

**Peter M. Levine, M.D., LLC
8518 Rayburn Road
Bethesda, MD 20817**

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Each time you visit the office, a record of your visit is made. This record contains your symptoms, diagnosis, treatment and plan for future care or treatment. It serves as the basis for planning your care and treatment. However, it also can act as a legal document describing the care you received and as a means by which you or a third-party payer can verify that the services billed were actually provided. It may also be a means of communicating with other health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand, who, what, when, where and why others may access your health information, and make more informed decisions when authorizing release to others.

YOUR HEALTH INFORMATION RIGHTS

Although your record is the physical property of Peter M. Levine, M.D., LLC, the information belongs to you. You have the right to:

- Request restriction on certain uses of your information
- Obtain a paper copy of the Notice of Privacy Practices
- Amend your health record according to legal protocol
- Request communications of your health information by alternative means
- Revoke your authorization to use your health information except to the extent that action has already been taken or is required by law

MY RESPONSIBILITY

I, Dr. Peter Levine, am required to:

- Maintain the privacy of your health information
- Provide you with a notice as to my legal duties and privacy practices with respect to the information I collect about you
- Abide by the terms of this notice
- Accommodate reasonable requests you may have to communicate health information by alternative means
- I will not use or disclose your health information without your authorization, except as described in this notice.

INSPECTION OR COPIES OF HEALTH INFORMATION

You may inspect and/or copy health information that is within the designated record set, which is information that is used to make decisions about your care. Maryland law requires that requests for copies be made in writing, and we ask that requests for inspection of your health information also be made in writing. I can refuse to provide some of the information you ask to inspect or ask to be copied for the following reasons: the information is psychotherapy notes, the information reveals the identity of a person who provided information under a promise of confidentiality, or the information has been compiled in anticipation of litigation. Additionally, if the information in the record could cause mental harm to you, a summary will be provided instead.

AMENDMENT OF MEDICAL INFORMATION

If you believe that there is an error in your personal health information, or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Any such request and the reason for the request must be made in writing to me. I will respond within 60 days of your request. I may refuse to allow an amendment for the following reasons: the information was not created by this practice, the information is not part of the designated record set, the information is not available for inspection because of an appropriate denial, or the information is accurate and complete.

Even if I refuse to allow an amendment, you are permitted to include a patient statement about the information at issue in your medical record. If I refuse to allow an amendment, I will inform you in writing. If I approve the amendment, I will inform you in writing, allow the amendment to be made and tell others that I know have the incorrect information.

PSYCHOTHERAPY NOTES

All visits are documented. If I am engaged in psychotherapy, there are also more detailed notes (usually describing your personal life and my thoughts regarding this information) that are called psychotherapy notes or process notes. These will be kept separate from routine visit information (such as symptoms, functional status, response to treatment and treatment plan). These psychotherapy notes are protected to a greater degree if there is a subpoena. These psychotherapy notes are also not released to others, including to you, the patient. There may be occasions when your psychotherapy notes cannot be separated from the rest of your record and if this occurs the notes must be released with the rest of your records when the proper request is made.

EMAIL

Email is inherently insecure. After care is established with me, email may be used if both parties are agreeable. **By you engaging in an email conversation with me, you are also acknowledging that you are aware of the possibility of inadvertent release of this information and that information sent over email is easily readable by others and can be subject to publication, although attempts are made to keep the information secure.** In view of this, please **do not use a work email as your main email address.** Generally, messages sent through a work email are property of your employer and could be easily intercepted and read. Email will be archived in your medical chart.

APPOINTMENT REMINDERS

My office may contact you by (telephone, telephone text, email, regular mail, or a combination) to provide appointment reminders unless you request to not receive these reminders. All messages left will be general and will not describe what type of provider I am or why you are visiting with me. The office will not call at your work number unless absolutely necessary or if you request that we call you there.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

I will use your health information to provide treatment. With your permission I will share this information with your other doctors or family members. If you are filing an insurance claim with a third party payer and need to provide the company with information in your file, then they will get information that identifies you, as well as your diagnosis and the type of treatment provided. In addition, I may be required to disclose health information for law enforcement purposes, or in response to a valid subpoena, or in relationship to a worker's compensation claim. I will make every effort to inform you if such a request is made of me.

Your safety is my highest priority. Other medical providers (for example, a psychotherapist), family members, friends, neighbors, your place of employment, or police may be notified if there is significant concern for your safety or the safety of others. If feasible, I will attempt to get your permission, but this can be done without your permission or even if you protest if your safety is at risk. The fewest number of people will be notified in order to ensure your safety (i.e., your place of employment or neighbors would be notified only if their notification would be of immediate benefit to you or someone else).

OTHER DISCLOSURES REQUIRED BY LAW

Because Maryland law requires physicians to report **child abuse or neglect**, I may disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Maryland law also requires a person having cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation to report the information to the state, and HIPAA privacy regulations permit the disclosure of information to report abuse or neglect of elders or the disabled.

COMPLAINTS, QUESTIONS AND CONTACT FOR REQUEST

If you are concerned that your privacy rights have been violated, you may contact me. You may also send a written complaint to the U. S. Department of Health and Human Services. I will not retaliate against you for filing a complaint with me or the government.

If you have any questions or want to make a request pursuant to the rights described above, please contact me at:
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This notice is effective December 1, 2011