

NOTICE OF PRIVACY PRACTICES

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice takes effect on **SEPTEMBER 23, 2013** and remains in effect until we replace it.

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We need to maintain a record of your services at our office in order to provide you with quality care and to comply with certain legal requirements.

LAW REQUIRES US TO:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy policies, and your rights regarding your medical information.
3. Follow the terms of the current notice.

WE HAVE THE RIGHT TO:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us at the address provided at the top of this notice.

FOR TREATMENT: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share medical information about you with your other health care providers to assist them in treating you.

FOR PAYMENT: We may use and disclose your medical information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your medical information.

FOR DATA BREACH NOTIFICATION PURPOSES: We may use your medical information to provide legally required notices of authorized acquisition, access, or disclosure of your health information due to a breach.

FOR HEALTHCARE OPERATIONS: We may use and disclose your medical information for our healthcare operations. This might include measuring and improving quality, evaluating the performance of employees conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

HEALTH OVERSIGHT ACTIVITIES: We may disclose medical information to an agency providing health oversight for oversight activities authorized by law: including audits; civil, administrative, or criminal investigations; proceeding; inspections; licensure; disciplinary actions; or other authorized activities.

LAW ENFORCEMENT: Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

APPOINTMENT REMINDERS: We may use and disclose medical information for purposes of sending you appointment postcards or otherwise reminding you of your appointments.

MEDICAL PHOTOGRAPHY: Due to the nature of dermatological practice we may require medical photographs to aid in your treatment. These photographs will be combined with your medical records and are subject to the same constraints as your other medical information. They will not be used for marketing, shared with the public, or disclosed to any third party not directly involved in the coordination of your medical care.

WITH MY CONSENT... William Sawchuk, M.D., and Gayle Masri-Fridling, M.D., may call my home or other designated location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out treatment, payment, and healthcare operations. This includes any call pertaining to my clinical care, including laboratory results, among others.

WITH MY CONSENT... William Sawchuk, M.D., and Gayle Masri-Fridling, M.D., may mail to my home or other designated locations any items that assist the practice in carrying out treatment, payment, or healthcare operations, as long as they are marked Personal and Confidential. These items include appointment reminder cards and patient statements. You have the right to request restrictions on how the practice uses and discloses your medical information. The practice is not required to agree to your requested restrictions, but if it does, it is bound by this agreement.

YOU HAVE A RIGHT TO...

1. Look at or get copies of certain parts of your medical information. You may request that we provide copies in a format other than photocopies. **You must make your request for medical records in writing.** You may make a request by using the form our office provides to request access. You may also request access by sending a letter to our practice. If you request copies, we will charge you **\$0.50** for each page, as well as charge for the postage if you want the copies mailed to you.
2. Request that we communicate with you about your medical information by different means or to different locations. This request must be made in writing.

If you have questions about this notice or if you think that your privacy rights have been violated, please contact us.