

This notice describes how medical information about you may be used and disclosed and how you can get access to this health information. Please review it carefully.

Our Pledge Regarding Your Health Information:

We understand that information about you and your health is personal. We are committed to protecting your health information. We will create a personal record of the care and services you receive at the Jemsek Specialty Clinic (JSC). We need this record to provide you with quality care and to comply with certain legal requirements. We are required by the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA") to maintain the privacy and security of your health information. This notice applies to all protected health information as defined by federal law, and includes, among other things, information about your symptoms, test results, diagnosis, and treatment as well as payment, billing, and insurance information. This notice tells you about the ways JSC may use and disclose your health information. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information.

Who will follow this notice:

The notice describes the practices of JSC and that of:

- Any health care professional authorized to enter information into your medical record, including medical staff.
- All department and units of JSC.
- All employees, staff, volunteers, and other JSC personnel.

Use and disclosure of your health information: We may use and disclose your health information without your authorization for the following purposes:

Treatment- Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment- Your health information may be used and disclosed for payment purposes.

Health Care Operations- Your health information may be used and disclosed by JSC to conduct out standard internal operations, including proper administration of records and to support JSC's day-to-day activities and management. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Required by Law- Your health information may be used or disclosed when such use or disclosure is required by federal, state, or local law and the use or disclosure complies with and is limited to the relevant requirements of such law.

Law Enforcement- Subject to certain restrictions, your health information may be disclosed to law enforcement officials. For example, JSC may disclose your health information to comply with laws that require the reporting of certain wounds or injuries or to assist law enforcement in identifying or locating a suspect, fugitive, or missing person.

Health Oversight- Your health information may be used or disclosed to a health oversight agency for oversight activities authorized by law. For example, JSC may disclose your health information to assist in investigations and audits, eligibility for government programs, and similar oversight activities.

Public Health Reporting- Your health information may be disclosed to public health agencies for public health activities. For example, we are required to report certain conditions, reactions, or communicable disease to the State's Public Health Department:

- To prevent or control disease, injury, or disability.
- To report reactions to medications or problems with products.
- To notify people of recalls of products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we believe an adult patient has been the victim of abuse, neglect, or domestic violence.

Coroners/Medical Examiners- Your health information may be disclosed to a coroner or medical examiner for the purpose of identifying a decedent, determining cause of death, or for other purposes to enable these parties to perform their duties. JSC may also disclose your health information to a funeral director as necessary to carry out his/her duties.

Organ Donations- Your health information may be used or disclosed to organ procurement organizations when the use or disclosure relates to organ, eye, or tissue donation and transplantation.

Research- Subject to certain restrictions, we may use or disclose your health information for medical research.

Serious Threat to Health or Safety- Your health information may be used or disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, may only be to someone able to help prevent the threat.

Military and Special Government Functions- If you are a member or veteran of the armed forces, we may use or disclose your health information as required by military command authorities. We may disclose your health information for national security, intelligence, or similar purposes. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Inmates- If you are an inmate of a correctional institution or otherwise in the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official when necessary for the correctional institution to provide you with health care, to protect your health and safety or the health and safety of others, or for law enforcement on the premises of, or the administration and maintenance of, the correctional institution.

Workers Compensation- Your health information may be disclosed to comply with workers compensation laws or similar programs providing benefits for work-related injuries or illness.

Limited Marketing- We may use or disclose your health information when the use or disclosure is permitted for marketing purposes, such as when a marketing communication occurs in a face-to-face meeting with you or concerns promotional gifts of a nominal value.

Appointment Reminders- Your health information may be used to contact you with appointment reminders. Your health information may be used to send you information on any recommended procedures or treatments relevant to the management of your medical condition. We may also send you information describing other health-related goods and services that we believe may be of interest to you.

Business Associates- Your health information may be used or disclosed when the use or disclosure is necessary for our business associates, such as consultants, lawyers, and billing companies, to provide services to, or provide business functions for, JSC. To protect your health information, we require business associates to sign specialized agreements designed to safeguard your health information in their hands.

Additional uses and disclosures:

Lawsuits and Disputes- If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Blood Testing- While you are receiving care, a health care worker may accidentally be exposed to blood or other body fluids. If this occurs, your blood will be tested for the presence of certain diseases (for example, HIV, Hepatitis viruses). This is necessary to help protect the health care worker. The results of these tests will be a part of your medical record and will not be released except with your prior consent or as required by law.

Involvement in Care- We may disclose your health information to family members, other relatives, or your friends if the information is directly relevant to the family's or friend's involvement in your care or payment for that care, and you have either agreed to the disclosure or have been given an opportunity to object and have not objected to the registration clerk or the Privacy Officer. If you are not present or able to agree or object, or if there is an emergency situation, we may disclose your health information to your family or friends if we determine the disclosure is in your best interest. We may also disclose your health information to notify, or assist in the notification of, a family member, relative, friend, or other person identified by you of your location, general condition, or death.

Disaster Relief- We may share your health information with a public or private agency (such as the American Red Cross) for disaster relief purposes. Even if you object, we may still share your health information in emergency circumstances.

Other uses and disclosures that require your authorization:

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you choose to sign an authorization to allow us to use and disclose your health information, you can later change your mind and submit a written revocation to stop any future uses and disclosures of your health information. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you revoke the authorization.

HIPAA specifically requires that we obtain your authorization for the following uses and disclosures.

- Psychotherapy Notes- We must obtain your authorization for any use or disclosure of psychotherapy notes, except to carry out certain treatment, payment or health care operations functions or as otherwise required or permitted by HIPAA.
- Marketing- We must obtain your authorization for any use or disclosure of your health information for marketing purposes, except if the marketing communication is in the form of a face to face communication or a promotional gift of nominal value. If the marketing involves financial remuneration to us, the authorization you sign to permit such marketing must state that remuneration is involved.
- Sale of Health Information- We must obtain your authorization for any disclosure of your health information that is a sale of health information. If we obtain your authorization for this purpose, the authorization must state that the disclosure will result in remuneration to us.

In the event that District of Columbia law or another federal law requires us to give more protection to your health information than stated in this notice or required by HIPAA, we will provide that additional protection.

Our Legal Duties:

Jemsek Specialty Clinic is required by law to maintain the privacy of your protected health information and to notify you of any breach of your unsecured health information. We are required by law to provide you with this Notice of Privacy Practices. We are required to abide by the terms of the notice currently in effect.

Your Individual Rights:

Your health record is the physical property of JSC, but you have the following rights with regard to your health information.

- Request Restrictions- You may request restrictions on the use and disclosure of your protected health information to carry out treatment, payment, or healthcare operations described above or to persons involved in your care or for notification purpose. We are not required to agree to most requested restrictions, but if we do agree, we must abide by those restrictions. If you request that your health information not be disclosed to a health plan, we must agree to that restriction if the disclosure is for the purpose of payment or health care operations and is not otherwise required by law and the health information pertains solely to a health care item or service for which you or someone on your behalf (other than the health plan) has paid us in full.
- Confidential Communications- You may ask us to communicate with you confidentially concerning your medical condition and treatment by, for example, sending notices to a special address or not using postcards to remind you of appointments.
- Inspect and Obtain Copies – In most cases, you have the right to inspect and copy your protected health information. There will be a charge for the copies, postage and the costs of providing a summary of the health information provided, as applicable.
- Amend Information – If you believe that health information in your record is incorrect, or if important health information is missing, you have the right to request that we correct the existing information or add the missing information. If we deny your request for an amendment, correction, or update, we will provide an explanation of our denial and allow you to submit a written statement disagreeing with the denial.
- Accounting of Disclosures- You may request a list of instances where we have disclosed health information about you during the previous six years. The list will not include certain disclosures, including but not limited to, disclosures for treatment, payment, or health care operations, disclosures pursuant to an authorization, or disclosures to persons involved in your care. In the event we make disclosures of your health information through an electronic health record, the list will include disclosures for treatment, payment, and health care operations made during the previous three years.
- Copy of Notice- You have the right to request a printed copy of this notice.

Changes to this Notice:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you, as well as any information we receive in the future. The notice will contain the effective date on the last page. We will post a copy of the current Notice of Privacy Practices at Jemsek Specialty Clinic. You may obtain a revised notice at any time by visiting our facility.

Contact Person:

For more information about our privacy practices, contact our Privacy Officer at (202) 955-0003 or write to:

Jemsek Specialty Clinic
Attn: Privacy Officer
2440 M Street NW, #205
Washington, DC 20037

Complaints:

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact our Privacy Officer at the address and-or phone number above. You may also send a written complaint to the U.S. Department of Health and Human Services (“HHS”):

(1) By Internet:

Using the Office for Civil Rights Complaint Portal at: https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf

(2) By mail:

Barbara Holland, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
150 S. Independence Mall West
Suite 372, Public Ledger Building
Philadelphia, PA 19106-9111
Main Line (800) 368-1019
FAX (215) 861-4431
TDD (800) 537-7697

There will be no retaliation, and you will not be penalized in any way, for filing a complaint with JSC or HHS.

This notice is effective September 23, 2013