

**GAYLE S. SCHWARTZ, M.D. & ASSOCIATES**  
PHYSICAL MEDICINE & REHABILITATION  
ELECTRODIAGNOSTIC TESTING

**NOTICE OF PRIVACY PRACTICES**

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

At this office, we have always kept your health information secure and confidential. This office now uses Electronic Health Records (EHR) and a new law requires us to inform you about how we continue maintaining your privacy with Electronic Protected Health Information (E-PHI), and that we give you this notice and to follow the terms of this notice.

The initial HIPAA 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 doctor whom we may involve in your care.

- We may use or disclose your health information for payment of your services. 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 health care operations. For example, one of our staff will enter your information into our computer.
- We may use your information to contact you either by phone or by email to remind you of an upcoming appointment. If you are not home, we may leave a message on an answering machine or with a person who may answer the telephone.
- In an emergency, we may disclose your health information to a family member or another person responsible for your care.
- We may release some of all of your health care information when required by law.
- If this practice is sold, your information will become the property of the new owner.
- We may share information that we obtain or create about you with other health care providers or other health care entities, such as your health plan or health insurer, as permitted by law, through Health Information Exchanges (HIEs) in which we participate. For example, information about your past medical care and current medical conditions and medications can be available to us or to your primary care physician or hospital, if they participate in the HIE as well. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. The Chesapeake Regional Information System for Our Patients, Inc. (CRISP), is a regional internet-based HIE in which we participate. We may share information about you through CRISP for treatment, payment, health care operations, or research purposes. You may opt out of CRISP and disable access to your health information available through CRISP by contacting CRISP at 1-877-952-7477 or completing and submitting an Opt-Out form (available in our office) to CRISP by mail, fax, or through their website at [crisphealth.org](http://crisphealth.org). Even if you opt-out of CRISP, public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers through CRISP as permitted by law. Your hospital or health care provider may also participate in other HIEs, including HIEs that allow your provider to share your information directly through our electronic medical record system. You may choose to opt-out of these other HIEs by calling 1-855-389-6928.
- Except as described above, this practice will not use or disclose your health information without your prior written authorization.
- You may request in writing that we will not use or disclose your health information as described above. We will let you know if we can fulfill your request.
- You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.
- As we will need to contact you from time to time, we will use whatever address or phone number you prefer.
- You have the right to transfer copies of your health information to another practice. We will mail your files for you. We may charge you a reasonable fee for this service.
- You have the right to see and receive a copy of your health information, with a few exceptions. Give us a written request regarding the information you want to see. If you also want a copy of your records, we may charge you a reasonable fee for the copies.
- You have the right to request an amendment or change to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but we will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove or alter earlier documents, but we will add new information.

The new Omnibus Final Rule requires us to make additional statements in this Notice of Privacy Practices due to the fact that we now use EHR technology in this office.

- If for any reason there is a breach of E-PHI, the individuals involved will be notified in writing by this office. If the breach involves up to 500 patients then we will publicly post the names of those responsible on the Health and Human Services website. If the breach involves more than 500 patients we will again post the names of those responsible on the Health and Human Services website but also notify local media as well.
- We will not sell your E-PHI.
- Patients at our practice should not be contacted with fundraising materials. If you are contacted by anyone claiming to be from this office for fundraising purposes please notify our office immediately. Phone calls regarding your personal account billing statements do not constitute fundraising calls.
- Patients now have a right to restrict certain disclosures of E-PHI to a health plan. This only applies where the individual pays out of pocket in full for health care services. You must sign a disclosure if you wish to restrict your records to your health plan.
- You have the right to receive a copy of this notice.

If we change any of the details of this notice, we will notify you of this change in writing.

You may file a complaint to the Department of Health and Human Service, Independence Ave, S.W., Room 509f, Washington, D.C. 20201. You will not be retaliated against for filing a complaint. However, before filing a complaint, or for more information or assistance regarding your health information, please contact our Privacy Officer, at (410) 308-4900.

This notice goes into effect as of September 1, 2013.

**ACKNOWLEDGEMENT**

I have received a copy of Gayle S. Schwartz, M.D. & Associates' Notice of Privacy Practices.

**DATE:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

If signing as a parent or guardian, please note the name of the patient \_\_\_\_\_