

****** Notice of Privacy Practices ******

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS
TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY

State and federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this notice. We must follow the privacy practices as described below. This notice will take effect on (insert date) and will remain in effect until it is amended or replaced by us.

It is our right to change our privacy practices provided law permits the changes. Before we make a significant change, this notice will be amended to reflect the changes and we will make the new notice available upon request. We reserve the right to make any changes in our privacy practices and the new terms of our notice effective for all health information maintained, created and/or received by us before the date changes were made.

You may request a copy of our privacy notice at any time by contacting our privacy officer, (insert name). information on contacting us can be found at the end of this notice.

TYPICAL USES AND DISCLOSURES OF HEALTH INFORMATION

We will keep your health information confidential, using it only for the following purposes:

Treatment: We may use your health information to provide you with our professional services. We have established “minimum necessary or need to know” standards that limit various staff members’ access to your health information according to their primary job functions. Everyone on our staff is required to sign a confidentiality statement.

Disclosure: we may disclose and/or share your health information with health care professionals who provide treatment and/ or service to you. These professionals will have a privacy and confidentiality policy like this one. Health information about you may also be disclosed to your family, friends and/or other persons you choose to involve in your care, only if you agree that we may do so.

Payment: We may use and disclose your health information to seek payment for services we provided to you. This disclosure involves our business office staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

Emergencies: We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible of your care, in cases of any emergency involving your care, your location, your general condition or death. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgement to disclose only that information directly relevant to your care. We will also use our professional judgement to make reasonable inferences of your best interest by allowing someone to pick up filled prescriptions, x-rays or other similar forms of health information and/or supplies unless you have advised us otherwise.

Healthcare operations: We will use and disclose your health information to keep our practice operable. Examples of personal who may have access to this information include, but are not limited to, our medical records staff, outside health or management reviewers and individuals performing similar activities.

Require by law: We may use or disclose your health information when we are required to do so by law. [Court or administrative orders, subpoena, discovery requestor other lawful process.] we will use and disclose your information when requested by national security, intelligence and other state and federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

Abuse or neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to extent necessary to prevent a serious threat to your health or safety or that of others.

Public health Responsibilities: We will disclose your health care information to report problems with products, reactions to medication, product recalls, disease/infection exposure and to prevent and control disease, injury and/or disability.

Marketing Health-Related Services: we will not use your health information for marketing purposes unless we have your written authorization to do so.

National security: the health information of armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence, or other national security activities, we may disclose it to authorized federal officials.

Appointment Reminders: we may use or disclose your health information to provide you with appointment reminders, including, but not limited to, voicemail message, postcards, letters.

HIPAA Notice of privacy practices

This form does not constitute legal advice and covers only federal not state law

YOUR PRIVACY RIGHTS AS OUT PATIENT

Access: Upon written request you have the right to inspect and get copies of your health information (and that of and individual for whom you are legal guardian.) there will be some limited exceptions. If you wish to examine your health information, you will need to complete and submit an appropriate request form. Contact our privacy officer for a copy of the Request form. You may also request access by sending us a letter to the address at the end of this notice Once approved, an appointment can be made to review your records. Copies, if requested, will be (insert fee) for each page and the staff time charged will be (insert fee) per hour including the time required to locate and copy your health information. If you want the copies mailed to you, postage will also be charged. If you prefer a summary or an explanation of your health information, we will provide it for a fee. Please contact our privacy officer for a fee and/or for an explanation of our fee structure.

Amendment: you have the right to amend your health information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

Non-routine Disclosures: you have the right to receive a list of non-routine disclosures we have made of your health care information. (when we make a routine disclosure of your information to a professional for treatment of payment purposes, we do not keep a record of routine disclosures: therefore, these are not available.) you have the right to a list of instances in which we, or our business associates, disclosed information for reasons other than treatment, payment or healthcare operations. You can request Non-routine disclosures going back 6 years starting April 14, 2003. Information prior to that date would not have to be released. (Example: if you request information on May 15,2004, the disclosure period would start on April 14, 2003 up to May 15, 2004. Disclosures prior to April 14, 2003 do not have to be made available.)

Restrictions: you have the right to request that we place additional restrictions on our use or disclosure of your health information. We do not have to agree to these additional restrictions, but if we do we will abide by agreement. (except in emergencies.) Please contact our privacy officer if you want to further restrict to your health care information. This request must be submitted in writing.

QUESTIONS AND COMPLAINTS

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our Privacy Officer. If you feel we may have Violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us. In writing. Request a complaint form from our Privacy Officer. We support your right to the privacy of your information and will not retaliate in any way if you choose to file a complaint with us or with the U.S Department of health and human Services.

HOW TO CONTACT US

Practice Name: NovaCure Consultants, PC

President: Soren Caffey, MD, FACP

Office Manager: Lois Convery

Telephone: 703-780-2216

Fax: 703-780-9487

Address: 8101 Hinson Farm Road, Ste. #211
Alexandria, VA 22306

HIPPA notice of Privacy Practices

This form does not constitute legal advice and covers only federal, not state, law

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Notice to patient:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the notice. You may refuse to sign this acknowledgment, if you wish.

I acknowledge that I have received a copy of this officer's Notice of Privacy Practices.

Please print your name here

Signature

Date

.....
FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy from this patient but it could not be obtained because:

- The patient refused to sign.
- Due to an emergency situation it was not possible to obtain an acknowledgement.
- We weren't able to communicate with patient.
- Other (please provide specific details

Employee signature

Date
