Central Maryland Endoscopy, LLC Notice of Privacy Practices

Phone (410) 799-0050 FAX (410) 799-9303

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

At CME, we will always keep your health information secure and confidential. The law requires us to maintain your privacy, to give you this notice, and to follow the terms of this notice.

The 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. If you are self-pay, you can request that we not send your health information to your health plan.

We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your information into our computer.

We may use your information to contact you. For example, we may send newsletters or other information. We will call and remind you about your appointment and follow up after your procedure. If you are not home, we may leave this information on your answering machine or with the person who answers 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 or all of your health information when required by law.

If this practice is sold, your information will become the property of the new owner.

Except as described above, this practice will not use or disclose your health information without your prior written authorization. (Form 5)

You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request. (Form 4)

You have the right to know any uses or disclosures we make with your health information beyond the above normal uses. (Form 12)

As we will need to contact you from time to time, we will use whatever address or telephone number you prefer.

You have the right to transfer copies of your health information to another facility. We will give you copies of your records. (Form 5). We will not use your information for marketing, fund-raising, or research, and we cannot sell your health information without your approval.

You have a right to see and receive a copy of your health information in an electric form. 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. (Form 5)

You have the right to request an amendment of change to your health information. Give us your request to make changes in writing. (Form 6). 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 will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add new information.

Our office uses a shredding company and pathology lab who also have privacy policies. If there is a breach by us or a vendor, we will investigate and notify you and the federal government.

You have the right to receive a copy of this notice. If we change any of this notice, we will notify you of the changes in writing.

You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, Washington, DC 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 privacy, please contact our Privacy officer, Mukul Khandelwal MD at (410) 799.0050.

If you DO NOT want CME to disclose any information concerning your care or treatment to individuals without your express written consent or legal authorization please tell the receptionist or the nurse and we will give you a form to fill out. (Form 3)

If you wish to restrict how CME utilizes your information, you need to let us know and we will give you a form to fill out. (Form 4)

# Acknowledgement

Your signature on the consent for your procedure will include the acknowledgment for receipt of this notice.

This notice goes into effect as of July 11, 2005. Revised March 23, 2013.