

**Notice to Patients Regarding Privacy of Medical Records (HIPAA)**

*in accordance with federal HIPAA regulations*

A federal law known as HIPAA (the Health Insurance Portability and Accountability Act) requires that medical practices and other medical providers explain to you the rules governing the privacy of your medical records.

This notice fulfills that federal requirement. We want you to understand your rights. We are also *required* to document that we have informed you of your rights under the law. We have always sought to protect the privacy of our patients' health information. The law essentially requires us to do what we have always done, and to document it. But we welcome the regulations and the opportunity to share our concerns about privacy with patients who come to the practice.

Please read this document carefully, and sign it only after you have had all your questions answered.

The general consent for release of medical records that you sign authorizes us (Poolesville Family Practice) to disclose the information in your medical record for treatment, payment and health care operations. That means we may share information about your medical diagnoses for basically two purposes:

1. For the purpose of providing the best possible care. Here's an example: Dr. Duggirala may discuss your case with medical consultants when appropriate, for help in determining the best care for you.
2. For the purpose of arranging payment for your care. Your information may be shared with your insurer or other third-party payor who is responsible for paying all or part of the cost of your care.

You may also be asked to sign an additional authorization for release of medical records, which will authorize us to make a specific disclosure not covered above. The specific information, the entity to which it will be disclosed, and the purpose for which it will be used, all will be documented for your review before signing.

You may revoke any consent or authorization you have previously provided to us by notifying us in writing of your decision to make such revocation.

In very rare cases, we may be required by State or Federal law to disclose your medical records without your authorization. The only time when this has ever happened to us was when a patient of ours filed a lawsuit against another individual who had injured our patient and caused our patient to suffer medical consequences. Our patient was the plaintiff in the ensuing lawsuit. Counsel for the defendant, who had caused the injuries, obtained a subpoena for the plaintiff's records. Under Maryland law, a plaintiff's records are not protected by HIPAA or other State or Federal privacy laws *when the plaintiff has filed a civil suit alleging medical damages.*

Here's a summary of your rights regarding your health records:

1. You have the right to inspect and to request a copy of your health information.
2. If you feel that the health information we have about you is incomplete or inaccurate, you have the right to request an amendment to your medical records. Your request should be in writing, with an explanation as to why you believe the records are in error. We will respond in writing, and your statement will be placed in your medical record.
3. You always have the right to find out how your health information is used and to whom it is disclosed. You may request an accounting of your medical record disclosures except for routine disclosures made for treatment, payment and health care operations.
4. You always have the right to receive a copy of this notice.

We are required by law to maintain the privacy of your protected health information. We welcome this obligation, which we have always honored. If you believe that your privacy rights have been violated, we hope that your first step will be to talk to us. Our designated staff person to handle complaints about our privacy policy is our office manager, Tanya Zoerner. You can make an appointment to meet with Tanya by calling 301-972-7600.

You always have the right to complain to the Secretary of the U. S. Department of Health and Human Services (online at [www.hhs.gov](http://www.hhs.gov)).

We reserve the right to change our privacy practices and to make new policies effective for all protected health information that we maintain. If we should do so, an updated "notice to patients" will be available to all of our patients.

We will not fax any health care records to any life or disability insurance company. Any records requested will be released only with your signed authorization, and records will be *mailed* (not faxed) to the insurance company.

Please acknowledge receipt and review of this notice by signing below. For further information please call Tanya Zoerner at 301-972-7600.

Name of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of patient (or parent, if under 18): \_\_\_\_\_