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NOTICE OF PRIVACY PRACTICES

This notice describes my clinic's privacy practices, describing how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you would like more information, please feel free to discuss these matters with me personally. You can also read about The Health Insurance Portability and Accountability Act (HIPAA), which is legislation that governs the electronic transfers of health data. This information can be found on the internet at <http://www.hhs.gov/ocr/hipaa/>

You have the following rights regarding your medical information:

1. You may inspect and obtain a copy of your medical records.
2. You may add an addendum to or correct your medical records.
3. You may request an "accounting of disclosures" of your medical information that documents any releases of your medical information.
4. You may request restrictions on certain uses or disclosures of your medical information.
5. You may request that I communicate with you in a certain way or at a certain location.
6. You may request a full written version of the privacy practices.

My disclosure of your medical information will be only for the following purposes:

1. To provide you with medical treatment and services
2. To bill and receive payment for the treatment and services you receive
3. For functions necessary to run the clinic and assure that all patients receive quality care
4. As required or permitted by law

In certain situations, I may disclose your medical information without your authorization, including:

1. For worker's compensation or similar programs
2. For public health activities (e.g., reporting abuse or reactions to medications)
3. To a health oversight agency, such as the Maryland Department of Health
4. In response to a court or administrative order, subpoena, warrant, or similar process
5. To law enforcement officials in certain limited circumstances
6. To a coroner, medical examiner, or funeral director
7. To organizations that handle tissue procurement or transplantation

CHANGES TO THIS NOTICE:

I reserve the right to change this notice and to make the revised or changed notice effective for medical information I already have about you as well as any information I receive in the future. You may request a copy of the current notice by contacting me or from my website: amyhubermanmd.com.

EFFECTIVE DATE OF THIS NOTICE: 12/01/19