

Pulmonary Associates, Ltd.

5216 Dawes Ave.
Alexandria, VA 22311
(703) 931-4746

PRIVACY NOTICE

The Department of Health and Human Services, Office of Civil Rights, under the Public Law 104-191, (The Health Insurance Portability and Accountability Act of 1996) (HIPAA), mandates that we issue this Privacy Notice to our patients. You are urged to read this notice.

Our Privacy Notice informs you of our use and disclosure of your Protected Health Information (PHI), defined as:

1. Any information, whether oral or recorded in any medium, that is either created or received by a health care provider, health plan, public health authority, employer, insurance company, educational facility or clearing house that relates to the past, present or future physical or mental health or condition of an individual.
2. The provision of health care to an individual.
3. Or the past, present or future payment for the provision of health care to an individual.

Our office will use or disclose your PHI for purposes of treatment, payment and other healthcare purposes as required to provide you the best quality healthcare. It is our policy to control access to your PHI; and even in cases where access is permitted; we exercise a “minimum necessary information” restriction to that access. We define the minimum necessary information as the minimum necessary to accomplish the intent of the request.

You, the patient have access to your health care information and may request to examine your information, have copies of your information, and request amendments to your information. The physician will exercise professional judgment with regard to requests for amendments and is not bound by law to make any changes to the information. If the physician agrees with the request to amend the information, we are bound by law to abide by the changes.

In the event of a non-healthcare related request for PHI, you will be requested to complete an Authorization Form. This is a form, usually used only for one specific request for information that is very specific with regard to the information allowed to be disclosed. You, as our patient, may revoke or revise any authorization at any time with the exception of matters already in process as a result of prior use of your PHI. Any revocation will not apply to information already used or disclosed. If you had a “personal representative” initiate your Authorization you may revoke that authorization at any time.

In limited circumstances, The Privacy Standard permits, but does not require, covered entities to disclose health information without individual authorization for specific public responsibilities. These permitted disclosures include: emergency circumstance; identification of the deceased, or determining the cause of death; public health needs; research, judicial and administrative proceedings; limited law enforcement activities; and activities related to national defense and security. There are specific state laws that required the disclosure of health care information related to Hepatitis C, and AIDS. Where the state laws are more stringent than HIPAA Privacy Standard, the state laws will prevail. If a question of disclosure arises, we will use our professional judgments to decide whether to disclose any information, reflecting our own policies and ethical principals.

On some occasions we may furnish your PHI to a third party. Although we will institute a “chain of trust” contract and monitor our business associates’ contracts, we cannot absolutely guarantee that they will not use or disclose your PHI in such a way as to violate the Privacy Standard.

In complying with the Privacy Standard, we have appointed a Privacy Officer, trained our Privacy Officer and staff in the law, and implemented policies to protect your PHI. We have instituted privacy and security processes to guard and protect your PHI. This office is taking and continues to monitor and improve steps for the protection of your information and to remain in compliance with the law.

Print Name of Patient or Representative

Signature of Patient or Representative

Date

Although the law requires a signed and dated Privacy Notice, we seek only to obtain your signature and date to affirm that you have received the privacy notice, not that you have read it or agree with it.

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