

Neil L. Julie, M.D., P.A.  
**Notice of Privacy Practice**

15225 Shady Grove Road  
Suite 103  
Rockville, MD 20850

**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.**

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. We understand that your health information is personal to you, and we are committed to protecting medical information that we maintain about you. This Notice of Privacy Practices (or "Notice") describes how we will use and disclose health information and data that we receive or create related to your healthcare (referred to as "PHI").

**Our Duties.** Our practice is required by law to maintain the privacy of your PHI, and to give you this Notice describing our legal duties and privacy practices. We are also required to follow the terms of the Notice currently in effect.

**How We May Use And Disclose Health Information About You.** Our practice will not use or disclose your PHI without your authorization, except in the following situations:

***Treatment:*** We may use and disclose your PHI while providing, coordinating or managing your healthcare. For example, we may provide another healthcare provider, such as a specialist to whom you are referred, with your information to assist them in treating you. We might disclose your PHI to a pharmacy when we order a prescription for you.

***Payment:*** We may use and disclose your PHI to obtain or provide compensation or reimbursement for providing your healthcare. For example, we may send a bill to you or your health plan. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. As another example, we may disclose information about you to your health plan so that the health plan may determine your eligibility for payment for certain benefits.

***Healthcare Operations:*** We may use and disclose your PHI to deal with certain administrative aspects of your healthcare, and to manage our business more efficiently. For example, members of our medical staff may use information in your health record to assess the quality of care and outcomes in your case and others like it. This information will then be used in an effort to improve the quality and effectiveness of the healthcare and services we provide.

***Business Associates:*** There are some services provided in our organization through contracts with business associates. A business associate is a person or entity not a member of our practice's workforce, who provides certain functions, activities, or services for or to our practice involving the use and/or disclosure of PHI. We may disclose your PHI to a business associate so they can perform the job we have asked them to do; however, we require business associates to take precautions to protect your PHI in compliance with this Notice and federal regulations.

***Notification of Family:*** Except if you have instructed us not to make the disclosure, we may notify or assist in notifying an immediate family member, other individual with whom you are known to

have a close personal relationship, or any other person you identify, of your location and general condition, or death.

**Communication With Family:** Except if you have instructed us not to make the disclosure, we may disclose to an immediate family member, other individual with whom you are known to have a close personal relationship, or any other person you identify, PHI relevant to that person's involvement in your care or payment for your care, in accordance with good medical or other professional judgment.

**Funeral Director, Coroner, and Medical Examiner:** Consistent with Maryland law, in the unfortunate event of your death, we may disclose your PHI to funeral directors, coroners, and medical examiners to help them carry out their duties. This may be necessary, for example, to determine the cause of death.

**Organ Procurement Organizations:** Subject to the restrictions of Maryland law, in the unfortunate event of your death, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events, product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Public Health:** As required by law, we may disclose your PHI to public health or legal authorities so that they may carry out their public health activities. For example, we may share your PHI with government officials that are responsible for preventing or controlling disease, injury, or disability.

**Abuse or Neglect:** We may disclose your PHI to appropriate governmental agencies, such as adult protective or social services agencies, if we reasonably believe you are a victim of abuse or neglect, subject to certain limitations under state law. We will make every effort to obtain your permission before releasing this information, but in some cases, we may be required or authorized to act without your permission.

**Health Oversight:** Our practice may disclose your PHI 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 proceedings or actions; or other activities necessary for the appropriate oversight of government benefit and regulatory programs, compliance with civil rights laws, and the health care system in general.

**Lawsuits and Similar Proceedings:** Our practice may disclose your PHI in response to a court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer; a grand jury subpoena; or an administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law; provided, however, that the prosecution agencies and law enforcement agencies have written procedures to protect the confidentiality of the records. Disclosures made in accordance with compulsory process, including a subpoena or court order, shall be subject to additional limitations under Maryland law.

**Law Enforcement:** Under certain circumstances, we may disclose your PHI to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds or other physical injuries), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement

official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

**Threats to Public Health or Safety:** Subject to restrictions under Maryland law, our practice may disclose or use PHI when it is our good faith belief, consistent with ethical and legal standards, that it is necessary to prevent or lessen a serious and imminent threat to you, another individual, or the public, or is necessary to identify or apprehend an individual.

**Specialized Government Functions:** Subject to certain requirements, we may disclose or use PHI for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

**Workers Compensation:** We may disclose PHI when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

**Other Uses:** We may also use and disclose your PHI for the following purposes:

- To contact you to remind you of an appointment for treatment;
- To describe or recommend treatment alternatives to you;
- To furnish information about health-related benefits and services that may be of interest to you; or
- As otherwise required by law.

**Prohibition on Other Uses or Disclosures.** We may not make any other use or disclosure of your PHI without your written authorization. Once given, you may revoke an authorization by writing to our Privacy Officer at the address listed on Page 5 of this Notice. Understandably, we are unable to retract any disclosure we have already made with your permission.

**Individual Rights.** You have many rights concerning the confidentiality of your PHI as described below.

**Requesting Restrictions.** You have the right to request restrictions on the health information we may use and disclose for treatment, payment, and healthcare operations. We are not required to agree to these requests. Such request must be made in writing and submitted to our Privacy Officer at the address listed on Page 5 of this Notice.

**Confidential Communications.** You have the right to receive confidential communications of PHI about you in a certain manner or at a certain location. For instance, you may request that we only contact you at work or by mail. Our practice will accommodate reasonable requests; however, we are not required to agree to your request. If we do agree, we are bound by our agreement, except when otherwise required or permitted by law, or when the information is necessary to provide emergency treatment to you.

**Inspection and Copies.** You have the right to inspect and obtain copies of your PHI so long as we maintain this information in our records. Such request must be made in writing (referred to as an "authorization") and submitted to our Privacy Officer at the address listed on Page 5 of this Notice. For your convenience, we have developed an authorization form for your use. If you request a copy of your PHI, we may charge you a fee for the cost of copying and mailing the documents. We may also charge a fee for preparing a summary of your PHI; however, we will only do so if you request such summary and agree to the charge in advance. Our practice may deny your request to inspect and/or copy your PHI in certain limited circumstances and such denial will be in writing with an explanation of our reasons. In such instance, the written explanation will contain a complete description of your rights to have that decision reviewed and how you can exercise those rights. In any event, we ordinarily will respond to your request within twenty-one (21) working days.

**Amendments.** You have the right to amend your PHI; however, pursuant to Maryland law, we are prohibited from deleting any information from a medical record. If you feel that PHI we maintain about you is incorrect or incomplete, you may ask us to amend the information. Such request must be

made in writing, state us a reason to support your request, and should be submitted to our Privacy Officer at the address listed below of this Notice. We may deny your request to amend your PHI if it is not in writing or does not provide a reason to support your request. We may also deny your request if the information you have asked to amend:

- Was not created by us, unless the person that created the information is no longer available to make the amendment,
- Is not part of the PHI kept by or for us,
- Is not part of the information you would be permitted to inspect or copy, or
- Is accurate and complete.

If we deny your request, we will tell you why and you may submit a statement of disagreement or request that we include your request for amendment and our denial with any future disclosures. If you submit a statement of disagreement, we may submit a rebuttal statement.

We will give notice of a change in your medical record or a copy of a statement of disagreement: (i) to any individual you designate; and (ii) to any entity or person to whom we have disclosed inaccurate, incomplete, or disputed PHI within the previous six (6) months. Also, if you agree, we will make reasonable efforts to provide the amendment to other persons if we know that they have the PHI that was amended and that they may have relied on it, or could foreseeably rely on it, to your harm.

**Accounting.** You have the right to receive an accounting of disclosures of your PHI. Such request must be made in writing and submitted to our Privacy Officer at the address listed on Page 5 of this Notice. Not all disclosures are subject to this request. For example, an accounting list will not include disclosures made to you, those made pursuant to an authorization as described above, or those disclosures made to provide you with treatment or to obtain payment for that treatment. Your request must state a time period, no longer than six (6) years and may not include dates before April 14, 2003. The first accounting you request within a 12-month period is free. For additional accountings, we may charge you the cost of providing the accounting. We will notify you of this cost and you may choose to withdraw or modify your request before charges are incurred.

**Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, contact us as indicated below.

**Complaints.** If you believe that your privacy rights have been violated, a complaint may be made to our Privacy Officer. You may also submit a complaint to the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

**Contact Person.** Our contact person for all questions, requests or for further information related to the privacy of your PHI is:

Julie & Collier, M.D., P.A.  
15225 Shady Grove Road, Suite 103  
Rockville, MD 20850  
301-987-0020

**Revisions to this Notice.** We reserve the right to change our privacy practices and to apply the revised practices to PHI about you that we already have. Any revision to our privacy practices will be described in a revised Notice that will be posted prominently at our offices.

Notice Effective Date: April 14, 2003

OTH1412-C603-01  
4/09/03

Neil L. Julie, M.D., P.A.

15225 Shady Grove Road  
Suite 103  
Rockville, MD 20850

10215 Fernwood Road  
Suite 303  
Bethesda, MD 20817

**Acknowledgement of Receipt of Notice of Privacy Practices**

Notice Effective Date May 1, 2008

\_\_\_\_\_  
**Patient Name**

\_\_\_\_\_  
**Date of Birth**

By my signature below, I acknowledge that I have received Neil L. Julie, M.D., P.A.  
Notice of Privacy Practices.

\_\_\_\_\_  
**Patient or Personal Representative's Signature      Date**

If the signature above is by any individual other than the patient, please explain your  
authority to act for the patient:

\_\_\_\_\_  
\_\_\_\_\_  
This acknowledgement page should be retained in the patient's record. If  
acknowledgement could not be obtained from patient, the reason should be documented  
below.