

## Notice of Privacy Practices

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

Who is Subject to This Notice  
Danielle Kamis, MD

### My Responsibility

The confidentiality of your personal health information is very important to me. Your health information includes records that I create and obtain when I provide you care, such as a record of your symptoms, examination and test results, diagnoses, treatments and referrals for further care. It also includes bills, insurance claims, or other payment information that I maintain related to your care.

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.

My office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of **treatment, payment, and health care operations**. Protected health information is the information I create in providing my services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

### **Example of Use of your Health Information for Treatment Purposes:**

\*I obtain information from you and record it in your chart.

\*I will obtain your written consent to speak to any other person, including another physician or a therapist about your care.

### **Example of Use of your Health Information for Payment Purposes:**

\*If you use your health insurance to pay for my services, I can provide your insurer information including diagnoses, dates of service, and other treatment information.

### **Example of Use of your Health Information for Health Care Operations:**

\*I may disclose your protected health information to any business associates who support my practice, such as my malpractice insurance carrier or for auditing by appropriate entities.

\*I do not use any billing or transcription service or have any office staff who might have access to your information.

### **Other Permitted Disclosures and Uses:**

\*Disclosure to the FDA about adverse events relating to food, supplements, or products.

- \*Workers Compensation if you are seeking compensation through Workers Compensation.
- \*Public Health agencies to prevent or control disease.
- \*To public health authorities to report abuse or neglect.
- \*To appropriate authorities if you are a risk to yourself or others.
- \*As allowed or required by law for judicial or administrative proceedings, with your authorization or as directed by a court order.

Most other permitted disclosures and uses of your health information do not apply to my practice. These include disclosures for research purposes, disaster relief, organ procurement, evaluation of employer-ordered treatment, care in correctional institutions, medical examiners of funeral directors, specialized government functions, law enforcement.

### **Your Health Information Rights**

The health and billing records I maintain are on a secured and HIPAA compliant electronic medical records system called Luminello. The health information in it, however, belongs to you.

You have a right to:

- \*Request a restriction on certain uses and disclosures of your health information. I am not required to grant the request, but I will comply with any request granted.
- \*Obtain a copy of this Notice of Privacy Practices.
- \*Request that you be allowed to inspect and copy your health and billing record. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to protected health information. I may charge you a reasonable copy fee for a copy of your records.
- \*Appeal a denial of access to your protected health information, except in certain circumstances.
- \*Request that your health care record be amended to correct incomplete or incorrect information. I may deny your request if you ask me to amend information that was not created by me, is not part of the health information kept by my office, is not part of the information that you would be permitted to inspect or copy, or if the information is accurate and complete. If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.
- \*Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to my office.
- \*Obtain an accounting of disclosures of your health information as required to be maintained by law. This applies to disclosures for purposes other than treatment, payment, or health care operations or for disclosures made to you or at your request.
- \*Revoke authorization that you made previously to use or disclose information by delivering a written revocation to my office, except to the extent information or action has already been taken.

\*If you want to exercise any of the above rights, please let me know.

**I/My office is required to:**

- \*Maintain the privacy of your health information as required by law.
- \*Provide you with a notice about privacy practices.
- \*Abide by the terms of this notice.
- \*Notify you if I cannot accommodate a requested restriction or request.
- \*Accommodate your reasonable request regarding methods to communicate health information with you.
- \*I reserve the right to amend, change, or eliminate provisions in my privacy practices.

**If you have any questions, would like additional information, or want to report a problem in the handling of your information, please contact Dr. Kamis. If you believe your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services (HHS). I cannot, and will not require you to waive the right to file a complaint with the HHS as a condition of receiving treatment from my office.**

This notice will be posted on my website.