



Desai Medical Center

3290 N. Ridge Rd., Suite 100

Ellicott City, MD 21043

P (410) 313-9292 F (410) 313-9293

E drdesai@desaimedicalcenter.com

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.

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revisions or amendments to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. If you have any questions about this Notice or would like to obtain a copy, please contact our office.

USES AND DISCLOSURES OF HEALTH INFORMATION

Treatment: We may use medical information about you to provide you with medical treatment of services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other health care providers who are involved in taking care of you now or in the future.

Payment: We may use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party.

Healthcare operations: Our practice may use and disclose your PHI to operate our business. Your PHI may be used or disclosed to comply with law and regulation, for contractual obligations, or to conduct cost-management and business planning activities. Every effort will be made to insure anonymity.

Health Information Exchange: Our practice has chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange (HIE) serving Maryland and D.C. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions.

You may "opt-out" and disable access to your health information available through CRISP in the following ways:

- Complete and submit a "Patient Opt-Out Form" to CRISP
 - Fax to (443) 817-9587
 - Mail to 7160 Columbia Gateway Drive, Suite 230, Columbia, MD 21046
- Visit the CRISP website at <https://www.crisphealth.org>
- Call 1-877-952-7477

Please note that public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.



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OTHER DISCLOSURES

We may use or disclose your medication information without your authorization to the following individuals, or for other purposes permitted or require by law, including but not limited to:

- As required by state and federal law
- To prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person
- To authorized federal officials for intelligence, counterintelligence or other national security activities
- To coroners, medical examiners and funeral directors, as authorized or required by law as necessary for them to carry out their duties
- To the military if you are a member of the armed forces and we are authorized or required to do so by law
- For workers' compensation or similar programs providing benefits for work-related injuries or illnesses
- To authorized federal officials so they may conduct special investigations or provide protection to the U.S. President or other authorized persons
- If you are an organ donor, to organizations that handle such organ procurement or transplantation or to an organ bank, as necessary to help with organ procurement, transplantation or donation
- To governmental, licensing, auditing and accrediting agencies
- To a correctional institution as authorized or required by law if you are an inmate or under the custody of law-enforcement officials
- To third parties referred to as "business associates" that provide services on our behalf, such as billing and software maintenance
- Unless you say no, to anyone involved in your care or payment for your care, such as a family member, friend, or any individual you identify
- For public health purposes
- To courts and attorneys when we get a court order subpoena or other lawful instructions from those courts or public bodies or to defend ourselves against a lawsuit brought against us
- To law enforcement officials as authorized or required by law

YOUR RIGHTS REGARDING YOUR PHI

The records of your medical information are the property of Desai Medical Center. You have the following rights regarding the PHI that we maintain about you:

Confidential Communications You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, please use the contact information below to make an appointment to complete the form. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

Restrictions You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required



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to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing using the contact information below. Your request must describe in a clear and concise fashion:

- (a) The information you wish restricted;
- (b) Whether you are requesting to limit our practice's use, disclosure or both; and
- (c) To whom you want the limits to apply

Inspection and Copies You have the right to inspect and obtain a copy of your medical and billing records or any other records that are used by us to make decisions about you. However, you may not obtain psychotherapy notes or information compiled in reasonable anticipation of a civil, criminal or administrative action or proceeding. To inspect and/or obtain your records, you must submit your request in writing using the contact information below. Our practice may charge a fee for the costs of copying, mailing, labor and/or supplies associated with your request. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

Amendment You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by our practice. To request an amendment, your request and reason for the request must be made in writing using the contact information below. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy or (d) was not created by our practice, unless the individual or entity that created that information is not available to amend the information.

Accounting of Disclosures All of our patients have the right to request an "accounting of disclosures". An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing using the contact information below. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date the "accounting of disclosures" is requested and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

Breach Notification You have the right to receive a notice of a breach if your medical information has been used or disclosed in a way that is inconsistent with law and results in it being compromised.

Right to a Paper Copy of This Notice You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time by contacting us utilizing the contact information below.

Right to File a Complaint If you believe your privacy rights have been violated, you may file a complaint with your practice or with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint. To file a complaint with our practice, use the contact information below.

Patient's Last Name, First Name

Date



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Right to Provide an Authorization for Other Uses and Disclosures Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to use regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note: We are required to retain records of your care.

CONTACT INFORMATION

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ACKNOWLEDGMENT

My signature below certifies my understanding and acknowledgment of Desai Medical Center’s Notice of Privacy Practices. I understand how Desai Medical Center may use or disclose my health information and my rights regarding my health information. I understand that Desai Medical Center reserves the right to change its Notice of Privacy Practices at any time. I understand that I may contact Desai Medical Center at any time to obtain a current copy of the Notice of Privacy Practices.

Signature

Date

Patient’s Last Name, First Name

Date