

ALPHA OMEGA CLINIC AND CONSULTATION SERVICES

P: 301-767-1733 / F: 301-767-1743

7007 Bradley Blvd
Bethesda, MD 20817

3607-A Chain Bridge Rd
Fairfax, VA 22030

108 N. Payne St
Alexandria, VA 22314

5034 Dorsey Hall Dr, Ste 202
Ellicott City, MD 21042

NOTICE OF 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.

1. **Your Protected Health Information.** When you visit Alpha Omega Clinic, the information that we learn about your physical and mental health becomes protected health information (“PHI”). The privacy of your PHI is regulated by a Federal law called the Health Insurance Portability and Accountability Act of 1996 (“HIPPA”). HIPPA requires us to protect the privacy of your PHI and to give you this notice. We will operate in accordance with this notice. We may change our policies regarding your PHI, but we will first inform you of our new policies and obtain your consent to them.
2. **Your Rights to Control Your PHI.** You have the rights to restrict our use and disclosure of your PHI. However, we do not have to agree with those restrictions, which may prevent us from treating you. Your rights are further described in paragraph 5 below. If you agree with our privacy practices described in this notice, we will have you sign a consent form stating your consent. You may revoke your consent.
3. **Uses and Disclosures That Require Your Consent.** We will use and share your PHI for several purposes:
 - a. For your treatment, such as therapy by us or referrals to others involved in your care, such as your personal physician.
 - b. For payment, such as billing you or an authorized third party for payment of our services.
 - c. For your health care operations, such as evaluating how we can improve our services.
 - d. For appointment reminders and rescheduling.
 - e. With those members of your family, friends, or clergy designated by you in writing.
4. **Uses and Disclosures That Do Not Require Your Consent.** The law requires us to use and disclose your PHI without your consent in several circumstances, including:
 - a. When the law obligates us to disclose PHI, such as to report child abuse or to prevent a serious threat to the health or safety of you or others.
 - b. To comply with subpoenas or court orders.
 - c. For law enforcement purposes.
 - d. For public health purposes, such as when we must report certain injuries or diseases.
 - e. If you are deceased, to coroners, funeral directors, organ donation and transplant agencies.

f. To the government for specific functions, such as workers compensation programs, or to agencies that verify we are obeying the privacy laws.

5. **Your Rights Regarding Your PHI.** You may ask us to communicate with you in certain ways such as at home and not at work. You may limit what we tell people, such as your family, about your care. You have the right to inspect, copy, and amend our records of your PHI. You have a right to receive an accounting of how we have disclosed your PHI. You have a right to receive a copy of this notice. If we change this notice we will post that new version and offer you a copy. You have the right to file a written complaint with our Director, or with the Secretary of the U.S. Department of Health and Human Services.

If you have questions please contact our Director, Kathleen Gallagher, LCSW-C at (301) 767-1733 ext. 101 or at alphaomegaclinic@verizon.net.

This notice is effective as of _____, 20_____.

Receipt acknowledged: _____
(Signature)

(Printed Name)

Receipt acknowledged: _____
(Signature)

(Printed Name)