

## 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.

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. “HIPAA” provides penalties for covered entities that misuse personal health information.

As required by “HIPAA”, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

**We may use and disclose your medical records only for each of the following purposes:** treatment, payment, and healthcare operations.

- **Treatment** means providing, coordinating, or managing health care related services by one or more health care providers. An example of this would include Maternal Fetal Medicine.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example of this would be an internal quality assessment review.

**We may use and disclose your health information in certain circumstances.**

The following describes unique scenarios in which we may use or disclose your identifiable health information:



# Maternal-Fetal Medicine Associates of Maryland

**Sheri L. Hamersley, M.D., F.A.C.O.G.**  
*Board Certified Maternal-Fetal Medicine*

15005 Shady Grove Road, Suite 340, Rockville, Maryland 20850  
Tel: 301.315.2227 • Fax: 301.315.2169 • [www.mfmofmd.com](http://www.mfmofmd.com)

**Public Health Risks.** Our practice may disclose your health information to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths
- Reporting child abuse or neglect
- Preventing or controlling disease, injury or disability
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person regarding a potential for spreading and contracting a disease or condition
- Notifying individuals if a product or device they may be using has been recalled
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required by law to disclose this information.
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

**Health Oversight Activities.** Our practice may disclose your health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights law as and the health care system in general.

**Lawsuit and Similar Proceedings.** Our practice may use and disclose your health information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your health information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

**Law Enforcement.** Our practice may disclose your health information for law enforcement purposes, as required under state law, or in responses to a valid subpoena.

**Research.** Our practice will disclose your health information for research purposes upon Institutional Review Board approval, and upon the assurance that established protocol to ensure the privacy of your health information has been obtained.

**Communication with Family.** Our practice will release health information to a family member or friend, identified by you, to support your care and recovery. *Please note that pregnant minors or minors who have borne a child are considered “emancipated” under Maryland law and we cannot disclose health information to parents or other family members without their permission.*



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**Business Associates.** Our practice may disclose some or all your health information to entities with whom we contract to perform services for us. Some examples are: Healthcare Data Management, our billing company. Quest, Lab Corp, ect., laboratory companies. Matria, nursing services. These entities or “Business Associates” are required to follow the same standards as our practice in maintaining the confidentiality of you health information and, we have entered into a written agreement with them to assure that they uphold the same standards.

**Serious Threats to Health or Safety.** Our practice may use and disclose your health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**Military.** Our practice may disclose your health information to the military if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

**National Security.** Our practice may disclose your health information to federal officials for intelligence and national security activities authorized by law. We may also disclose your health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

**Food and Drug Administration (FDA),** Our practice is required by law to disclose information to the FDA related to any adverse affects of food, supplements, products, and product defects for surveillance to enable product recalls, repairs or replacements.

**Workers Compensation.** Our practice may release your health information for workers’ compensation and similar programs to the extent authorized by law in matters of workers compensation.

We may contact you to provide appointment reminders of information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions by relying on your authorizations.

You have the following rights with the respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to the family members, other



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relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect of protected health information.

This notice is effective April 14, 2003, and we are required to abide by the terms of The Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

**Please contact our privacy officer for more information:**

Melissa Baker, Administrator  
Maternal Fetal Medicine Associates of Maryland  
15005 shady Grove Road  
Rockville, MD 20850  
301-315-2227



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