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HIPAA 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. If you have any questions about this notice please contact our office, at 571-248-6666.

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out 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. PHI is information about you, including demographics, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of this notice at any time. Upon your request we will provide you with any revised Notice of Privacy Practices, in addition the most recent version will be available on our website, www.alokguptamd.com.

1. Uses and Disclosures of Protected Health Information Based Upon Your Written Consent.

PHI will be used for treatment, payment and health care operations. Your PHI may be used and disclosed by your provider, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of our practice.

The following are examples of the types of uses and disclosures of your protected health care information that a provider's office is permitted to make and are not all inclusive.

Treatment: PHI will be used to provide, coordinate and manage your health care and any related services. This includes coordination with a third party that has obtained your permission to have access to your PHI. Examples include home health agencies that provide you with care, and other providers who may be treating you when we have the necessary permission from you to disclose your PHI, or to providers to whom you have been referred in order to ensure that this provider has the necessary information to diagnose or treat you.

Payment: Your PHI will be used as needed to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for health care services we recommend for you such as: determining eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of our practice. These activities include but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and conducting or arranging for other business activities.

For example, we may disclose your PHI to medical school students that see patients at our office. We may also call you by name in the waiting room when your provider is ready to see you. We may also disclose your PHI as necessary to contact you to remind you of your appointment.

We will share your PHI with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business

associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

We reserve the right to modify your demographic data (address, telephone number and similar information) rather than amend it, without keeping a log of all previous data. For example, if you change your address we may only keep your current address, and not all previous addresses.

2. Uses and Disclosures of PHI Based upon your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that your provider or the practice has taken an action in reliance on the use or disclosure indicated in the authorization.

A. Other permitted and Required Uses and Disclosures That May be made WITH your Consent, Authorization or Opportunity to Object.

We may use or disclose your PHI in the following instances, you have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your provider may, using professional judgement, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care.

Emergencies: We may use or disclose your PHI in an emergency treatment situation. If this happens, your provider shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your provider or another provider in the practice is required by law to treat you and the provider has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your PHI to treat you.

Communication Barriers: We may use and disclose your PHI if your provider or another provider in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the provider determines, using professional judgement that you intend to consent to use or disclosure under the circumstances.

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

We may use or disclose your PHI in the following situations without your consent or authorization:

When required by law, PHI will be disclosed in compliance with the law and limited to the relevant requirements of the law. You will be notified, as required by law of any such uses or disclosures.

As required for Public Health purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. If so directed this information may be disclosed to a foreign government agency that is collaborating with the public health authority.

Communicable Disease may be disclosed to persons who may have been exposed to and those at risk of contracting or spreading the disease or condition if authorized by law.

Health Oversight: Information may be disclosed to a health oversight agency for activities authorized by law for audits, investigations and inspections. These agencies may include government agencies that oversee the health care system, government benefit programs and other government regulatory programs and civil rights laws.

Abuse or Neglect may be disclosed to a public health authority that is authorized by law to receive reports of abuse or neglect. Disclosure will be made consistent with the requirements of applicable federal and state law.

Food and Drug Administration: We may disclose PHI as required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceedings, in response to an order of a court or administrative tribunal in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may disclose PHI, as applicable legal requirements are met for law enforcement purposes. These may include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct. (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected heath information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the president or others legally authorized.

Worker's Compensation: Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility and your provider created or received your PHI in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.00 et. Seq.

3. Your Rights

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

You have the right to inspect and copy your PHI, including medical and billing records and other records the practice uses for making decisions about you, for as long as we maintain the PHI.

Under federal law, however, 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 PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your provider is not required to agree to a restriction that you may request. If your provider believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your provider does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with you provider.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specifications of an alternative address or other method of contact. We will not ask for an explanation from you as to the basis for the request. Please make this request in writing.

You may have the right to have your provider amend your PHI. This means you may request an amendment of PHI about you for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. All requests for amendments must be in writing.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

4. Electronic Medical Records System

We maintain medical records through a computer database. This system is structured to maintain privacy of your records in accordance with applicable laws, while allowing access to your records by your health care providers.

5. Complaints

You may complain to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may also file a complaint with us without fear of retaliation.

This notice was Updated August 2015.