ON CALL NP

Meredith Piccinini, CRNP

NOTICE OF PRIVACY PRACTICES

Effective Date: _____8/31/19_____

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY

ON CALL NP is committed to protecting the privacy of your protected health information (PHI). This Notice of Privacy Practices explains how we may use and disclose your health information, your rights concerning your health information, and our responsibilities regarding your privacy.

We are required by law to maintain the privacy of your PHI, provide you with this notice describing our privacy practices and legal duties, and follow the terms of the notice currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use or disclose your PHI without your written authorization for the following purposes:

Treatment: To provide, coordinate, or manage your health care and related services.

Payment: To obtain payment for health care services provided to you or to determine eligibility for health care benefits.

Health Care Operations: To operate our practice, including quality assessment, administrative activities, compliance, and other activities permitted by law.

As Required by Law: We may disclose your information when required to do so by federal, state, or local law.

OTHER PERMITTED USES AND DISCLOSURES

We may also disclose PHI when permitted or required by law, including for certain public health activities, reporting abuse or neglect, health oversight activities, judicial or administrative proceedings, law

enforcement purposes, workers' compensation, certain specialized government functions, and to prevent a serious threat to health or safety.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Certain uses and disclosures of your PHI require your written authorization. These may include certain uses of psychotherapy notes, certain marketing activities, and disclosures that constitute the sale of PHI.

Any other use or disclosure of your PHI not described in this notice will generally require your written authorization.

You may revoke an authorization in writing at any time, except to the extent we have already relied upon the authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Inspect and Copy

You generally have the right to inspect and obtain a copy of your PHI that may be used to make decisions about your health care, subject to applicable legal limitations.

Right to Request an Amendment

You may request that we amend PHI that you believe is incorrect or incomplete. We may deny your request in certain circumstances permitted by law.

Right to an Accounting of Disclosures

You may request an accounting of certain disclosures of your PHI made by us, subject to applicable exceptions.

Right to Request Restrictions

You may request restrictions on certain uses and disclosures of your PHI. We are not required to agree to every requested restriction except where required by law.

Right to Request Confidential Communications

You may request that we communicate with you regarding your health information in a particular manner or at a particular location. We will accommodate reasonable requests as required by law.

Right to Receive a Paper Copy

You may request a paper copy of this Notice of Privacy Practices at any time, even if you have agreed to receive it electronically.

Right to Receive Notification of a Breach

You have the right to receive notification as required by law if a breach of your unsecured PHI occurs.

OUR RESPONSIBILITIES

ON CALL NP is required by law to:

- Maintain the privacy of your PHI.
- Provide you with this Notice of Privacy Practices.
- Follow the terms of the notice currently in effect.
- Notify affected individuals following a breach of unsecured PHI when required by law.

We reserve the right to change our privacy practices and this notice. Any revised notice will apply to PHI we already maintain as well as information we receive in the future. The current notice will be available upon request.

QUESTIONS OR COMPLAINTS

If you have questions about this notice or believe your privacy rights have been violated, please contact:

ON CALL NP
Meredith Piccinini, CRNP
8618 Saxon Circle
Nottingham, MD 21236

Phone: 443-717-3747
NPI: 1962412866

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

You will not be retaliated against for filing a privacy complaint.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have been provided with or offered a copy of ON CALL NP's Notice of Privacy Practices.

Patient Name: _____

Patient/Legal Representative Signature: _____

Date: _____

If signed by representative, relationship to patient:

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