

YOU CAN GET ACCESS TO THIS INFORMATION

Treatment: Your health information may be used by staff members or disclosed to other healthcare providers for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of an evaluation will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff member.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or credit card companies that you may use to pay for the services. For example, your health plan may request and receive information on dated of service, the service provided and the medical condition being treated.

Health Care Operation: your health information may be used as necessary to support day to day activities and management of this office. For example, information on the service you receive may be used to support budgeting and financial reporting and activities to improve quality.

Law Enforcement: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations and to comply with government mandated reporting.

Other uses disclosures require your authorization: Disclosure of your health information or its use any purpose other than those listed above require your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or discloser before you notify us of your decision.

YOUR HEALTH INFORMATION RIGHTS

You have certain rights under federal privacy standards. These include:

- The right to request restriction on the use and disclosure of your health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your health information
- The right to amend and or submit corrections to your health insurance
- The right to receive an accounting of how and to whom your health information has been disclosed
- The right to receive a printed copy of this notice

OUR HEALTH INFORMATION DUTIES

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy and practices that are outlined in this notice.

OUR RIGHT TO REVISE PRIVACY PRACTICES

As permitted by law, we reserve the right to amend or modify our privacy practices. These changes in our policies and practices may be required by change in federal and state laws and regulations. The revised policies and practices will be applied to all protected health information that we maintain and will be available at our facility for you upon your request

REQUEST TO INSPECT PROTECTED HEALTH INFORMATION

As permitted by federal law, we require that request to inspect or copy protected health information be submitted in writing. You may obtain a form or request access to your records by contact the Company’s Privacy Office.

COMPLAINTS

If you would like to submit a comment or complaint about our privacy practices, or if you believe your privacy rights have been violated you can contact the Company by sending a letter outlining your concerns to:

Dr. Matthew Gavin
224D Cornwall Street NE, Suite 204
Leesburg, VA 20176

You may also file a written complaint with the office of Civil Rights

I acknowledge that I have been informed of the Notice of Privacy Practices by the office of Dr. Matthew Gavin.

Signature of Patient or Authorized Representative

Date