

SALMA MAZHAR M.D. P.A.

NOTICE OF PRIVACY PRACTICES

Notice of Information Practices

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

Understanding Your Health Record/Information:

Each time you visit a provider, a record of your visit is made. Typically, this record contains your diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials who oversee the delivery of health care in the United States
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Our Responsibilities:

Our facility is required to:

- maintain the privacy of your health information
- provide you with a Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this Notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail you a revised notice. We will not use or disclose your health information without your authorization, except as described in this notice.

How We Will Use or Disclose Your Health Information

- (1) **Treatment.** We will use your health information for treatment without your consent. For example, information obtained by a medical assistant, physician and other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, your physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.
- (2) **Payment.** We will use your health information for payment without your consent from the third party payor you designate, including Medicare and Medicaid. The information on or accompanying the bill will be limited to that information necessary to establish the claims for which reimbursement is sought. For example, the bill may include information of the dates, types and costs of therapies and services, and a general description of the general purpose of each treatment session or service.
- (3) **Health care operations.** We will use your health information for regular health operations without your consent. For example, members of the staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.
- (4) **Notification.** Using our professional judgment, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition.
- (5) **Communication with family.** With your written permission, we may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
- (6) **Research.** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.
- (7) **The Administrator.** Without your consent we are permitted to share certain of your PHI with the Administrator who is responsible for overseeing this facility and must receive information regarding the operation of this facility as required in certain circumstances as permitted by law.

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- (8) Commitment Proceedings. During the course of an involuntary commitment proceeding, the court may direct that it or a mental health review officer, as allowed under the Mental Health Procedures Act have access to your PHI for purposes of conducting the hearing without your consent. Also, information will be disclosed to attorneys assigned to represent you if you are the subject of an involuntary commitment proceeding without your consent.
- (9) Food and Drug Administration (FDA). We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- (10) Public health. As required by law, we may disclose your health information without your consent to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- (11) Correctional institution. Should you be an inmate of a correctional institution, we may disclose to the health care professionals at the institution, without your consent, health information necessary for your health treatment.

Your Health Information Rights

Although your health record is the physical property of the provider, the information in your health record belongs to you. You have the following rights:

- You may request that we not use or disclose your health information for a particular reason related to treatment, payment, or general health care operations, and/or to a personal representative or guardian. We ask that such requests be made in writing on a form provided by our facility/agency. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it.
- If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing, and submitted to us.
- We will attempt to accommodate all reasonable requests.
- You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the time frames established by law. If you request copies we will charge you a reasonable fee.
- If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment.
- You may request that we provide you with a written accounting of all disclosures made by us during the time period for which you request (not to exceed 6 years). We ask that such requests be made in writing on a form provided by our facility. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made for reasons of treatment, payment or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be charged for your first accounting request in any 12-month period. However, for any requests that you make thereafter, you will be charged a reasonable, cost-based fee.
- You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing.

For More Information or to Report a Problem

If have questions and would like additional information, you may contact our facility's Privacy Officer. If you believe that your privacy rights have been violated, you may file a written complaint with us. You may also file a complaint with the secretary of the federal Department of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date: 11/02/2009