

Paul M. Goldberg, D.O., P.C.

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you get access to this information. PLEASE REVIEW IT CAREFULLY

I. We have a legal duty to safeguard your Protected Health Information (PHI)

We are required to protect the privacy of your health information. This (PHI) includes what can be used to identify you that we've created or received about your past, present or future health or condition, the provision of health care to you, or payment for this health care. We must provide you with this notice about our privacy practice that explains how, when and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are required to follow the privacy practices that are described in this section.

However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice on our website, or in the office.

II. How we may use and disclose your protected health information.

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your specific authorization. Below we describe different categories of our uses and discloses.

- A. We may use or disclose your PHI for the following reasons: treatment, payment and healthcare operations.**
- 1. For treatment.** We may disclose your PHI to physicians, PAs, nurses and other health care personnel who provide you with health care services or are involved in your care.
 - 2. To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you.
 - 3. For health care operations.** We may disclose your PHI in order to operate this facility.
- B. Certain uses and disclosures do not require your authorization. We may use and disclose your PHI without your authorization for the following reasons:**
1. When required by federal, state or local law, judicial or administrative proceedings, or law enforcement.
 2. For public health activities
 3. For health oversight activities
 4. For research purposes
 5. To avoid harm
 6. For specific government functions
 7. For workers' compensation purposes
 8. Appointment reminder and health related benefits or services
 9. For purpose of organ donation

- C. **Use and disclosures require you to have the opportunity to object.** We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part in writing to our officer. The opportunity to consent may be obtained retroactively in emergency situation. If you allow another person to schedule your appointments, or make payments on your behalf, we will take it that those persons are allowed access to your PHI. (for example: a spouse or significant other, or parent of college student scheduling appointments, or paying bills are people we will also relate your PHI)
- D. **All other use and disclosures require your prior written authorization.** In any other situation not described in Sections II A, B, and C above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing, to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

III. **WHAT RIGHTS YOU HAVE REGARDING YOUR PHI**

You have the following rights with respect to your PHI:

- A. The right to request restrictions on certain uses and disclosures of protected health information.
- B. The right to reasonable requests to receive confidential communications of protected health information from us by alternative means so long as we can easily provide it in the format you request.
- C. The right to inspect and see copies of your protected health information, but you must make the request in writing.
- D. The right to get a list of certain disclosures we have made.
- E. The right to correct or update your protected health information
- F. The right to obtain a paper copy of this notice from us upon request.

IV. **PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.**

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of Department of Health and Human Services, please contact: Office Manager, Paul M Goldberg, DO, 6282 Montrose Road, Rockville, MD 20852, phone 301-670-8338.

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the Office Manager above. You may also send a written complaint to the Secretary of the Department of Health and Human Services:

Office of Civil Rights
200 Independence Avenue, S.W.
Washington, DC 20201
1-800-368-1019
www.hhs.gov/ocr/hipaa

Paul M. Goldberg, D.O., P.C.

I have reviewed a copy of the Notice of Privacy Practices of Paul M. Goldberg, D.O., P.C. and understand that I will be contacted by phone, email, text, mail or ans. machine, or message with one of the people below.

Date: _____

Name: _____

Printed Name

Signature

Listed below are the people who can have access to my PHI:

Spouse –Printed Name _____

Phone # to reach above person _____

Partner-Printed Name _____

Phone # to reach above person _____

Parents Printed names _____ and phone # _____

_____ Phone # _____

Children (18 or older) names and phone #s

Other, including relationship and phone _____