

Shlakman Psychiatric Services, PLLC

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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. The privacy of your medical information is important to me.

I am required by law to provide you with this notice that explains my privacy practices with regard to your medical information and how I may use and disclose your protected health information ("PHI") for treatment, payment, and health care operations, as well as other purposes that are permitted or required by law. You have certain rights regarding the privacy of your PHI, and I also describe these rights in this notice.

Permitted Uses and Disclosures

Under federal law, I may use or disclose your PHI without authorization for treatment, payment, or health care operations. Examples of such potential uses or disclosures are provided below:

Treatment I may use or disclose your protected health information to provide, coordinate, or manage your health care and any related services. I may also disclose your health information to other physicians who may be treating you. Additionally I may from time to time disclose your health information to another physician whom I have requested to be involved in your care. For example, I would disclose your health information to a specialist to whom I have referred you for help in your treatment.

Payment Your PHI may be used or disclosed in order to collect payment for the medical services provided to you. For example, I may include information with a bill to a third- party payer that identifies you, your diagnosis, and procedures performed in rendering the service.

Health Care Operations Your PHI may be used or disclosed as part of my internal health care operations. In addition, I may disclose your health information to third party business associates who perform billing, consulting, transcription, or other services for my practice.

Other Permitted Uses and Disclosures

Appointment Reminders I may use or disclose your PHI to contact you as a reminder about scheduled appointments or treatment. **Treatment Alternatives** I may use or disclose your PHI to tell you about, or recommend, possible alternative treatments or options that may be of interest to you.

Communication with Family and Friends I may disclose your PHI to persons who are involved in your care or payment for your care, such as family members, relatives, or close personal friends. Any such disclosure will be limited to information directly related to the person's involvement in your care. If you are available, I will provide you an opportunity to object before disclosing any such information. If you are unavailable because, for example, you are incapacitated or because of some other emergency circumstance, I will use my professional judgment to determine what is in your best interest regarding any such disclosure.

Research I may use or disclose your PHI to researchers, provided the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

As Required by Law I may use or disclose your PHI when required to by federal, state, or local law.

To Avert a Serious Threat to Public Health or Safety I may use or disclose your PHI to public health authorities permitted to collect or receive the information for the purpose of controlling disease, injury, or disability. If directed by that health authority, I may also disclose your PHI to a foreign government agency that is collaborating with the public health authority.

Worker's Compensation I may use or disclose your PHI for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

Inmates I may use or disclose your PHI to a correctional institution or law enforcement official if you are an inmate of that correctional institution or under the custody of the law enforcement official. This information would be necessary for the institution to provide you with health care, to protect the health and safety of others, or for the safety and security of the correctional institution.

Abuse and Neglect I may use or disclose your PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or some other crime. I may also use or disclose your PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Your Health Information Rights

Although your health record is the physical property of the practitioner or facility that compiled it, the information belongs to you. You have the right to:

A Paper Copy of This Notice You have the right to receive a paper copy of this notice upon request. You may obtain a copy by asking me at your next visit or by calling and asking me to mail you a copy.

Inspect and Copy You have the right to inspect and copy the PHI that I maintain about you in my designated record set for as long as I maintain that information. This designated record set includes your medical and billing records, as well as any other records I use for making decisions about you. Any psychotherapy notes that may have been included in records I received about you are not available for your inspection or copying, by law. I may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request. If you wish to inspect or copy your medical information, you must submit your request in writing to me. You may bring it to my office. I am permitted 30 days to respond to your request for information.

Request Amendment You have the right to request that I amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing to me, stating exactly what information is incomplete or inaccurate and the reasoning that supports your request. I am permitted to deny your request if it is not in writing or does not include a reason to support the request. I may also deny your request if:

- The information was not created by me.
- The information is not part of the record which you are permitted to inspect and copy.
- The information is not part of the designated record set kept by my practice or if it is my opinion that the information is accurate and complete.

Request Restrictions You have the right to request a restriction of how I use or disclose your medical information for treatment, payment, or health care operations. For example, you could request that I not disclose information about a prior treatment to a family member or friend who may be involved in your care or payment for care. Your request must be made in writing to me. I am not required to agree to your request if I feel it is in your best interest to use or disclose that information. If I do agree, I will comply with your request except for emergency treatment.

An Accounting of Disclosures You have the right to request a list of the disclosures of your health information I have made outside of my practice that were not for treatment, payment, or health care operations. Your request must be in writing and must state the time period for the requested information. You may not request information for any dates prior to April 14, 2003, nor for a period of time greater than six years (my legal obligation to retain information). Your first request for a list of disclosures within a 12-month period will be free. If you request an `additional list` within 12-months of the first request, I may charge you

a fee for the costs of providing the subsequent list. I will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

Request Confidential Communications You have the right to request how I communicate with you to preserve your privacy. For example, you may request that I call you only at your work number, or by mail at a special address or postal box. Your request must be made in writing and must specify how or where I am to contact you. I will accommodate all reasonable requests.

File a Complaint If you believe I have violated your medical information privacy rights, you have the right to file a complaint with my practice or directly to the Secretary of Health and Human Services. To file a complaint with my practice, you must make it in writing within 180 days of the suspected violation. Provide as much detail as you can about the suspected violation and send it to me.

Uses or Disclosures Not Covered

Uses or disclosures of your health information not covered by this notice or the laws that apply to me may only be made with your written authorization. You may revoke such authorization in writing at any time and I will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

For More Information

Please contact me if you have questions or would like additional information

Effective Date - April 14, 2003

Patient Name / Signature

Date

Physician Name/Signature

Date