



HIPPA Notice of Privacy Practices

1. Purpose: Sollay and its employees follow the privacy practices described in this Notice. Sollay maintains your health information in records that are kept in a confidential manner, as required by Federal and State laws. Sollay must use and disclose or share your health information as necessary for treatment, payment, and health care operations to provide you with quality health care.

2. What Are Treatment, Payment, and Health Care Operations?: Treatment includes sharing information among health care providers involved in your care. For example, your health care provider may share information about your condition with other health care providers to discuss medications, or with radiologists or other consultants to make a diagnosis. Sollay may use your health information as required by your insurer or HMO to obtain payment for your treatment. Sollay may use and disclose your health information to improve the quality of care and for education and training purposes of Sollay employees.

3. How will Sollay use and disclose my health information?: Your health information may be used for the following purposes unless you ask for restrictions on a specific use or disclosure:

Please note: You will have the opportunity to refuse some of these communications about your health information indicated by an *.

- a. Sollay directories, which may include your name and general location;
- b. Family members or close friends involved in your care or payment for treatment;
- c. To inform you of treatment alternatives or benefits or services related to your health;
- d. Fundraising activities by Sollay. Such information will be limited to your name, address, phone number, age, gender, insurance status, and the dates you received services at Sollay;
- e. Appointment reminders;
- f. Public health activities, including disease prevention, injury or disability, notifying government authorities of suspected abuse, neglect or domestic violence;
- g. Health oversight activities, such as audits, inspections, investigations, and licensure.
- h. Law enforcement.
- i. Coroners, medical examiners, and funeral directors;
- j. Organ and tissue donation;
- k. Certain research projects;
- l. to prevent a serious threat to health or safety;
- m. to military command authorities if you are a member of the armed forces or a member of a foreign military authority;

- n. National security and intelligence activities to authorized persons to conduct special investigations;
- o. Workers' Compensation. Your medical information regarding benefits for work-related injuries and illnesses may be released as appropriate.
- p. Alcohol and drug abuse information has special privacy protections. Sollay will not disclose any information identifying an individual as being a patient or provide any health information relating to the patient's substance abuse treatment unless the patient consents in writing to carry out treatment, payment and operations, or as required by law.
- q. To carry out health care treatment, payment, and operations functions through business associates, such as to install a new computer program and to bill for services provided.

4. Your Authorization is Required for Other Disclosures. Except as described above, we will not use or disclose your medical information, unless you, in writing, allow Sollay to do so. For example, we will not use your photographs or medical information for presentations outside Sollay without your written permission. You may withdraw or revoke your permission, which will be effective only after the date of your written withdrawal. Under Maryland law, your written authorization to disclose information automatically expires one year after you sign the authorization.

5. You have rights regarding your health information. You have the following rights regarding your medical information, if requested on the form(s) provided by Sollay:

- a. Right to request restriction. You may request limitations on your health information that we use or disclose for health care treatment, payment, or operations, although we are not required to comply with your request. For example, you may ask us not to disclose that you have had a particular procedure. We will release the information if necessary for emergency treatment.
- b. Right to confidential communications. You may request communications of your health information in a certain way or at a certain location, but you must tell us how or where you wish to be contacted.
- c. Right to inspect or copy. You have the right to review and obtain a copy of your medical or health record. We may charge a fee for copying and mailing the information. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed health care professional chosen by Sollay. Sollay will comply with the outcome of the review.
- d. Right to request amendment. If you believe that the health information we have about you is incorrect or incomplete, you may request an amendment on the form provided by Sollay. Sollay is not required to accept your amendment.
- e. Right to accounting of disclosures. You may request a list of the disclosures of your health information that have been made to persons

or entities for disclosures unrelated to health care treatment, payment or operation within the past six years. After the first request, there may be a charge for the accounting.

- f. Right to a copy of this Notice. You may request a copy of this Notice at any time, even if you have been provided with an electronic copy. You may obtain an electronic copy of this Notice at our web site, www.Sollay.com. A more detailed Notice is available at this website if you would like more information about these practices.
6. Requirement regarding this Notice. Sollay is required by law to provide you with this Notice. We will comply with this Notice for as long as it is in effect. Sollay may change this Notice, and these changes will be effective for health information we have about you, as well as any information we receive in the future.
7. Complaints. If you believe your privacy rights have been violated you may file a complaint with Sollay's Privacy Officer, Carol Daugherty at (410) 323-0777, or with the Secretary of United States Department of Health and Human Services. We will not penalize or retaliate against you in any way for make a complaint.

Contact Sollay's Privacy Officer if:

1. You have any questions about this Notice;
2. You wish to request restrictions on uses and disclosures for health care treatment, payment or operations, or
3. You wish to obtain a form to exercise your individual rights described in paragraph 5.



Acknowledgement of Receipt of Notice of Privacy Practices

Your name and signature on this sheet indicate that you have received a copy of Sollay's Notice of Privacy Practices on the date indicated. If you have any questions regarding the information in Sollay's Privacy Practices, please do not hesitate to contact a clinic representative or Sollay's Patient Privacy Officer as indicated on your Notice.

Patient Name: _____

If Patient Representative, Name (Printed) _____

If Patient Representative, Relationship to Patient (Printed)

Signature _____

Date Notice Received _____