

CCACC-PAVHC

SUMMARY OF NOTICE OF PRIVACY PRACTICES

This summary is provided to assist you in understanding
CCACC-PAVHC's Notice of Privacy Practices.

The confidentiality of your protected health information is important to us. This is a summary of CCACC-PAVHC's Notice of Privacy Practices, which contains a more detailed description of how our Clinic will protect your health information, your rights as a patient and our practices in dealing with patient health information.

Uses and Disclosures of Health Information. We will use and disclose your health information in order to treat you or to assist other health care providers in treating you, and in order to obtain payment for our services. We may also disclose your health information for certain limited operational activities such as quality assessment, licensing, accreditation and training.

Uses and Disclosures Not Requiring Your Authorization. In the following circumstances, we may disclose your health information without your written authorization:

- To family members or close friends who are involved in your health care, unless you object;
- For certain limited research purposes;
- For purposes of public health safety, or to avert a threat to health and safety;
- To government agencies for purposes of their audits, investigations and other oversight activities;
- To government authorities to report or prevent abuse or domestic violence;
- To the FDA to report product defects or incidents;
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders;
- When required by court orders, search warrants, subpoenas and as otherwise required by law.
- For organ or tissue donations, or to the coroner or medical examiner;
- For Workers Compensation;
- To Business Associates who may help us with Clinic services.

Uses and Disclosures Based on Your Authorization. Except for the circumstances stated above and as allowed under the federal Health Insurance Portability and Accountability Act, we will not use or disclose your health information without your written authorization.

Patient Rights. As our patient, you have the following rights:

- To have access to and/or copy of your health information;
- To receive an accounting of certain disclosures we have made of your health information;
- To request restrictions as to how your health information is used or disclosed;
- To request that we communicate with you in confidence;

- To request that we amend your health information;
- To receive notice of our privacy practices;
- To complain to the Clinic or government agencies;
- To revoke any authorization in writing;
- To obtain more information about our privacy practices.

If you have a question, concern, or complaint regarding our privacy practices, please refer questions to the Privacy Officer (Clinic Director) at 240-393-5950.

CCACC-PAVHC

PRIVACY NOTICE ACKNOWLEDGEMENT

I acknowledge that I have received a copy of the Practice's Privacy Notice.

Name of Individual (Printed)

Date of Birth

Signature of Individual or Personal Representative

Relationship if other than patient