

HIPAA 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.

Requirement for Written Authorization

Unless otherwise provided, Bhawna Bahethi, M.D. LLC will generally obtain your written authorization before using your health information or sharing it with others outside of the practice. If you provide us with written authorization, you may revoke that authorization at any time, except to the extent that we have already relied upon it. To revoke an authorization, please notify the front desk staff at Bhawna Bahethi, M.D. LLC.

How We May Use and Disclose Your Health Information Without Your Written Authorization

Below is listed each reason for using or disclosing your health information without your written authorization with some examples which do not include all the ways we may use or disclose your information. Your health information may also be shared with referring/referred providers and Baltimore Washington Medical System affiliated providers so that they may jointly perform certain payment activities and business operations.

1. **Treatment.** We may share your health information with doctors or nurses taking care of you and they may use that information to learn more about your medical information or treat you. For example, we may share your health information with a referred provider to coordinate your care.
2. **Payment.** We may use your health information or share it with others to obtain payment for your health care services. For example, we may share information about you with your health insurance company to determine whether it will cover your treatment or to obtain reimbursement after we have treated you
3. **Health Care Operations.** We may use your health information or share it with others in order to conduct our normal business operations.
4. **Business Associates.** We may share your health information with another company that performs business services for us such as billing companies. If so, we will have a written contract to ensure that this company also protects the privacy of your health information.
5. **Appointment Reminders, Follow Up, Treatment Alternatives, Benefits and Services.** We may use your health information when we contact you with a reminder that you have an appointment for treatment or services at our practice or as a follow up to determine your well-being or satisfaction after receiving care at Bhawna Bahethi, M.D. LLC. We may also use your health information to recommend possible treatment alternatives.
6. **Emergencies.** We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your written authorization. If this happens, we will try to obtain your written authorization as soon as we reasonably can after we treat you.
7. **As Required by Law.** We may use or disclose your health information if we are required by law to do so.
8. **Public Health Activities.** We may disclose your health information to authorized public health officials so that they may carry out their public health activities. This includes reporting certain diseases, births, deaths and reactions to certain medications. For example, we may share your health information with government officials that are responsible for controlling disease, injury or disability.
9. **Victims of Abuse or Neglect.** We may release your health information to a public health authority that is authorized to receive reports of abuse and neglect when the law requires or permits such reports. We will make every effort to obtain your permission before releasing this information but in some cases we may be required or authorized to act without your permission.
10. **Lawsuits and Disputes.** We may disclose your health information if required by law or by an order of a court that is handling a lawsuit or other disputes.
11. **Law Enforcement.** We may disclose your health information if required by law or an order of a court that is handling a lawsuit or other disputes.



12. **To Avert a Serious Threat to Health or Safety.** In limited circumstances, we may use your health information or share it with others when necessary to prevent a serious threat to your health and safety, the health and safety of another person or the public.

Your Rights to Access and Control Your Health Information

1. **Right to Inspect and Copy Records.** You have a right to inspect and obtain a copy of your health information maintained in our medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to Bhawna Bahethi, M.D. LLC located at 1600 Crain Hwy South Ste 502, Glen Burnie, MD 21061. If you request a copy of the information, we may charge a fee for the costs of copying, postage or preparing a summary of information we use to fulfill your request.
2. **Right to Amend Records.** If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, please submit your request in writing to Bhawna Bahethi, M.D. LLC located at 1600 Crain Hwy South Ste 502, Glen Burnie, MD 21061 and include the reasons why you think we should make the amendment.
3. **Right to Request Additional Privacy Protections.** You may request that we limit how we disclose information about you to your family or friends involved in your care. We are not required to agree to your request for restriction, and in some cases the restriction you request may not be permitted by law.
4. **How to Obtain a Copy of Revised Notices.** We may change our privacy practices from time to time. If we do, we will revise this notice so you have an accurate summary of our practices. We will post any revised notice in our practice reception area. You will also be able to obtain your own copy of the revised notice by calling the office at 410-766-8911 or asking for one at the time of your next visit. The effective date of notice will be located at the bottom of the first page.

How to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, Washington, DC 20201 To file a complaint with us, please call the office at 410-766-8911. *No one will retaliate or take action against you for filing a complaint.*

Chesapeake Regional Information System for our Patients, Inc. (CRISP)

We have chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a statewide health information exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may “opt-out” and disable all access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at www.crisphealth.org