

DOCTORS GROOVER CHRISTIE & MERRITT

R A D I O L O G I S T S

Privacy Contact: GCM Director of Operations
9420 Key West Ave., Suite 100, Rockville MD 20850
301.279.4490 (phone) 301.279.4489(fax) www.gcmradiology.com

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.**

Your Rights. When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record. You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

Ask us to limit what we use or share. You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information. You can ask for a list (accounting) of the times we’ve shared your health information, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated You can complain if you feel we have violated your rights by contacting our Director of Operations at 301.279.4490 (phone) or 301.279.4489 (fax), or writing to: GCM Attn: Director of Operations, 9420 Key West Ave, Suite 100, Rockville, MD 20850. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

Your Choices. For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us about:

- Sharing information with your family, close friends, or others involved in your care
- Sharing information in a disaster relief situation. *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

Our Uses and Disclosures. We typically use or share your health information in the following ways:

Treat you. We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization. We can use and share your health information to run our practice, improve your care, and contact you when necessary. This may include asking you to sign-in upon arrival, or addressing you by name during your visit.

Example: We use health information about you to manage your treatment and services.

Bill for your services. We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Help with public health and safety issues. We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research. We can use or share your information for health research when necessary.

Comply with the law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests.

We can use or share health information about you

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

GCM does not use PHI for marketing, and does not sell your PHI to any third party for their marketing activities.

Chesapeake Regional Information System. Drs. Groover Christie & Merritt have chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and DC. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt-out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at www.crisphealth.org. Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

REVISED Effective Date of Notice: June 15, 2015.

DOCTORS GROOVER CHRISTIE & MERRITT

R A D I O L O G I S T S

Effective Date of Notice: Effective Date of Notice: April 23, 2003. REVISED June 15, 2015.

Acknowledgement of Notification of Privacy Policy and Consent for Use and Disclosure of Information

I have received the Notice of Privacy Practices and understand my rights contained in the notice. By way of my signature, I provide Drs. Groover, Christie & Merritt with my authorization and consent to use and disclose my **Protected Healthcare Information (PHI)** for the purposes of treatment, payment and healthcare operations as described in the Privacy Notice.

Patient's Signature

Date

Patient's Name (Print)

PERSONAL REPRESENTATIVE, FAMILY OR OTHER ENTITIES AUTHORIZED ACCESS TO PRIVATE HEALTH INFORMATION TO BE USED AND/OR DISCLOSED. (OPTIONAL): Name or specifically identify persons and/or entities you are authorizing GCM to share/allow access to your PHI. This may include allowing someone other than you to pick up copies of reports or exams.

Name of Person or Entity	Relationship	Phone#
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTHORIZATION FOR USE OF ANSWERING MACHINE OR VOICE MAIL. GCM is often unable to contact patients directly during normal business hours. On occasion our offices leave messages on numbers provided by our patients. Due to the updated HIPAA Privacy Rules, we must obtain your authorization to continue this practice. We do not leave messages with your results. Usually, the message is in regard to an appointment time, or relevant information about your scheduled exam.

_____ (Initial) **I agree to allow** GCM staff to leave messages that may include my PHI on the following:
_____ home number _____ work number _____ cell number

_____ (Initial) **NO, I do not agree to allow** GCM staff to leave messages that include my PHI on any number provided.

Patient's Signature _____ Date _____

Patient may change or revoke all or part of this authorization, in writing at any time, though authorization changes cannot be retroactive

GCM USE ONLY: I did not obtain/was not able to obtain a signed acknowledgement from the patient for receipt of the Privacy Notice for the following reason(s):

GCM Employee Signature _____ Date _____