

Patient Privacy Notification Form

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.

Notice Section

This form declares Mitchell, Whittaker & Wu, M.D.s, LTD Privacy Notice policies. The company, as a covered Health Care Entity under the Health Information portability and Protection Act of 1996 (HIPPA), is obligated to protect the privacy of your health information to the best of its ability. Under the provisions of HIPPA, we are authorized to use your Patient Health Information (PHI) for routine treatment, payment and health care operations without your explicit consent. This type of disclosure must be part of approved routine business transactions relating to payment, treatment, or health care operations, excepting psychotherapy notes, which may not be released. These transactions will normally be with other hospital or insurer business associates, who may have already obtained patient consent in these instances, or already have a direct or indirect treatment relationship with the individual.

Other instances when disclosure does **Not** require your explicit consent:

1. The disclosure is made under an HHS-approved exception, such as to parents of a minor or an individual authorized to act on behalf of another individual.
2. You yourself make an official disclosure request.
3. The requester is an approved government entity or health oversight agency.
4. The disclosure is required by law.
5. The disclosure relates to public health activities.
6. The entity has reason to believe the individual may be a victim of abuse or neglect.
7. The disclosure relates to judicial or administrative proceedings.
8. The disclosure relates to law enforcement purposes.
9. The disclosure relates to workers' compensation.
10. The situation is an emergency. Consent must be obtained as soon as is reasonably possible.
11. Consent has been attempted and has been determined impossible to obtain, but may be reasonably inferred or expected given the circumstances.
12. **Joint Consent:** If the company has already entered into a Consent Agreement with the patient as part of a Joint Consent authorized for another health care entity, we will be considered as authorized regarding the provisions of that Disclosure Consent Notice.

Any other use of your health information requires your direct written consent.

Should the company require your consent, you will be notified and asked to sign a Patient Disclosure Authorization. You may refuse to sign this authorization. The company will not condition treatment, payment, enrollment in a health plan, or eligibility for benefits on the individuals providing authorization for the requested use or disclosure. Subsequent to signing the Patient Disclosure Authorization, you may revoke such authorization by notifying us in writing at any time. Should you do so,

Any action taken by us prior to revocation that relied upon the patients consent shall still be considered valid, to the extent that it was relied upon. Your authorization may also contain an expiration date or event limiting the duration of the authorization.

The patient may also request stricter restrictions regarding the routine business transactions (payments, treatment, and health care operations) described above. The company is **NOT** required by law to agree to these restrictions, but will consider each request individually.

The company also reserves the right to change the terms of this privacy notice at any time.

Patient Access Request Section

Your medical record is the physical property of our medical concern. You do, however, have rights with respect to your health information. You have the right to

- Review this Notice of Privacy Practices
- Authorize uses and disclosures of health information for purposes other than treatment, payment and health operations.
- Opt-out of disclosure of information to family members or others who may be assisting with your care
- Request restrictions on certain uses and disclosures of your health information (however our office is not required to agree to such restrictions)
- Under certain circumstances, to appeal denials of access to your own health information
- Amend incorrect or incomplete health information, subject to certain limitations
- Obtain an accounting of disclosures of your health information, subject to certain limitations
- Request communications of your health information by alternative means or alternative locations
- Revoke your authorization to use or disclosure your health information
- File a complaint with this office or with the Secretary of the Department of Health and Human Services if you believe your rights have been violated

Our Pledge

Your privacy is important to us. The company will do its utmost to protect your Patient Health Information both internally and externally, and adhere to federal privacy guidelines.

For comments, questions, privacy concerns, or complaints, please contact our Office at (703)461-0700.