



# Potomac Ear, Nose & Throat, PLLC

Ramin Ipakchi, MD  
Alidad Arabshahi, MD  
Alex Y. Cheng, MD  
2070 Old Bridge Rd, Suite 103  
Woodbridge, VA 22192  
Tel: (703) 499-8787

## **Practice Privacy Notice – HIPAA Mandated**

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

*You may opt out of this agreement at any time by presenting this office with written notice of your wishes. We may change the terms of this Privacy Notice at any time. The new notice will be effective for all PHI that we maintain at that time. A copy of this notice will be posted in our office at all times.*

### **What Information Does this Notice Cover?**

In accordance with the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)*, we are providing you with this Privacy Notice. Protected Health Information is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health and related health care services. This notice covers all information in our written or electronic records which concerns you, your health care, and payment for your health care. It also covers information we may have shared with other organizations to help us provide your care, get paid for providing care, or manage some of our administrative operations.

### **When Can We Use or Disclose Information About You?**

#### **Treatment**

We may use or disclose information about you for treatment purposes to doctors, nurses, technicians, medical students, interns or other individuals who work in our practice who are involved in providing you with health care. We may also disclose information about you to organizations and individuals involved in your health care who are outside of our practice, such as consulting physicians, laboratories, social workers, etc. However, your written consent will be required before sending Protected Health Information to another office or facility that is outside of our practice.

#### **Payment**

We may use or disclose information about you such as diagnoses and treatment modalities for payment purposes. We may also disclose such information to your health insurance company or other party financially responsible for your health care.

#### **Health Care Operations**

We may use or disclose information about you for operations in connection with our practice. These activities might include practice quality improvement, business planning and administration of our practice. Such information may also be used to determine what additional services we can or should offer to improve the effectiveness of our treatment procedures. Or, we may audit our management practice so we can become more efficient.

*Appointment Reminders*

We may contact you for information to support your health care, including appointment reminders, information about alternative treatments, and health-related services, which may be of interest to you. We will routinely contact patients via telephone or e-mail at home and/or work and, unless otherwise requested, may leave messages on the appropriate voice mail or answering service regarding appointments. **Please advise us if you do not wish to receive such communications, and we will not use or disclose your information for such purposes. If you wish not to receive this kind of communication, you must advise us in writing at our contact address given above.**

However, there are situations in which we are required to release your protected health information without your written consent such as:

- Situations in which we are required by law to provide treatment and we are unable to obtain your consent.
- To a public health agency, for purposes such as controlling disease.
- In case of suspected child abuse, to the appropriate governmental agencies.
- In which we reasonably believe you are a victim of abuse, neglect, or domestic violence to a governmental agency authorize to receive abuse, neglect or domestic violence reports.
- Certain legal proceedings in response to a court or administrative order.
- To coroners, medical examiners, and funeral directors.
- Health care oversight activities such as audits, investigations, or licensing purposes.
- Certain public health activities such as reporting births, deaths, communicable diseases, ect.
- Certain legal enforcement purposes in response to a subpoena, warrant, or summons, subject to all applicable legal requirements.
- If you are in the United States military, national security or intelligence, Foreign Service, to your authorized superiors or other authorized federal officials.
- When required by State, Federal or Local law.
- For workers' compensation; in such cases that your treatment is a result of an injury on the job, we may release your information to the appropriate carrier/employer.

We may not use or disclose information about you for any other purpose without your written authorization

## **What Legal Rights Do You Have In Connection With Your Protected Health Information?**

### **The Law entitles you to:**

- Ask us to further restrict our use and disclosure of your protected health information. We are not required to grant such a request, but if we do we must make sure the restrictions are implemented.
- You may, and are encouraged, to review your entire health care record maintained in this office by making an appointment with our administrator. Please feel free to discuss and put in writing any discrepancies you feel may be present so that we can resolve any issues or questions of care and service.
- Receive confidential information from us, at an alternative address you provide to us.
- Obtain a copy of all or any part of our records of your information. You will be charged a copying charge for your records. There is a \$10 administrative fee, then \$0.50 per page.
- Obtain an accounting of all persons to which we have disclosed information about you, for any purpose except your treatment, payment for your treatment, or our health care operations.
- If you believe we have violated your privacy rights, you may forward us a written complaint to our contact address given above. You may also file a complaint with the Secretary of the United States Department of Health and Human Services. If you do file a complaint we are legally prohibited from retaliating against you.