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## **NOTICE OF PRIVACY PRACTICES**

**Effective Date:** April 14, 2003

**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.**

The Health Insurance Portability and Accountability Act of 1996 (HIPPA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by our practice in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPPA provides penalties for covered entities that misuse personal health information.

As required by HIPPA we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose you health information.

The following categories describe the different ways that we may use and disclose medical information.

**For Treatment.** We may use or disclose medical information to other health care professionals for the purposes of evaluation your health, diagnosing medical conditions, and providing treatment. Fore example, results of your surgery or diagnostic studies may be made available to all health professionals who may provide treatment or who may be consulted by the staff members of our office.

**For Health Care Operations.** Your health information may be used to support the day-to-day operations of our office. These uses and disclosures may help us run our office in such a way to deliver quality care for our patients.

**For Payment.** We may use or disclose medical information about your treatment and services to bill and collect payment from you, your insurance company, or a third party payer. For example, your health plan may request and receive information on the dates of service, the services provided, and the medical condition (s) being treated.

**Business Associates.** There are some services provided by our office through contracts with business associates. For example, certain test may be sent out for processing, and a storage facility may store all or a portion of your medical record. When services are contracted, we may disclose your health information to our business associates so that they can perform the job that is requested of them. They will be provided the minimum amount of information necessary for the job, and we require them to safeguard the information we share according to the contractual agreement.

**For contacting you about Services.** We may use your medical information to contact you to give a reminder that you are due to receive periodic care from our practice.

**Emergency Situations.** We may disclose medical information about you to an organization assisting in an emergency situation so that your family can be notified about your condition, status, and location.

**Research.** We may use and disclose medical information about you for research purposes. If possible, the information will be non-identifiable to a specific patient. In the event that the information can not be non-identified; written authorization will be obtained prior to any published use of the information. If the information has been sufficiently non-identified, written authorization for the use or disclosure is not required.

**Required By Law.** We will disclose medical information about you when required to do so by federal, state, or local law.

**To Avert Serious Threat to Health or Safety.** We may use or disclose information about you when necessary to prevent a serious threat either to your health and or to that of another person.

**Worker's Compensation.** We may release medical information about you for worker's compensation or similar programs.

**Public Health Risks.** We may disclose medical information about you in order to comply with various public health requirements. They may include, but are not limited to activities such as those to prevent or control disease, injury, or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with product; to notify people of product recalls; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect, or domestic violence.

**Investigation and Government Activities.** We may disclose medical information to a local, state, or federal agency for activities authorized by law. These oversight activities may include audits, investigations, inspections and licensure.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We shall attempt in these cases to tell you about the request so that you may obtain an order protecting the information requested, if you so desire. We may also use such information to defend ourselves or any member of our practice in any actual or threatened action.

**Law Enforcement.** We may release information if asked to do so by a law enforcement official: in response to a court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness or missing person; about the victim of a crime if we are unable to obtain a person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at the practice; and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.