

KEVIN LURIE, MD.
GENERAL AND VASCULAR SURGERY
2121 Medical Park Dr. Suite 6
Silver Spring, Md. 20902

PRIVACY PRACTICES ACKNOWLEDGEMENT

ACKNOWLEDGEMENT FORM

I have received the *Notice of Privacy Practices* and I have been provided an opportunity to review it.

Name _____ Birthdate _____
(Please Print)

Signature _____

Date _____

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In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home. Patient billing will be sent to the patient's home unless other arrangements are made. Please let us know how you would like us to communicate with you by completing the questions below:

I wish to be contacted in the following manner (check all that apply):

Home Telephone _____
 OK to leave message with detailed information
 Leave message with call-back number only
 OK to use fax # _____

Written Communication
 OK to mail to my home address
 OK to mail to my work/office
 OK to use fax # _____

Work Telephone _____
 OK to leave message with detailed information
 Leave message with call-back number only
 OK to use fax # _____

OK to send marketing materials to my home

Cell Phone(s) _____
 OK to leave detailed message
 Leave message with call-back number only

Other _____

Patient Signature

Date

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NOTICE OF PRIVACY PRACTICES

Effective January 1, 2006

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.

Our Duties

We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties and privacy practices. We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change those terms and any changes made will be effective for all medical information we maintain. A copy of a revised notice will be available at our office, from our Privacy Officer by calling 301-754-7266 or by writing to Kevin Lurie, MD. You may also address questions regarding our privacy practices, your privacy rights, or requests for additional information regarding your privacy to this person.

Permitted Uses

We may use and disclose your medical information for specific reasons:

- **Treatment**: We may use and disclose protected health information about you to provide you with medical treatment or services. We may disclose this information to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you. For example, we may disclose information to people outside of our office when scheduling tests or surgeries, arranging consultations with other physicians, telephoning in prescriptions, etc.
- **Payment**: We may use and disclose protected health information to obtain reimbursement for the health care provided to you. We may also use this information to obtain prior authorization for proposed treatment or to determine whether your plan will cover the treatment. We will also share this information with our billing service as needed to facilitate their efforts towards reimbursement from you or your insurance company.
- **Healthcare Operations**: We may use and disclose protected health information to support functions of our practice related to treatment and payment, such as case management and quality assurance. In addition, we may use your health information to evaluate staff performance, to help us decide what additional services we offer, and other management and administrative activities.

Disclosures without Authorization

We may use and disclose medical information about you, without your specific authorization as follows:

- **Disclosures Required by Law**: We may be required by federal, state, or local law to disclose your medical information.
- **Public Health Activities**: We may disclose your medical information to a public agency, such as the Food and Drug Administration (FDA), if you experience an adverse effect from any of the drugs, supplies or equipment we use.
- **Victims of Abuse, Neglect, or Domestic Violence**: We may be required to disclose your medical information if we feel that you have been abused or neglected.
- **Health Oversight Activities**: We may be required to disclose your medical information to Medicare or a related agency if they select your case for a medical review.
- **Judicial and Administrative Proceedings**: We may have to disclose your medical information if we receive a valid subpoena or court order.
- **Law Enforcement**: We may have to disclose your medical information in conjunction with a criminal investigation by a federal, state, or law enforcement agency.
- **Serious Threats to Health or Safety**: We may be required to disclose your medical information if, in our opinion, doing so will help avert a serious threat to the public.
- **Military Personnel**: We may disclose your medical information to the appropriate command authorities.
- **Worker's Compensation**: We may disclose your medical information to comply with laws regarding worker's compensation.

Patient Rights

You have certain rights with respect to your medical information.

- **Requesting Restrictions**: You may ask us to limit our use or disclosure of your protected health information. We are not required to agree to your request, but if we do agree to it, we will abide by your request except as required by law, in an emergency, or when the information is necessary to treat you. Your request **must**: 1) be in writing, 2) describe the information that you want restricted, 3) state if the restriction is to limit our use or disclosure, and 4) state to which the restriction applies.
- **Confidential Communications**: You may ask that we communicate with you in a particular way, or at a certain location, to maintain your confidentiality. Your request **must** be in writing and must tell us how you intend to satisfy your financial

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responsibility and specify an alternate way that we can contact you confidentially. You do not have to give a reason for your request.

- Inspect and Copy: You may request access to inspect and copy your medical information maintained in our records, including medical and billing records. Your request **must** be in writing. Upon receipt, we will act on your request within 10 business days. If we must deny your request, we will send you a written denial. If this happens, you may request a review of the denial. We may charge you for a copy of your medical information.
- Amendment: You may ask us to amend your health information if you believe that it is incorrect or incomplete. Your request **must** be in writing and must include a reason to support the amendment.
Your request may be denied if we believe the information inaccurate, or if the amendment you are requesting involves part of the record that was not created by us. If we deny your request for amendment, you have the right to have your request and our denial added to your medical record.
- Accounting of Disclosures: You may request a list of disclosures that we have made of your medical information over the previous six (6) years. You may not request an accounting for dates of service prior to April 14, 2003. Your first request within a 12-month period is provided at no charge to you, but we may charge for additional lists within the same 12-month period.
- Paper Copy of This Notice: You are entitled to receive a paper copy of our Notice of Privacy Practices by using the contact information for our Privacy Officer supplied on the first page.
- File a Complaint: If you believe we have violated your privacy rights, you may file a complaint directly with us using the contact information for our Privacy Officer supplied on the first page. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.
- Provide an Authorization for Other Uses and Disclosures: We will request your written authorization for uses and disclosures of your medical information that are not identified and possibly some that are identified in this notice or permitted by law. You may revoke your authorization at any time in writing.

Changes to this Notice

We reserve the right to change this notice and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. The most current notice is posted in our office with its effective date at the top. You are entitled to a copy of the notice currently in effect. The current notice will also be posted on our office.