



Endoscopy Center of North Baltimore

**1220 C East Joppa Road, Suite 508  
Baltimore, Maryland 21286**

**FORM 1**

**NOTICE TO PATIENTS**

*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.*

A. The General Authorization for Release of Medical Records that you sign authorizes your medical care provider, The Medical Practice (“Provider”), to disclose the information in your medical records to the extent needed for the following purposes:

1. For the purpose of providing treatment to you. This would include, for example, sharing information with employees and contractors of Provider, or with other health care providers who are treating you or consulting in your care.
2. For the purpose of arranging payment for your care. This would include, for example, your insurer or other third-party payor who is responsible for paying all or part of the cost of your care.
3. For the purpose of Provider’s “health care operations.” This would include such things as internal quality assessment activities, contacting other health care providers regarding treatment alternatives, evaluating provider performance, training providers of care, legal and medical review of care provided, business planning and management, customer service, resolutions of internal grievances and the provision of legal and auditing services.
4. For the purpose of other health care providers’ “health care operations,” to the extent that they have a treatment relationship with you.

B. A Specific Authorization for Release of Medical Records that you may sign authorizes Provider to make a specific disclosure that is not covered under section A, above. A Specific Authorization will name the party to whom you are authorizing disclosure, and will contain any limitations on the authority to disclose your records.

C. You may revoke any authorization provided to Provider by giving Provider a written notice of revocation. Provider may refuse to treat you if you revoke the General Authorization.

D. Provider may be required by law, in some cases, to make disclosures of your record that you have not authorized. Examples are subpoenas in criminal or civil litigation, or requests/surveys by licensure agencies or the U.S. Department of Health and Human Services.

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

F. You have the following rights with respect to your medical records/information:



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1. You have the right to request restrictions on the use and disclosure of your medical records/information, however Provider is not required to agree to restrictions not guaranteed by law. You will be informed if Provider will not agree to a requested restriction.
2. You have the right to receive confidential communications of your health information and to direct the place and manner of communication.
3. You have the right to inspect and copy your medical records. (Provider is entitled to charge you a reasonable fee related to the cost of copying your records).
4. You have the right to seek to amend your medical records, and if Provider does not agree with your request, to note your objection in the medical record.
5. You have a right to receive an accounting (list) of disclosures of your medical records/information made by Provider. (Except for those disclosures that are made to you or with your specific authorization, that fall within the scope of Provider’s “health care operations,” or disclosures made for payment or treatment purposes.)
6. You have the right to receive a paper copy of this notice.

G. Provider is required by law to maintain the privacy of protected health information, and to provide patients with this notice of its duties and practices, as well as changes to those practices. Patients will be provided with revised notices, as appropriate.

H. If a patient believes that his or her privacy rights have been violated, the patient may complain to Provider, or to the Secretary of the U.S. Department of Health and Human Services. To complain to Provider, please write or call us with the details. Provider will not retaliate in any way against a patient for making a complaint.

I. If you as a patient or guardian believe that your privacy rights have been violated, and wish to notify our practice, please call our office and ask to speak with our designated **Privacy Complaints Contact Person**: Kathy Ensey R.N. , Nurse Administrator ECNB.

J. Provider reserves the right to change its privacy practices, and to make its new policies effective for all protected health information that provider maintains. If such changes are made, Provider will issue an updated “Notice to Patients” to all of Provider’s patients.

Please acknowledge receipt and review of this notice by signing below. For further information, please call Kathy Ensey, at (410 ) 296-4415.

\_\_\_\_\_  
Name of Patient (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient or Lawfully Authorized Representative

Effective Date: April 14, 2003

HIPAA *Express* Privacy Compliance Manual  
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