

REITER, HILL & JOHNSON

FORM 023: Acknowledgement of Receipt of Notice of Privacy Practices

By signing below, I am acknowledging that I have been provided with a copy of **REITER, HILL & JOHNSON's** Notice of Privacy Practices dated November 1, 2014 pursuant to the Health Information Portability and Accountability Act of 1996 (HIPAA).

Signature of Patient or Representative

Date

Printed name of Patient or Representative

Relationship of Representative to Patient

Evidence of the authority of the patient's representative must be attached to this acknowledgment

If patient is unable to sign please document the reason and initial: _____

- _____

- I hereby give **REITER, HILL & JOHNSON** permission to leave messages on my telephone answering machine/voicemail or to whoever answers the telephone regarding appointment, billing, and/or medical information.

 - I do not give **REITER, HILL & JOHNSON** permission to leave messages on my telephone answering machine/voicemail or to whoever answers the telephone regarding appointment, billing, and/or medical information.

Signature of Patient or Representative

Date

Printed name of Patient or Representative

Relationship of Representative to Patient

REITER, HILL & JOHNSON
1133 21st Street. NW, Suite 200, Washington, DC 20036-3324

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.

Effective April 14, 2003

Last Revision: July 31, 2020

REITER, HILL & JOHNSON is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We realize that these laws are complicated, but we must provide you with the following important information.

Uses and Disclosures of Health Information

Federal law provides that we may use your protected health information (“PHI”) for treatment, payment, and health care operations without specific notice to you, or written authorization by you. Please review the following statements that explain this in more detail.

Treatment. We may use and disclose health information for your treatment and to provide you with treatment- related health care services. For example, we may disclose health information to doctors, dentists, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care. This will also include if our office refers you to another provider. We will furnish that provider with your medical information that relates to that problem so that you will receive proper medical care.

Payment. We may use and disclose your health information so that we or others, may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your health plan information so they will pay for your treatment, such as a diagnosis code for your visit and a description of the services rendered.

Health Care Operations. We may use and disclose your health information for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the medical care you receive is of the highest quality. These activities include, but are not limited to, third party “business associates” that perform various activities for the practice such as billing and transcription services, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. This information may also be used for risk reduction or quality assurance purposes. We also use a sign-in sheet at the registration desk and we may call you by name in the waiting room when your provider is ready to see you.

We may use or disclose your PHI, without further notice to you, or specific authorization by you, where:

1. Required by law;
2. Required for public health purposes;
3. Required by law to report abuse or neglect;
4. Where required by a health oversight agency for oversight activities authorized by law, such as the Department of Health, office of Professional Discipline or office of Professional Medical Conduct;
5. Required by law in judicial or administrative proceedings;
6. Required by law enforcement purposed by a law enforcement official;

7. Required by a coroner or medical examiner
8. Permitted by law to a funeral director;
9. Permitted by law for organ donation purposes;
10. Permitted by law to avert a serious threat to health or safety;
11. Permitted by law and required by military authorities if you are a member of the U.S. armed forces.

We may contact you by mail or phone, including cell phone, at your residence or work place, in reference to your appointment scheduling, billing issues, test results or other medical information that we may need to provide proper medical care. Unless you instruct us otherwise in writing, we may leave a message for you on any answering device or with any person who answers the phone at your residence. You can make reasonable requests, in writing, for us to use alternative methods of communicating with you in a confidential manner.

Other uses or disclosures of your medical information will be made only with your written authorization. You have the right to revoke any written authorization that you give, at any time, in writing, except to the extent that **REITER, HILL & JOHNSON** has already taken an action relying on the use of your previously signed authorization.

Rights That You Have

You have the right to request restrictions on certain uses or disclosures described above. Except as stated below, we are not required to agree to such restrictions. For details, see the long form of this Notice of Privacy Practices.

We must agree to your request to restrict disclosures of PHI to a health plan if: (i) the disclosure is for purposes of payment or health care operations and is not otherwise required by law, and (ii) the PHI pertains solely to health care items or services for which you, or another person on behalf of you (other than the health plan), has paid in full.

You have the right to inspect and obtain copies of your medical information (a reasonable fee will be charged). You must make this request in writing to our office and allow a reasonable amount of time for us to prepare.

You have the right to request amendments to your medical information. Such requests must be in writing and must state the reason for the requested amendment. We will notify you as to whether we agree or disagree with the requested amendment. If we disagree with any requested amendment, we will further notify you of your rights.

You have the right to request an accounting of any disclosures we make of your medical information for purposes other than treatment, payment, and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to our Privacy officer.

You have the right to obtain a paper copy of this notice from our office.

Obligations That We Have

We are required by law to maintain the privacy of health information and to provide individuals with notice of our legal duties and privacy practices. We are required to abide by the terms of this notice as long as it is in effect.

We reserve the right to revise this notice and to make a new notice effective for all health information we maintain. Any revised notice will be posted in our office and copies will be available there.

If you are not satisfied with how our office handled your complaint, you may also: 1) submit a written complaint with the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Ave. SW, Washington, DC 20201; 2) call 1-877-696-6775, or visit www.hhs.gov/ocr/privacy/hipaa/complaints/ .

You may also file a complaint with us. Complaints, questions, or concerns should be directed to our Compliance Officer at compliance@advantiahealth.com or 571-257-1480.

We support your right to the privacy of your protected health information. We will not retaliate or penalize you in any way if you choose to file a complaint with us, or the Department of Health and Human Services. Your medical health and privacy rights will always be important to us.