Notice of Privacy Practices

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA is about individual privacy, and you should read this document carefully. It describes how we may use and disclose your protected health information for purposes of treatment, payment or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected health information (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical condition and related health care services, or payment for health care services. A copy of this Notice of Privacy Practices is also available on our website, www.washingtonarthritis.com.

Purpose of the Notice of Privacy Practices

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA is about individual privacy, and you should read this document carefully. It describes how we may use and disclose your protected health information for purposes of treatment, payment or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected health information (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical condition and related health care services, or payment for health care services. A copy of this Notice of Privacy Practices is also available on our website, www.washingtonarthritis.com.

Our Legal Duties Regarding Protected Health Information

We are required to follow the terms of this Notice of Privacy Practices. We understand and will use and disclose protected health information only as described in this Notice. We are committed to protecting your health information about you. In the course of conducting our medical practice business, we will create records regarding you and the treatment and services we provide to you. Your health record is the physical property of the healthcare practitioner or facility that compiled it, but the content is about you and therefore belongs to you.

We Are Required by Law To:

• Ensure protected health information that identifies you is kept private;
• Give you this notice of our legal duties and privacy practices regarding your protected health information;
• Follow the terms of the notice that is currently in effect; and
• Notify you in the event of a breach of your PHI.

Revision of the Notice of Privacy Practices

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or change the terms of this Notice of Privacy Practices at any time. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. When the Notice of Privacy Practices has been revised, our practice will post a copy of the revised Notice in our offices in a visible location. You may request a copy of our most current Notice at any time. We will also post our notice on our website at www.washingtonarthritis.com.

How We May Use and Disclose Your Protected Health Information

The following categories describe the different ways in which we may use and disclose your PHI without your authorization. For each category of use or disclosure, an explanation follows to explain what we mean and to present some examples. Not every use or disclosure in a category is listed.

Treatment:

Our practice may use your protected health information, including your individually identifiable health information (IIHI), to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other healthcare providers for purposes related to your treatment.

Payment:

Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to verify the accuracy for services and items. We may disclose your PHI to other healthcare providers and entities to assist in their billing and collection efforts.

Health Care Operations:

Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, unless you express otherwise in writing before the disclosure, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

We may disclose your PHI to other health care providers and entities to assist in their health care operations. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address will be used to send you a newsletter about the services we offer, health resources, and other information related to your health.

We participate in the Maryland statewide Health Information Exchange (HIE) through the Chesapeake Regional Information System for our Patients (CRISP).

Appointment Reminders:

Our practice may use and disclose your PHI to contact you and remind you of an appointment or facility closures.

Treatment Options:

Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

Health-Related Benefits and Services:

Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

Personal Representatives:

A person is your personal representative only if they have authority by law to act on your behalf in making decisions related to health care. They then must be given the same consideration as you and we may disclose your protected health information to them. We may require your personal representative to produce evidence of his/her authority to act on your behalf. We may not recognize him/her if we have a reasonable belief that treating such person as your personal representative could endanger you and we decide that it is not in your best interest to treat them as your personal representative. In addition, in the event of your death, an executor, administrator, or other person authorized under the law to act on behalf of you or your estate will be treated as your personal representative. You may also be a personal representative for another individual in your family, such as a minor child or an incapacitated adult. Minor children may have some rights as specified in state consent laws that relate directly to minors.

Individually Involved in Your Care:

Unless you express otherwise in writing before the disclosure, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to your care and the treatment and services we provide to you. We may also disclose to an individual who is involved in your care, and who is not a personal representative, your PHI to the person who has been designated as your personal representative by law for another individual in your family, such as a minor child or an incapacitated adult. Minor children may have some rights as specified in state consent laws that relate directly to minors.

Business Associates:

Some of your health information may be subject to disclosure through contract services to assist this office in providing health care. For example, it may be necessary to obtain specialized assistance to process certain laboratory tests or radiology images. To protect your health information, we require these Business Associates to follow the same standards held by this office through terms detailed in a written agreement.

Other Permitted or Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, or Opportunity to Object

Our practice may also use and disclose your protected health information in the following situations without your authorization. These situations include the following:

Disclosures Required by Law:

Our practice will use and disclose your health information when we are required to do so by federal, state or local law.

Public Health Risks:

Our practice is required by law to disclose health information to public health and/or legal authorities charged with tracking reports of birth and morbidity. This office is further required by law to report communicable disease, injury or disability.

Abuse and Neglect:

We may disclose your protected health information to a public or private entity that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your protected health information to a governmental authority or agency authorized to receive such 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.

April 14, 2003

Effective April 14, 2003

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Our practice is required by law to disclose health information to public health and/or legal authorities charged with tracking reports of birth and morbidity. This office is further required by law to report communicable disease, injury or disability.

Abuse and Neglect:

We may disclose your protected health information to a public or private entity that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your protected health information to a governmental authority or agency authorized to receive such 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.

April 14, 2003
Health Oversight Activities: Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other proceedings that are necessary for the proper administration of health oversight functions. We may disclose the protected health information in response to an inquiry or a request for discovery request or other lawful process, if the party seeking the information satisfactorily assures us that reasonable efforts have been made to either notify you of the request or obtain a proper order.

Law enforcement: We may disclose protected health information during any judicial or administrative proceeding, in response to an order of a court, or administrative action taken by a law enforcement official, such as a law enforcement agency, that is expressly authorized by law. We may disclose protected health information in response to a request for discovery request or other lawful process, if the party seeking the information satisfactorily assures us that reasonable efforts have been made to either notify you of the request or obtain a proper order.

Deceased Patients: Our practice may release PHI to a medical examiner or coroner to identify deceased individuals or to identify the cause of death. If you believe that death occurred as a result of criminal conduct or other unlawful act, you may request that we restrict use and disclosure of your PHI for such purposes. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to our Privacy Official. Your request must describe in a clear and concise fashion:

(a) the information you wish restricted;
(b) whether you are requesting to limit our practice’s uses of your PHI as well; or
(c) and to whom you want the restrictions to apply.

You may revoke a restriction at any time in writing. We may also terminate our agreement to restrict use and disclosures of your PHI if you fail to make your request within a shorter specific time frame. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with any additional requests, and you may choose to withdraw your request before you incur any costs.

Workers’ Compensation: Our practice may use and disclose PHI if you are a member of U.S. or foreign military forces, including veterans and if required by the appropriate authorities.

National Security: Our practice may use and disclose PHI to federal officials for intelligence and national security activities authorized by law. We may also disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Inmates: Our practice may use and disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you; (b) for the use or disclosure would otherwise be permitted; and (c) the research could not practically be conducted without the waiver or to authorize the satisfaction of the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from misuse or disclosure; and (B) an adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity except as required by law; and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity except as required by law; and (D) the research could not practically be conducted without the access to and use of the PHI.

Serious Threats to Health or Safety: Our practice may use and disclose your PHI when necessary to prevent or reduce a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to persons or organization able to help prevent the threat.

Military: Our practice may use and disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

Right to Request Restrictions: You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals in your care or the payment of the services as family members only to notify you of an emergency situation. We will consider all requests, but are not required to agree with your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to our Privacy Official. Your request must describe in a clear and concise fashion:

(a) the information you wish restricted;
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You may revoke a restriction at any time in writing. We may also terminate our agreement to restrict use and disclosures of your PHI if you fail to make your request within a shorter specific time frame. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with any additional requests, and you may choose to withdraw your request before you incur any costs.

Right to Access to Inspect and Copy: You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including all medical records and billing records. You may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits disclosure; and other information whose disclosure would violate the privacy rights of other individuals.

In most cases, we will provide the requested information within 30 days if the information is maintained on site or within 60 days if the information is maintained in other media. When a decision to deny access has been made, you may have the right to have this decision reviewed in some circumstances. Please make this request in writing to our Privacy Official. Forms are available on our website at www.washingtonarthritis.com or may be requested through our office at (301) 942-7600.

Right to Amend: You may request that we amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is maintained by us. If you or a person other than your insurance carrier or health plan pays in full for your treatment or services, we may amend for as long as the information is maintained by us. You must provide us with a reason that supports your request for amendment. You must inform us of your request in writing. We may, within a reasonable time, request an amendment form from you. We may deny your request if you fail to submit your request (a) in writing; (b) identify the specific PHI you want to amend; (c) provide an explanation of why you believe the PHI is inaccurate or incomplete; and (d) specify how the amendment should be made. You may also request an amendment for as long as the information is maintained by us, if you or a person other than your insurance carrier or health plan pays in full for your treatment or services. In addition, if we create the information, you have the right to request that we amend it.

Right to Receive an Accounting of Disclosures: You may request in writing a list of all disclosures we have made. There is no charge for obtaining this list for the first list you request within a 12-month period. We may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with any additional requests, and you may choose to withdraw your request before you incur any costs. A list of disclosures we have made for purposes not related to treatment, payment or healthcare operations as described in this Notice of Privacy Practices. Excludes disclosures we may have made to you, to family members or friends involved in your care (as defined in this Notice of Privacy Practices) or any other disclosure for which you have specifically authorized, disclosures made to carry out treatment, payment and health care operations, or as otherwise excluded by law. You have the right to receive an accounting of disclosures that occur after April 14, 2003, and for a specific period of time up to six years prior to the request. You may also request a shorter specific time frame. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with any additional requests, and you may choose to withdraw your request before you incur any costs.

You may request that we restrict our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals in your care or the payment of the services as family members only to notify you of an emergency situation. We will consider all requests, but are not required to agree with your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to our Privacy Official. Your request must describe in a clear and concise fashion:

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Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with our practice or the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our Privacy Official. All complaints must be submitted in writing. We will not retaliate against you for filing a complaint.

YOU MAY SEND YOUR WRITTEN REQUESTS AND QUESTIONS TO OUR PRIVACY OFFICIAL:

Attn: Privacy Official
2730 University Boulevard West, Suite #310
Wheaton, MD 20902
(301) 942-7600

This notice is effective in its entirety as of April 14, 2003
Revised: October 2020

A progressive healthcare team dedicated to excellence in patient care and service