

Notice of Privacy Practices

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

As part of the Federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, Shulman and Associates has created this Notice of Privacy Practices (Notice). This Notice describes Shulman and Associates' privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that Shulman and Associates protect the privacy of your PHI that Shulman and Associates has received or created.

Shulman and Associates will abide by the terms presented within this Notice. For any uses or disclosures that are not listed below (including Marketing and Selling of PHI), Shulman and Associates will obtain a written authorization from you for that use or disclosure, which you will have the right to revoke at any time, as explained in more detail below. **Shulman and Associates reserves the right to change Shulman and Associates' privacy practices and this Notice.**

HOW THE FACILITY MAY USE AND DISCLOSE YOUR PHI

The following is an accounting of the ways that Shulman and Associates is permitted, by law, to use and disclose your PHI.

Uses and disclosures of PHI for Treatment: We will use the PHI that we receive from you to coordinate or manage your health care.

Uses and disclosure for PHI for Payment: Shulman and Associates will disclose your PHI to obtain payment or reimbursement from insurers for your health care services.

Uses and disclosures of PHI for Health Care Operations: Shulman and Associates may use the minimum necessary amount of your PHI to conduct quality assessments, improvement activities, and evaluate Shulman and Associates workforce.

The following is an accounting of additional ways in which Shulman and Associates is permitted or required to use or disclose PHI about you without your written authorization:

Uses and disclosures as required by law: Shulman and Associates is required to use or disclose PHI about you as required and as limited by law.

Uses and disclosures for Public Health Activities: Shulman and Associates may use or disclose PHI about you to a public health authority that is authorized by law to collect for the purpose of preventing or controlling disease, injury or disability. This includes the FDA so that it may monitor any adverse effects of drugs, foods, nutritional supplements and other products as required by law.

Uses and disclosures about victims of abuse, neglect or domestic violence: Shulman and Associates may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect or domestic violence.

Uses and disclosures for health oversight activities: Shulman and Associates may use or disclose PHI about you to a health oversight agency for oversight activities which may include audits, investigations, inspections as necessary for licensure, compliance with civil laws, or other activities the health oversight agency is authorized by law to conduct.

Disclosures to Individuals Involved in your Care: Shulman and Associates may disclose PHI about you to individuals involved in your care.

Disclosures for judicial and administrative proceedings: Shulman and Associates may disclose PHI about you in the course of any judicial or administrative proceedings, provided that proper documentation is presented to Shulman and Associates.

Disclosures for law enforcement purposes: Shulman and Associates may disclose PHI about you to law enforcement officials for authorized purposes as required by law or in response to a court order or subpoena.

Uses and disclosures about the deceased: Shulman and Associates may disclose PHI about a deceased, or prior to, and in reasonable anticipation of an individual's death, to coroners, medical examiners and funeral directors.

Uses and disclosures for research purposes: Shulman and Associates may use and disclose PHI about you for research purposes with a valid waiver of authorization approved by an institutional review board or a privacy board. Otherwise, Shulman and Associates will request a signed authorization by the individual for all other research purposes.

Uses and disclosures to avert a serious threat to health or safety: Shulman and Associates may use or disclose PHI about you, if it believed in good faith, and is consistent with any applicable law and standards of ethical conduct, to avert a serious threat to health or safety.

Uses and disclosures for specialized government functions: Shulman and Associates may use or disclose PHI about you for specialized government functions including: military and veteran's activities, national security and intelligence, protective services, department of state functions, and correctional institutions and law enforcement custodial situations.

Disclosure for workers' compensation: Shulman and Associates may disclose PHI about you as authorized by and to the extent necessary to comply with workers' compensation laws or programs established by law.

Disclosures for disaster relief purposes: Shulman and Associates may disclose PHI about you as authorized by law to a public or private entity to assist in disaster relief efforts and for family and personal representative notification.

Disclosures to business associates: Shulman and Associates may disclose PHI about you to Shulman and Associates' business associates for services that they may provide to or for Shulman and Associates to assist Shulman and Associates to provide quality health care. To ensure the privacy of your PHI, we require all business associates to apply appropriate safeguards to any PHI they receive or create.

OTHER USES AND DISCLOSURES

Shulman and Associates may contact you for the following purposes:

Information about treatment alternatives: Shulman and Associates may contact you to notify you of alternative treatments and/or products.

Health related benefits or services: Shulman and Associates may use your PHI to notify you of benefits and services Shulman and Associates provides.

Fundraising: If Shulman and Associates participates in a fundraising activity, Shulman and Associates may use demographic PHI to send you a fundraising packet, or Shulman and Associates may disclose demographic PHI about you to its business associate or an institutionally related foundation to send you a fundraising packet. No further disclosure will be allowed by the business associates or an institutionally related foundation without your written authorization. You will be provided with an opportunity to opt-out of all future fundraising activities.

FOR ALL OTHER USES AND DISCLOSURES

Shulman and Associates will obtain a written authorization from you for all other uses and disclosures of PHI, and Shulman and Associates will only use or disclose pursuant to such an authorization. In addition, you may revoke such an authorization in writing at any time. To revoke a previously authorized use or disclosure, please contact Carol Shulman to obtain a *Request for Restriction of Uses and Disclosures*.

YOUR HEALTH INFORMATION RIGHTS

The following are a list of your rights in respect to your PHI. Please contact Carol Shulman for more information about these.

Request restrictions on certain uses and disclosures of your PHI: You have the right to request additional restrictions of Shulman and Associates' uses and disclosures of your PHI. Shulman and Associates is not required to accommodate a request, except that Shulman and Associates is required to agree to a request to restrict disclosures to health insurance plans related to products and services you pay out-of-pocket for.

The right to have your PHI communicated to you by alternate means or locations: You have the right to request that Shulman and Associates communicate confidentially with you using an address or phone number other than your residence. However, state and federal laws require Shulman and Associates to have an accurate address and home phone number in case of emergencies. Shulman and Associates will consider all reasonable requests.

The right to inspect and/or obtain a copy of your PHI: You have the right to request access and/or obtain a copy of your PHI that is contained in Shulman and Associates for the duration Shulman and Associates maintains PHI about you. There may be a reasonable cost-based charge for photocopying documents. You will be notified in advance of incurring such charges, if any.

The right to amend your PHI: You have the right to request an amendment of the PHI Shulman and Associates maintains about you, if you feel that the PHI Shulman and Associates has maintained about you is incorrect or otherwise incomplete. Under certain circumstances we may deny your request for amendment. If we do deny the request, you will have the right to have the denial reviewed by someone we designate who was not involved in the initial review. You may also ask the Secretary, United States Department of Health and Human Services (HHS), or their appropriate designee, to review such as a denial.

The right to receive an accounting of disclosures of your PHI: You have the right to receive an accounting of certain disclosures of your PHI made by Shulman and Associates.

The right to receive additional copies of Shulman and Associates' Notice of Privacy Practices: You have the right to receive additional paper copies of this Notice, upon request, even if you initially agreed to receive the Notice electronically.

Notification of Breaches: You will be notified of any breaches that have compromised the privacy of your PHI.

REVISIONS TO THE NOTICE OF PRIVACY PRACTICES

Shulman and Associates reserves the right to change and/or revise this Notice and make the new revised version applicable to all PHI received prior to its effective date. Shulman and Associates will also post the revised version of the Notice on the premises of Shulman and Associates.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Shulman and Associates and/or to the Secretary of HHS, or his designee. If you wish to file a complaint with Shulman and Associates, please contact Carol Shulman. If you wish to file a complaint with the Secretary, please write to:

<http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html>

Shulman and Associates will not take any adverse action against you as a result of your filing of a complaint.

CONTACT INFORMATION

If you have any questions on Shulman and Associates' privacy practices or for clarification on anything contained within the Notice, please contact:

Shulman and Associates
Carol C. Shulman
660 Kenilworth Drive, Suite 102
Towson, MD 21204
410-296-9311

Shulman and Associates
HIPAA Privacy Manual

Request for Restriction on Use or Disclosure of Protected Health Information

Shulman and Associates recognizes an Individual's right to request that Shulman and Associates restrict its uses and disclosures of medical information for purposes of payment, health care operations, and certain notification disclosures. As a practical matter, normally Shulman and Associates cannot agree to restrictions on use and disclosure of medical information. However, Shulman and Associates will consider the special circumstances for which you make your request. If we agree to your request, we will comply with your requested restriction unless either the restriction is terminated, the use or disclosure is necessary for your emergency treatment, or the use or disclosure is legally permissible for reasons other than payment, health care operations, or notification disclosures.

Name: _____ Daytime Phone: _____

Address: _____

Date of Birth: _____ Email address: _____

Describe the types of medical or payment information you wish to be restricted: _____

To Whom are you requesting this information not be disclosed: _____

Why are you requesting this restriction? _____

If compliance with your request will affect Shulman and Associates' ability to receive or make payments in connection with your insurance company, what would be a feasible alternative method for us to perform the payment operation to be performed? _____

Signature: _____ Date: _____

If the request is signed by a legal representative of the individual:

Printed name of legal representative: _____

Representative's authority to act for the individual: _____

If signed by a legal representative of the individual, please note that we must verify that you are this individual's legal representative for purposes of filing this Request. Please enclose any documents that support this authority (Power of Attorney, Court Order, etc.). As this person's representative, can you be contacted at the address, email or phone number listed above? If not, please provide your mailing address, email address and phone number below:
