



THE CENTER FOR CANCER AND BLOOD DISORDERS

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PRIVACY PRACTICES

Understanding Your Health Record and Information: Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment and a plan for future care or treatment. This information often refer to you as your health or medical record, services as a basis for planning your care and treatment services as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record as now your health information is used helps you to ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights: Unless otherwise required by law your health record is the physical property of the healthcare practitioner or facility that compiled it; the information belongs to you. You have the right to request a restriction on certain uses and disclosures of your information and request amendments to your health record. This includes the right to obtain a paper copy of the notice of information practices upon request, inspect and obtain a copy of your health record. You may obtain an accounting of disclosures of your health information, request communications of your health information by alternative means or at alternative locations, revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities: This organization is required to maintain the privacy of your health information, and in addition, provide you with notice as to our legal duties and privacy practices with respect to information we collect and maintain about you. This organization must abide by the terms of this notice, notify you if we are unable to agree to a requested restriction, and accommodate reasonable requests you may have to communicate health information by alternative means or by alternative locations. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have provided. If we maintain a website that provides information about our customer services or benefits we will post our new notice on the website. We will not use or disclose your health information without your authorization, except as described in this notice.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS

Treatment: Information obtained by a healthcare practitioner will be recorded in your record and used to determine the course of treatment that should work best for you. By way example, your physician will document in your record their expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations (examples varies by practitioner type). We will also provide your other practitioners with copies of various reports that should assist them in treating you.

Billing & Payment: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you as well as your diagnosis, procedures and supplies used.

Health Care Operations: The practice may use and disclose health and personal information about you to operate this medical practice. For example, the practice may use and disclose this information to review and improve the quality of care we provide or the competence and qualifications of our professional staff. We may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits including fraud and abuse detection, compliance programs, business planning and management. We may also share your health and personal information with our "business associates," who perform services for us. Our contract with each of these business associates contain terms requiring them to protect the confidentiality of your health and personal information. The practice may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you when they request this information to assist them with their quality assessment or improvement activities, efforts to improve health or reduce health care costs, review of competence, qualifications and performance of health care professionals, training programs, accreditation certification and licensing activities or health care fraud and abuse detection and compliance efforts.

Directory (inpatient settings): Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or other person responsible for your care, your location and general condition.

Communication with Family: Health professionals, using their best judgment, may disclose to a family member, other relatives, close personal friends or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research (inpatient): The practice may contact you regarding new clinical trials for your diagnosis or health status based on screening of practice records. You would then have the choice to get further information and possibly participate or decline to participate in any such new trials. The practice may disclose your health information to

researchers conducting research with respect to which your written authorization is not required, as approved by an Institutional Review Board or privacy board, in compliance with governing law. The practice may also disclose your health information to staff and business associates for the purpose of "de-identifying" your patient records. That means that information such as your name, telephone number, address and other identifying information may be removed, coded, encrypted or otherwise eliminated or concealed so that the health information is no longer identifiable to the people using it for research. The practice may also receive compensation for providing such de-identified data for research purposes.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or to other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: The practice may contact you to give you information about products or services related to treatment, case management or care coordination, or to direct or recommend other treatments of health-related benefits and services that may of interest to you or to provide you with small gifts. We may also encourage you to purchase a product or service when we see you. We will not use or disclose your medical information without your written authorization.

Fund Raising: We may contact you as part of a fundraising effort.

Food and Drug Administration (FDA): As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation and other similar programs established by law.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents there of health information necessary for your health and the health and safety of other individuals. An inmate does not have the right to the Notice of Privacy Practices.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for you health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Notice of Privacy Practices Availability: This notice will be prominently posted in the office where registration occurs and patients will be provided a hard copy.

Effective Date: This notice may be modified or amended by other documents upon notification from your healthcare provider.

Acknowledgement of Notification: The "Notice of Privacy Practices" provides information about how the Center for Cancer and Blood Disorders may use and disclose protected health information about you and is compliant with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Our Notice of Privacy Practices states that we reserve the right to change the terms described. Should this happen, you will be notified on your next visit to our office. You have the right to request restrictions on how your protected health information may be used or disclosed for treatment, payment or healthcare operations. We are not required to agree with your restrictions, but if we do, we are bound by our agreement to information may be used or disclosed for treatment, payment or healthcare operations. We are not required to agree with your restrictions, but if we do, we are bound by our agreement to do so. By signing, I acknowledge that I have read and understand the Notice of Privacy Practices.

Patient's Signature

Date