

NOTICE OF PRIVACY PRACTICES OF LINDA C WANG, MD, LLC

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.

Introduction.

Linda C Wang, MD, LLC is required by law to maintain the privacy of identifiable information that relates to your physical or mental health, the health care you have received, or payment for your health care. As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to medical information. This notice also discusses the uses and disclosures we will make of your medical information. We must comply with the provisions of this notice, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all medical information that we maintain. You can always request a dated copy of our most current privacy notice or you can access it on our website at www.wangdermatology.com.

Permitted Uses & Disclosures.

We may use or disclose medical information about you, without your authorization, for purposes related to/for:

- **Treatment:** Treatment means the coordination of your care between various healthcare providers and specialists for consultations. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Therefore, the doctor may review your medical records to assess whether you have potentially complicating conditions such as diabetes.
- **Payment:** Payment refers to activities related to verifying your level of insurance benefits, requesting authorizations for treatment and referrals for special tests, and billing/administrative purposes. For example, we may need to provide information to your insurance plan about your medical condition in order to determine whether the proposed course of treatment will be covered.
- **Health Care Operations:** Health care operations include quality assurance, case management, patient complaints, audits, and physician reviews. For example, we may use your medical information to evaluate the performance of our staff in caring for you.
- **Friends/Family:** When friends/family are involved in your care or payment for your care, we may allow them to pick up medical supplies, x-rays, or filled prescriptions on your behalf. We may also include certain non-treatment information in a facility directory. If you are available, we will allow you to object to these disclosures. If you are unavailable, we will use professional judgment to determine what is in your best interest.
- **Appointments & Other Health Benefits:** We may contact you to remind you about your appointments and bring to your attention alternative treatment suggestions and other health related benefits.
- **Fundraising:** We may contact you as part of our fundraising efforts to support our healthcare mission. You have a right to opt out of receiving such information.
- **Organ & Tissue Donation:** We may disclose your medical information to organizations that handle organ and tissue procurement and donations.
- **Military Authorities:** If you are a member of the U.S. Armed Forces or foreign military, we may release medical information about you to appropriate military command authorities.
- **Workers' Compensation:** We may disclose medical information to comply with workers' compensation laws.
- **Public Health Risks:** We may disclose your medical information to public health officials for the purpose of preventing or controlling disease, injury or disability, including reporting suspected child abuse or neglect.
- **Health Oversight:** We may disclose your medical information to federal or state agencies that oversee the health care system, government programs, and enforcement of civil rights laws for activities such as audits, investigations, or inspections.
- **Legal Proceedings:** We may disclose your medical information in response to a court order, subpoena, or other lawful process.
- **Law Enforcement:** We may disclose your medical information to law enforcement officials to aid in the search for a criminal or fugitive or a criminal investigation.
- **Coroners, Medical Examiners, and Funeral Directors:** We may disclose your medical information to identify a deceased person, determine cause of death, and to help funeral directors carry out their duties.
- **National Security:** We may disclose your medical information to authorized federal authorities for national security activities permissible by law or to protect the President of the United States or other authorized persons.
- **Inmates:** We may provide a correctional facility with an inmate's medical information for their health care and to protect the health and safety of others.
- **Research:** We may disclose your medical information to researchers that have received proper approval from our research review board.
- **Health or Safety:** As permitted by applicable law and ethical conduct, we may use and disclose medical information if its staff believes, in good faith, that such use or disclosure is necessary to prevent serious harm to you and to others. We may share your information for disaster relief efforts or in emergency situations.
- **Maryland Health Information Exchange/CRISP:** We have chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a statewide internet-based health information exchange. 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 prevent searching of 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.

Uses and Disclosures for Which Authorization is Required.

Other uses and disclosures of your health information will be made only with your authorization. You have the right to revoke such authorization. Uses and disclosures for which an authorization is required include:

- **Psychotherapy Notes.** We do not maintain psychotherapy notes.
- **Marketing.** We must obtain an authorization for any use or disclosure of protected health information for marketing purposes.
- **Sale of Protected Health Information.** We must obtain an authorization for any disclosure of protected health information that would amount to a sale of protected health information.

Your Rights.

As a patient of Linda C Wang, MD, LLC, you have the right to:

- Request to view and request a copy of your medical records. A fee may be charged for the cost of copying or mailing your records; however, you will not be denied copies if you cannot afford to pay for them.
- Request to amend your medical information.
- Request an accounting of certain disclosures of medical information.
- Request restrictions on our use of your medical information for treatment, payment, health care operations and friends/family; however we are not required to accept your request. We are required to agree to restrictions on disclosures of your medical information to a health plan for payment purposes related to a specific service when you have prepaid for the service(s) in full; however, if the service is part of a group of services "bundled" for health plan billing purposes, it may not be possible for us to restrict the disclosure.
- Request that we communicate with you in a certain way or at a certain location for confidentiality.
- Receive this Notice of Privacy Practices in a paper copy, even if you initially received it in an electronic format or viewed it on our website.

Our Duties.

We are required by law to maintain the privacy of your protected health information, and to provide you with a copy of our Privacy Practices and to notify you in the event of a breach of your protected health information. We are required by law to abide by the statements within this Notice of Privacy Practices, effective January 1, 2017. We reserve the right to make any necessary changes and updates to our Privacy Practices, and these new provisions affect all protected health information that we maintain. If we change any of our Privacy Practices, an updated Notice of Privacy Practices will be made available upon request and posted in a clear and prominent location. Should you have a complaint, question, or feel that your privacy rights have been violated, please contact our Privacy Officer at (443) 288-1870. You may also file a complaint with the Department of Health and Human Services Office of Civil Rights at (866) 627-7748. We will not retaliate against you for filing a complaint.

Signature of Patient/Responsible Party/Parent/Legal Guardian: _____ Date: _____