

NOTICE OF PRIVACY PRACTICES & PATIENTS RIGHTS AND RESPONSIBILITIES

THIS NOTICE IS REQUIRED BY LAW AND DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR MEDICAL INFORMATION.

UNDERSTANDING YOUR HEALTH RECORD

A record is made each time you visit a hospital, physician, or other healthcare provider like Montgomery Therapy. Typically this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information is often referred to as your "health or medical record." It serves as a basis for planning your care and treatment and also serves as a means of communication among the various health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Your health record is the physical property of the healthcare practitioner or facility that compiled it (unless otherwise provided by law), but the information belongs to you. You have the right to request a restriction on certain uses and disclosures of your information, and request amendments to your health record. This includes the right to obtain a paper copy of the notice of information practices upon request, inspect, and obtain a copy of your health record, obtain an accounting of disclosures of your health information, and request communications of your health information by alternative means or at alternative locations. Other than activity that has already occurred, you may revoke your authorization to use or disclose your health information. In accordance with applicable law, we charge a reasonable fee for copying medical records.

OUR RESPONSIBILITIES

We are required to maintain the privacy of your health information. We are required to provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you. We must abide by the terms of this notice and notify you if we are unable to agree to a requested restriction or accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've given us or hand delivers one to you when you are at our office. If we maintain a web site that provides information about our customer services or benefits we will post our new notice on that web site. We will not use or disclose your health information without your authorization, except as described in this notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact Caitlin Ryan at our office at 301-417-2652 or cryan@montgomerytherapy.com. If you believe your privacy rights have been violated, you can file a written complaint with the Secretary of the United States Department of Health and Human Services. There will be no retaliation for filing a complaint.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS

We will use your health information for treatment. Information obtained by a healthcare practitioner will be recorded in your record and used to determine the course of treatment that should work best for you. By way of example, your therapist will document your diagnosis and your therapy needs and advise your physician(s) about proposed therapy treatments and your progress in therapy. We will also provide your other healthcare practitioners with copies of various reports that should assist them in treating you.

We will use your health information for payment. For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as among other information, for example, your social security number, date of birth, diagnosis and procedures.

We will use your health information for regular health operations. For example: Members of our staff may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

UNDERSTANDING OUR OFFICE POLICY FOR SPECIFIC DISCLOSURES

Business Associates: There may be some services provided in our organization through contracts with what are referred to as "Business Associates". Examples include consultants who work with us to assure quality compliance, an accreditation organization, and medical bill clearinghouses that assist us to facilitate billing. When these or other services are contracted with Business Associates, we may disclose some or all of your health information to our Business Associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information in accordance with applicable law.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relatives, close personal friends or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Communication with attorneys: With your authorization, we may provide some or all of your health information to your attorney.

Notification/Marketing: We may contact you, your home or office by phone, fax, mail or e-mail for appointment scheduling, appointment reminders, other correspondence (including, but not limited to, thank you or birthday notes) or to offer information about other health related benefits, our support groups and services that may be of interest to you.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Government/Law Requests: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a staff member or business associate of this office believes in good faith that there has been unlawful conduct or violations of professional or clinical standards that may endanger one or more patients, workers, or the general public.

Notice of Privacy Practices availability: This notice will be prominently posted in the office where registration occurs. Patients will be provided a hard copy and the notice will be maintained on our web site for downloading. Patients will be asked to confirm receipt of this Privacy Notice by signing our patient registration form.

PATIENTS' RIGHTS AND RESPONSIBILITIES

At Montgomery Therapy, LLC, we are committed to serving you with compassion, care, skills, and respect. Our policy is to respect the individuality and dignity of all patients, and to honor, in accordance with applicable law, an adult patient's right to make decisions regarding treatment. This includes an adult patient's right to consent to, refuse, or alter treatment plans.

You have the right:

- To receive quality care, this includes fair, respectful, and humane treatment. You will not be denied access to treatment or accommodations that are medically indicated on the basis of race, gender, age, creed, national origin, religion, or source of payment for care.
- To privacy regarding information necessary for medical care and regarding the privacy of your body and the right to expect all communications and records pertaining to your care to be treated as confidential
- To talk with the physician responsible for your care and to receive information necessary to understand your medical problem and planned treatment.
- To participate (yourself or family member, if patient incapable) in decisions regarding your care including treatment plans and the right to refuse or withhold care.
- To demand and receive an explanation of your bill.
- To reasonable attention to complaints and grievances when communicated to any member of the health care team; you have the freedom to voice such concerns without fear or reprisal or compromise of care.
- To file a grievance with us or the State Department of Health and Mental Hygiene, Office of Health Care Quality concerning our office and the treatment you receive. You may call that department with such a complaint or send a written complaint, by providing our practice name, the address, and the specific nature of the complaint. You will not be subject to any retaliation if you file a grievance. The address is: 201 West Preston Street, Baltimore, Maryland 21201 or call 1-877-463-3464

It is the policy of Montgomery Therapy to inform the patient that they do have the right to include their advanced directives in the clinic medical records. Patients who wish to include an advanced directive in their medical record will be informed that the facility does not have the capability of providing life sustaining emergency treatment and will call 911 or the local medical emergency service for all clinical emergencies. All medical record documentation will be provided to the emergency response team. The clinic will not bear the responsibility for following emergency medical directives, such as Do Not Resuscitate Orders.

You have the responsibility:

- To provide, to the best of your knowledge, accurate and complete information about your present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.
- To ask questions when you do not understand what you have been told about your health care and what you are expected to do.
- To follow the treatment plan developed with your practitioner and if you refuse treatment or fail to follow the practitioner's instructions, you are responsible for the outcomes.
- To follow and have your family follow the clinic's rules regarding patient care and conduct.
- To contact our office within 24 hours for any cancellations. Failure to do so could result in a \$50.00 cancellation fee.

THANK YOU.

