



## NOTICE OF PRIVACY PRACTICES

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information.**  
**Please review it carefully!**

The Practice provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### **OUR THOUGHTS ABOUT YOUR PROTECTED HEALTH INFORMATION:**

We understand that your medical information is personal to you, and we are committed to protecting the information about you. With your consent, the practice is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

### **Example of uses of your health information for treatment purposes:**

We obtain treatment information about you and record it in a health record. During the course of your treatment, the doctor determines a need to consult with the doctor who referred you to us or another specialist in the area. The doctor will share the information and obtain input.

### **Example of use of your health information for payment purposes:**

The health insurance company requests information from us regarding medical care given. We will provide information to them about you and the care given if requested.

### **Example of use of your information for health care operations:**

We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services. We may also use or disclose information about you for internal or external utilization review and/or quality assurance, to business associates for purposes of helping us to comply with our legal requirements, to auditors to verify our records, to billing companies to aid us in this process and the like. We shall endeavor, at all times when business associates are used, to advise them of their continued obligation to maintain the privacy of your medical records.

### **Your Health Information Rights**

**The health record we maintain and billing records are the physical property of the practice. The information in it, however, belongs to you.**

**You have a right to:**

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with any request granted;
- Obtain a paper copy of this Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office;
- Request that you be allowed to inspect and copy your health record and billing record—you may exercise this right by delivering the request in writing to our office;
- Appeal a denial of access to your protected health information except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office;

- File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include internal information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care;
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office;
- Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact our Nurse Manager, Gail Hale, at (703) 938 4604 ext. 2 during normal hours. She will provide you with assistance on the steps to take to exercise your rights.

## **OUR RESPONSIBILITIES**

The practice is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request;
- Accommodate your reasonable requests regarding methods to communicate health information with you.

## **OTHER DISCLOSURES AND USES**

### **Notification**

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

### **Communication with Family**

Using our best judgment, 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 in payment for such care if you do not object or in an emergency.

### **Food and Drug Administration (FDA)**

We may disclose to the FDA your protected health information relating to adverse events with respect to products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

### **Workers Compensation**

If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

### **Public Health**

As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

### **Abuse & Neglect**

We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

### **Correctional Institutions**

If you are an inmate of a correctional institution, we may disclose to the institution, or its agents, your protected health information necessary for your health and the health and safety of other individuals.

**Law Enforcement**

We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

**Health Oversight**

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

**Judicial/Administrative Proceedings**

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

**Disaster Relief**

We may use and disclose your protected health information to assist in disaster relief efforts.

**Other Uses**

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.

**Website**

We maintain a website that provides information about our entity, this Notice will be on the website.

**CHANGES TO THIS NOTICE**

We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we may receive from you in the future. We will post a copy of the current notice in the Practice. The Notice will contain on the first page, in the top right-hand corner, the date of last revision and effective date. In addition, each time you visit the Practice for treatment or health care services you may request a copy of the current notice in effect.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact our nurse manager, who will direct you on how to file an office complaint. All complaints must be submitted in writing, and all complaints shall be investigated, without repercussion to you. The Nurse Manager, Gail Hale can be reached at (703) 938 4604 ext. 2. You will not be penalized for filing a complaint.

The DocTalker Medical Team: Alan Dappen, M.D.  
Steven Simmons, M.D.  
Elizabeth Gallagher, P.A.-C  
Anissa M. Ben Aida, MSN, FNP-BC

**Acknowledgement:** I have had the opportunity to read and understand the "Notice of Privacy Practices" regarding the uses and disclosures of my health information under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), and I understand that I can obtain a copy at any time (<http://www.cms.hhs.gov/hipaa>). Furthermore, my signature represents my consent to be treated by DocTalker Family Medicine and that payment is due at time of service. I acknowledge that services rendered by DocTalker Family Medicine are NOT reimbursable under Medicare.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Patient: \_\_\_\_\_

Signature of Legal Representative: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Date: \_\_\_\_\_