

## Notice of Privacy Practices

Protecting the confidentiality of the information you and your healthcare providers share with us is important to Foster Medical Care, LLC. 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.

### Uses and Disclosure of Health Information

We use health information about you for treatment, payment and administrative purposes. We may use or disclose identifiable health information about you without your authorization for several other reasons. Subject to several requirements, we may give out health information for public health purposes, for auditing purposes and for emergencies. We provide information when required by law, such as for law enforcement in specific circumstances.

In any and all other circumstances, we will ask for your written authorization before using or disclosing identifiable health information about you.

If you choose to sign an authorization to disclose information, you can later revoke the authorization to stop any further uses or disclosure.

We may change our policies at any time. Before we make significant change, however, we will post a notice of change in writing in the waiting area of our clinic. You can also request a copy of our policy at any time. For more information about our privacy practices, contact the medical director at the number below.

### Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

### Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the medical director at the number below.

### Our Legal Duty

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice. The name and address of the persons you can contact for further information concerning our privacy practices is:

Kamala A. Foster, M.D.

501 N. Frederick Avenue  
Suite 304  
Gaithersburg, MD 20877



### Acknowledgement Statement

I have received/read a copy of Foster Medical Care, LLC Notice of Privacy Practices.

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

If minor, less than 18 years old

Printed Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Signature: \_\_\_\_\_

Effective Date: July 16, 2012