for other treatment purposes. We may also disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

FOR PAYMENT: We may use & disclose health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

FOR HEALTH CARE OPERATIONS: we may use & disclose health information about you for operations of our health care practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with others and to see where we can make improvements. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who our specific patients are.

RESEARCH: Under certain circumstances, we may use & disclose health information about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process; but we may disclose health information about you to people preparing to conduct a research project. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care.

AS REQUIRED BY LAW: We will disclose health information about you when required to do so by federal, state, or local law.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may use & disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

MILITARY AND VETERANS: if you are a member of the armed forces or separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable.

We may also release health information about foreign military personnel to the appropriate foreign military authorities.

WORKER'S COMPENSATION: We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH RISKS: We may disclose health information about you for public health activities. These generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To notify person or organization required to receive information on FDA-regulated products;
- To notify a person may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required by law.

HEALTH OVERSIGHT ACTIVITIES: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

LAWSUITS AND DISPUTES: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

LAW ENFORCEMENT: we may release health information if asked to do so by a law enforcement official:

- In reporting certain injuries, as required by law, gunshot wounds, burns, injuries to perpetrators of crimes;

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person about the victim of a crime, if the victim agrees to disclosure or under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;

CORONERS, HEALTH EXAMINERS AND FUNERAL DIRECTORS: We may release health information to a coroner or health examiner. We may also release health information about patients to funeral directors as necessary to carry out their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES: We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS: We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

INMATES: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

RIGHT TO INSPECT AND COPY: You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records. To inspect and copy this information you must submit your request in writing to Evie Robinson, Practice Administrator for Maryland Surgical Care. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies and services associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request the denial be reviewed. Another licensed health care professional chosen by our practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

RIGHT TO AMEND: If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, your request must be made in writing, submitted to Evie Robinson, Practice Administrator, and must be contained on one page of paper legibly handwritten or typed in a least 10 font size. In addition, you must provide a reason that supports your request for an amendment. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us;
- Is not part of the health information kept by or for our practice;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

RIGHT TO AN ACCOUNTING OF DISCLOSURES: You have the right to request a list accounting for disclosures of your health information we have made, except for uses and disclosures for treatments, payments, and health care operations, as previously described. You must submit your request in writing to Evie Robinson. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list requested within a 12-month period will be provided at no charge. For additional list within a 12-month period there will be a charge depending on the complexity of work, we will notify you of the charge before any charges are incurred so you can decide if you want to proceed. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list, but this date will not exceed a total of 60 days from the day you made the request.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment and health care operations. You also have the right to request a limit on the health information we disclose about you to you to someone who is involved in your care. *We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you.* Please submit your request in writing to Evie Robinson, tell us what information you want limited and to whom to apply.

RIGHTS TO REQUEST CONFIDENTIAL COMMUNICATIONS: You have the right to request that we communicate with you about health matters in a certain way or at a certain location. Make your request in writing to Evie Robinson, we will not ask you the reason for your

request. We will accommodate all reasonable requests. Please specify how or where you wish to be contacted.

RIGHT TO A PAPER COPY OF THIS NOTICE: You have the right to obtain a paper copy of this notice at any time. To obtain a copy, please request it from Evie Robinson. You may also obtain a copy via e-mail at Evie@MyCVL.com through our website at www.MyCVL.com. Even if you receive a notice electronically, you still retain the right to receive a paper copy.

CHANGES TO THIS NOTICE: We reserve the right to change this notice. If changes are made the new date will be reflected on the update on the first page. In addition, each time you register for treatment or healthcare services a copy of the current notice in effect will be available in the waiting area and all patient rooms.

ALL OTHER USES OF HEALTH INFORMATION: Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If we obtain your permission and you revoke it at a later date we will no longer use the information as of that date but we are unable to take back information used prior to that date.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE: We will request that you sign a notice acknowledging receipt of this notice. This is not agreeing to these policies, only to receiving this notice. If you cannot or will not sign a staff member will sign their name. This acknowledgement will be placed in your records.

