

Annapolis Integrative Medicine
1819 Bay Ridge Avenue
Suite 200
Annapolis, Maryland 21403
410-266-3613

Notice of Privacy Practices

This is a summary of our notice of privacy practices, which describe how medical information about you may be used and disclosed and how you can get access to this information. We have also made available to you a full version of the notice.

YOUR HEALTH RECORD/INFORMATION:

Each time you visit a facility, a hospital, a physician's office, and/or healthcare provider, a record of your visit is made. This record contains your symptoms, examination, test results, diagnoses, treatments, and possible plans of care. This information serves as a basis for planning your care and treatment and serves as a means of communication among the health providers who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy and why others may have access to your health information, and make more informed decisions when authoring disclosure to others.

YOUR HEALTH INFORMATION RIGHTS:

Your health record is the physical property of the healthcare practitioner or facility that compiled it; the information belongs to you. You have the right to request a restriction on certain uses of your information and can request amendments to your health record. This includes the right to obtain a paper copy of the notice of information practices upon request, obtain a copy of your health record, an accounting disclosure of your health information, and to

revoke your authorization to use or disclose health information except to the extent that action has already occurred.

OUR RESPONSIBILITIES:

This medical practice is required to maintain the privacy of your health information. This practice must abide by the terms of this notice, notify you if we are unable to agree to a requested restriction, accommodate reasonable requests you may have in communicating health information. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. If our information practices change, we will mail a revised notice to the address you've supplied us. If we maintain a web site that provides information about our patient services or benefits, we will post our new notice on that web site. We will not use or disclose your health information without your authorization, except as described in this notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions and would like additional information, you may contact our Practice Manager or Office Manager at 410 266 3613. If you believe your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Resources. There will be no retaliation for filing a complaint.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS:

We will use your health information for treatment. Example: Information obtained by a healthcare practitioner will be recorded and used to determine the course of treatments the healthcare practitioner and you, the patient agree will be best for you. Your

physician will document in your record their expectation of the members of your healthcare team.

**I have received the Annapolis Integrative Medicine
Notice of Privacy Statement:**

Name _____

Date _____

People who have permission to access my medical information:

Name _____ phone _____

Name _____ phone _____

Name _____ phone _____