

Notice of Privacy Practices
Severna Park Medical Associates
31 Robinson Road
Severn Park, MD 21146

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully. We have always kept your health information secure and confidential. This will not change. A new Law requires us to give this notice, follow the terms we have laid out here and continue maintaining your privacy.

- 1 The law permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialist physician, we may involve in your care.
- 2 We may use or disclose your health information for payment of services rendered. For example, we may send a report of your progress to your insurance company. We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your information into our computer. We may share your medical information with our business associates, such as billing service. We have a written contract with each business associate that requires them to protect your privacy.
- 3 We may use your information to contact you. For example, we may send newsletters or other information. We may also want to call and remind you about your appointments. If you are not at home, we may leave this information on your answering machine or with the person who answers the telephone. In an emergency, we may disclose your health information to a family member or another person responsible for your care.
- 4 We may release some or all of your health information when required by law: if subpoenaed, for example.
- 5 If this practice is sold, your information will become the property of the new owner, who would also require to keep your information secure and confidential.
- 6 Except as described above, this practice will not use or disclose your health information without your prior written authorization. If you would like to request further restrictions on your PHI, such as not leaving messages at your home, you may do so in writing. We will let you know if we can fulfill your request.
- 7 You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.
- 8 You have the right to transfer copies of your health information to another practice. We will mail your files for you.
- 9 You have the right to see, or receive, a copy of health information contained in your chart. Please notify us in writing regarding the information you want to see and we will arrange a convenient time for you to come in and view your chart. If you also want a copy of your records, we may charge you a reasonable fee for the copies. If you disagree with something in your record, you have the right to request an amendment or change, we will not remove nor alter earlier documents, but will add new information. Even if we cannot make the changes you request, we will be happy to include your statement in your file.
- 10 You have the right to receive a copy of this notice.
- 11 If we change any of the details of this notice, we will notify you of the changes in writing.
- 12 In the future, if you feel we violate any of the policies above, you may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, Washington, DC 20201. You will not be retaliated against for filing a complaint.
- 13 This notice goes into effect as of 3/14/03.