



Notice of Privacy Practices

This notice describes how medical information about you may be used and disclose and how you can get access to this information please review it carefully.

We care about our patient's privacy and strive to protect the confidentiality of your medical information at this practice.

A notice of this policy can be obtained at the office of CJC Health Services LLC

If you have any questions about this policy or your rights, contact our privacy officer:

Geneva Cason, DNP, CRNP, FNP-BC, ENP-C
2945 Emmorton Rd #196
Abingdon, MD 21009
443-371-3305

New federal legislation requires that we issued this official notice of our privacy practices. You have the right to the confidentiality of your medical information and this practice is required by law to maintain the privacy of that protected health information. This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect and to provide notices of its legal duties and privacy practices with respect to protected health information. If you have any questions about this notice, please contact the privacy officer at this practice.

Who Will Follow This Notice

Any healthcare professional authorized to enter information into your medical records, all employees, staff, and other personnel at this practice who may need access to your information must abide by this notice. All subsidiaries, business associates (e.g. a billing service), sites, and locations of this practice may share medical information with each other for treatment, payment purposes or health care operations described in this notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

How We May Use and Disclose Medical Information About You

The following categories describe different ways we may use and disclose medical information without your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not every possible use or disclosure in a category is listed.

For Treatment: We may use medical information about you to provide you with medical treatment or services. For Example: In treating you for a specific condition, we may need to know if you have allergies that could influence which medications we prescribed for the treatment process.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive from us may be billed and payment may be collected from your insurance company or third party. Example: we may need to send your protected health information; such as your name, address, office visit date and codes identifying your diagnosis and treatment to your insurance company for payment.

For Health Care Operations: We may use and disclose medical information about you for health care operations to assure that you receive quality care. Example: We may use medical information to review our treatment and services and evaluate the performance of our staffing carrier for you.

Other Uses or Disclosures That Can Be Made Without Consent or Authorization:

- As required during an investigation by law enforcement agencies
- To avert a serious threat to the public
- As required by military command authority for their medical records
- To workers compensation is a similar program for processing of claims
- In response to a legal proceeding
- To a coroner or medical examiner for identification of a body
- If inmate, to the correctional institution for law-enforcement official
- As required by the US Food and Drug Administration (FDA)
- Other healthcare providers treatment activities
- Other covered entities' and providers' payment activities
- Of the covered entities' healthcare operations activities (to the extent permitted under HIPAA)
- Uses and disclosures required by law
- Use and disclosures and Domestic Violence or neglect situations
- Health oversight activities
- Emergencies (Sufficient information may be shared to address immediate need)
- Medical Research (If approved by in situational review board and ensured privacy of your protected health information.)
- Other public health activities

Patient Rights and Responsibilities:

Copy of Record: You are entitled to inspect the personal health record we have generated about you. We may charge you a reasonable fee for copying and mailing your record.

Release of Records: You may consent in writing to release your records to others.

Restriction on Records: You may ask us not to use or disclose part of the PHI. This request must be in writing. We are not required to agree to your request if we believe it is in your best interest to permit use.

Contacting you: We will honor such request as long as it is reasonable, and we are assured it is correct. We have a right to verify that the payment information you are providing is correct.

Amending Record: If you believe something is incorrect on your record, you may request we amend it. Your request should be made in writing. In certain cases, we may deny your request. IF we deny your request for an amendment you have a right to file a statement you disagree with us. We will file our response and your statement will be added to your record.

We may change our Notice at any time. Any changes will apply to all PHI. Upon your request we will provide you with any revised Notices by:

- If requested, making copies of the new Notice available by mail.
- Posting the revised Notice on our website: www.cjchealthservices.com

You have the right to obtain a paper copy of this notice from us, upon request. We will provide you a copy of this notice the first day we treat you. In an emergency situation we will give you this Notice as soon as possible.

We may contact you to provide appointment reminders with information about treatment alternatives or other health related benefits and services that may be of interest to you. I have read and understand the Notice of Privacy Practices

Please sign your name below:

Date: _____ **Signature:** _____
Print name: _____