

Drs. Kane & Davis Associates, LLC
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NOTICE OF PRIVACY PRACTICES
(Effective Date 8/12/2011)

This notice describes how medical information about you may be used and disclosed and how you may get access to this information. Please review it carefully. If you have any questions about this notice, please contact our Privacy Officer at the address/phone listed above.

Each time you visit Drs. Kane and Davis Associates, LLC, your medical record is updated to document your symptoms, exam and test results, diagnosis, treatment and recommendations for future treatment. We are required by law to ensure that your medical information is kept private; give you this Notice of Privacy Practices; and follow the terms of the notice that are currently in effect. We may change the terms of our notice, at any time. You may request a revised copy of this notice by asking for it at your next scheduled appointment or contacting our Privacy Officer.

HOW DRs. KANE & DAVIS ASSOCIATES, LLC MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following examples provide different ways that Drs. Kane & Davis Associates, LLC may use and disclose medical information about you. Your protected health information may be used and disclosed by your physician, Drs. Kane & Davis Associates, LLC staff, and others outside of Drs. Kane & Davis Associates, LLC involved in providing health care services to you.

Each category below gives examples as to how Drs. Kane & Davis Associates, LLC may use and disclose your protected health information.

Treatment. Drs. Kane & Davis Associates, LLC may use medical information about you to provide, coordinate or manage your medical treatment or services. For example, information obtained by your nurse or physician will be recorded and used to determine the best course of treatment for you. This information may be shared with other healthcare providers involved in your healthcare diagnosis or treatment.

Payment. Drs. Kane & Davis Associates, LLC may use and disclose medical information about you to receive payment for your healthcare services. For example, we may send a bill to you, an insurance company, or a third party. The information on the bill may include information that identifies you and the health care services you received. We may also communicate with your health insurance carrier to get prior approval for a treatment or to determine if a treatment is covered under your plan. In addition, we may contact you by phone to discuss your account.

Health Care Operations. Drs. Kane & Davis Associates, LLC may use and disclose medical information about you in order to support the business activities of the practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students and conducting or arranging for other business activities.

In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate which physician you are seeing. We may also call you by name in the waiting room when your physician is ready to see you.

Business Associates: Drs. Kane & Davis Associates, LLC may use a third party or business associate to perform various functions necessary to the practice (e.g., billing and transcription). Drs. Kane & Davis Associates, LLC requires that all business associates sign contracts stating they will protect your information.

Appointment Reminders. We may use and disclose medical information when we contact you by phone or mail to remind you of an appointment.

As Required By Law. Drs. Kane & Davis Associates, LLC will disclose medical information when required to do so by federal, state or local law, in response to a court order, valid subpoena, warrant, summons or similar process.

Military and Veterans. Drs. Kane & Davis Associates, LLC may release medical information of patients in the armed forces as required by military command authorities.

Workers' Compensation. Drs. Kane & Davis Associates, LLC may release medical information about you to comply with workers' compensation laws.

Public Health. Drs. Kane & Davis Associates, LLC may disclose medical information about you for public health reasons. Some common reasons for disclosure are to:

- Prevent or control disease, injury or disability;
- Report births and deaths;
- Report child neglect or abuse;
- Report reactions to medications and/or problems with products (i.e. FDA reporting);
- Notify people of recalls of products they may be using;
- Notify a person who is at risk for exposure to a disease or may be at risk for contracting or spreading a disease or condition; or
- Notify the appropriate government authority if we think a patient has been the victim of neglect, abuse, or domestic violence. We will only make this disclosure if you agree or when we are required or authorized by law.

Law Enforcement. When legal requirements are met, Drs. Kane & Davis Associates, LLC may release medical information about you if asked to do so by a law enforcement official:

- For legal processes that are required by law;
- Concerning victim(s) of a crime;
- Regarding a death we believe may have occurred as a result of a crime;
- If a crime occur on the premises of Drs. Kane & Davis Associates, LLC; or
- During a medical emergency when it is likely that a crime has occurred.

Coroners, Medical Examiners and Funeral Directors. Medical information may be released to a coroner or medical examiner for identification purposes or to determine the cause of death. As authorized by law, Drs. Kane & Davis Associates, LLC may release medical information to funeral directors to permit the funeral director to carry out his or her duties.

Inmates: If you are an inmate of a correctional institution or in the custody of a law enforcement official, Drs. Kane & Davis Associates, LLC may release medical information about you to the correctional institution or law enforcement official.

SPECIAL SITUATIONS

Emergencies/Communication Barriers: Drs. Kane & Davis Associates, LLC may disclose your health information in the event of an emergency health situation or if significant communication barriers exist and the physician determines, using professional judgment that you intend to consent to use or disclosure under the circumstances. Your physician will attempt to obtain your consent as soon as possible after the delivery of treatment. If your physician is required by law to treat you, he or she may disclose your health information with or without your consent.

Family and Others Involved in your Care or Payment for your Care: Using our best judgment, Drs. Kane & Davis Associates, LLC may disclose health information about you to a family member, relative or friend involved in your medical care or the payment of your care.

Organ and Tissue Donation: If you are an organ donor, Drs. Kane & Davis Associates, LLC may release medical information to organizations engaged in the procurement, banking or transplantation of organs in order to aid in the organ or tissue donation and transplantation.

Research: Drs. Kane & Davis Associates, LLC may disclose medical information to researchers if an institutional review board has approved the research proposal and protocols are in place to ensure the privacy of your medical information.

YOUR MEDICAL INFORMATION AND YOUR RIGHTS

Your health record is the physical property of your healthcare provider. The information, however, belongs to you. You have the following rights:

Right to Inspect and Copy: You have the right to inspect and obtain a copy of your medical record. This typically includes medical and billing records.

If you would like to inspect your medical information, please submit your written request to our Privacy Officer.

If you would like to request a copy of your medical information, please submit your written request to the practice. You will be charged a fee for the cost of copying, mailing and other costs associated with your request.

Right to Request a Restriction: You have the right to request restrictions on use and disclosure of your medical information. You may request that any or part of your health information be restricted for the purpose of treatment, payment, healthcare operations, or disclosure to family or friends. Drs. Kane & Davis Associates, LLC is not required to agree to your request. If your physician determines that it is in your best interest to use and disclose this information, your request will be denied. If your physician approves your request, Drs. Kane & Davis Associates, LLC will not use or disclose your health information unless it is needed to provide emergency treatment or required by law.

To request a restriction, please submit your written request to our Privacy Officer. Your request must include:

- The information you wish to restrict
- If you want to limit Drs. Kane & Davis Associates, LLC's use, disclosure, or both;
- To whom the limits to apply

Right to Obtain an Accounting of Disclosures: You have the right to request an accounting of certain disclosures we have made (if any) of your health information, which do not fall under the routine disclosures stipulated for payment, treatment and/or healthcare operations or for which you have not additionally authorized in writing. To request an accounting of such disclosures, please submit your written request to our Privacy Officer. Your request must include a time period of not longer than six years. Please indicate in your request how you would like this information provided to you, for example, on paper, electronically, etc. Drs. Kane & Davis Associates, LLC will provide you one free accounting per 12 month period. You will be charged for any additional accountings. Drs. Kane & Davis Associates, LLC will notify you of the cost involved with additional requests. At that time, you may choose to withdraw or modify your request before any costs are incurred.

Right to Confidential Communications from Drs. Kane & Davis Associates, LLC. Drs. Kane & Davis Associates, LLC will accommodate reasonable requests for confidential communications. We reserve the right to condition your request based on information you provide regarding your management of payment and our ability to reach you at an alternative address or other method of contact.

To request confidential communications, please send your written request to our Privacy Officer and specify how or where you wish to be contacted.

Right to Have your Physician Amend your Protected Health Information: This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases we may deny your request for an amendment. If we do so, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your medical record.

Right to Obtain a Paper Copy of This Notice Upon request, and at any time, Drs. Kane & Davis Associates, LLC will provide you with a paper copy of this Notice. To request a paper copy of this notice, please contact our Privacy Officer.

COMPLAINTS

If you believe your privacy rights have been violated, you may contact our Privacy Officer at the address/phone number listed above, without fear of retribution. All complaints must be submitted in writing and will be handled confidentially. The Privacy Officer will contact you within 10 business days of receipt of your complaint.

Should you feel further assistance is warranted, you may contact the Office for Civil Rights/U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Rm 509F HHH Building, Washington, D.C. 20201 or call the Office of Civil Rights (OCR) Hotline at 1-866-627-7748.