

# ALI MOHAMADI, M.D.

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5530 Wisconsin Avenue #630, Chevy Chase, MD 20815  
Voice: 301-647-9847 ... Appointments: 240-688-4734 ... Fax: 301-907-3284

## HIPAA PRIVACY PRACTICES

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. If you have any questions about this notice, please contact Dr. Mohamadi at 301-647-9847. This notice describes the privacy practices at our office.

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding your health information
- Follow the terms of the notice currently in effect.

***Our Responsibilities*** We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice and notify you if we cannot agree to a requested restriction. We will accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

***Uses and Disclosures*** The following categories describe examples of the way we use and disclose medical information:

***For Treatment*** We may use medical information about you to provide you treatment or services. We may disclose medical information about you to nurses, technicians, and medical students, other physicians, and/or hospital personnel who are involved in your care. For example: a specialist treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. We may also provide other healthcare providers with copies of various reports that should assist him or her in treating you.

***For Payment*** We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your care so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

***For Health Care Operations*** Members of the staff may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purposes. And we may combine medical information we have with that of other practices or hospitals to see where we can make improvements. We may remove information that identifies you from this set of medical information to protect your privacy.

We may also use and disclose medical information to Business Associates, we have contracted with to perform the agreed upon service and billing for it; to remind you that you have an appointment for medical care; to assess your satisfaction with our services; to tell you about possible treatment alternatives; to tell you about health-related benefits or services; to inform funeral directors consistent with applicable law; for population based activities relating to improving health or reducing health care costs and for conducting training programs or reviewing competence of health care professionals.

***Business Associates*** There are some services provided in our organization through contracts with business associates. Examples include services for radiology, laboratory testing, and transcription services. When these services are contracted, we may disclose your health information to our business associates so they can perform the

job we've asked them to do and bill or your third-party payers for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Directory** We may include certain limited information about you in the hospital directory while you are a patient at a hospital. The information may include your name, location in the hospital, your general condition (e.g. fair, stable, etc.) and your religious affiliation, to other people who ask for you by name. If you would like to opt out of being in the facility directory please request the Opt Out Form from the admission staff or Facility Privacy Official.

**Individuals Involved in Your Care or Payment for Your Care** We may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Research** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

**Future Communications** We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community-based initiatives or activities our practice is participating in.

**Organized Health Care Arrangement** This practice is presenting this document as a notice. Information will be shared as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time. Affiliated Covered Entity: Caregivers at other facilities or practices may have access to protected health information at their locations to assist in reviewing past treatment information as it may affect treatment at this time. Please contact the facility or practice Privacy Official for further information on the specific sites included in this affiliated covered entity.

**As Required by Law** We may also use and disclose health information for the following types of entities, including but not limited to: Food and Drug Administration; Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability; Correctional Institutions; Workers Compensation Agents; Organ and Tissue Donation Organizations; Military Command Authorities; Health Oversight Agencies; Funeral Directors, Coroners and Medical Directors; National Security and Intelligence Agencies; Protective Services for the President and Others.

**Law Enforcement/Legal Proceeding** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

**State Specific Requirements** Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs.

**Your Health Information Rights** Although your health record is the physical property of the practice practitioner or the facility that compiled it, you have the following rights:

**Inspect and Copy** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this is medical and billing records, but does not include psychotherapy notes or other notes which are legally forbidden to disclose. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another health care professional chosen by the practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Amend** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by us for the practice. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

**An Accounting of Disclosures** You have the right to request an accounting of disclosures. This is a list of the disclosures we make of medical information about you not involved in treatment, payment, or health care operations.

**Request Restrictions** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like

a family member or friend. For example, you could ask that we not use or disclose information about a visit that you had. We are not required to agree to your request. If we do agree, we will comply with your request unless information is needed to provide you emergency treatment.

***Request Confidential Communications*** You have a right to request that we communicate with you about medical matters in a certain way or at certain locations. We will agree to the request to the extent that is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes.

***A Paper Copy of This Notice*** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

***Changes to This Notice*** We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted on the practice's website and include the effective date. In addition, each time you visit the practice for treatment or health care services, we will have available a copy of the current notice in effect.

***Complaints*** If you believe your privacy rights have been violated, you may file a complaint with the practice by contacting the main number and asking for the practice Privacy Official or with the Secretary of the Department of Health and Human Services. To file a complaint with the practice, contact the Privacy Official. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

***Other Uses for Medical Information*** Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for reasons covered by written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.

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## HIPAA Acknowledgement

I have been offered a copy of the privacy policy from Ali Mohamadi, M.D.

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Patient/Parent Signature

Date

I authorize Dr. Mohamadi to discuss information regarding my medical treatment with:

Spouse \_\_\_\_\_

Son(s) \_\_\_\_\_

Daughter(s) \_\_\_\_\_

Parent(s) \_\_\_\_\_

Other(s) \_\_\_\_\_

I authorize messages to be left on my answering machine/voicemail from physicians, nurses or staff members for Dr. Mohamadi.

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Patient/Parent Signature

Date