

# **DR. ARTHUR ELEFThERIO**

## **PRIVACY NOTICE**

**You have the right, as a patient, to adequate notice of the uses and disclosures of your health information. Under the Health Insurance Portability and Accessibility Act, (HIPAA), Dr. Arthur Eleftherio can use your protected health information for treatment, payment and health care operations.**

**We may use or disclose your information to a physician or other healthcare provider providing treatment to you.  
We may use or disclose your information to your insurance carrier in order to obtain payment from them for services provided to you.**

**We may use and disclose your information in connection with healthcare operations, including quality assessment and improvement activities, reviewing the competency and qualifications of healthcare professionals, to evaluate provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.**

**Most uses and disclosures that do not fall under treatment, payment or health care operations will require your written authorization. You may revoke this authorization (in writing) at any time.**

**In the event of an emergency or your incapacitation, we may disclose health information to a family member or another person responsible for your care, using our professional judgment. We will only disclose health information that is directly relevant to the persons involvement in your healthcare.**

### **WE WILL NOT USE YOUR HEALTH INFORMATION FOR MARKETING COMMUNICATIONS.**

**We may also use or disclose your health information when we are required to do so by law.**

**We may disclose your health information to the appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the victim of other crimes. We may disclose your information to the extent necessary to avert a serious threat to you or other people's health or safety.**

**We may disclose the health information of Armed Forces personnel to military authorities under certain circumstances. We may disclose health information to authorized federal officials required for lawful intelligence, counterintelligence and other national security activities.**

**Your rights are as follows:**

- 1. You have the right to restrict the disclosure of your protected health information (in writing). The request for restriction may be denied if the information is required for treatment, payment or health care operations.**
- 2. You have the right to receive confidential communications regarding your protected health information.**
- 3. You have the right to inspect and copy your health information.**
- 4. You have the right to amend your protected health information.**
- 5. You have the right to receive an account of disclosures of your protected health information.**
- 6. You have the right to a paper copy of this notice of privacy practices.**

**Dr. Arthur Eleftherio is required by law to maintain the privacy of your protected health information. He is required to abide by the terms of this notice as it is currently stated, and reserve the right to change this notice. The policies in any new notice will not be in effect until they are posted to our website or are available in our office.**

**If you have any complaints regarding the use of your protected health information, you may submit a complaint in writing to our office.**

**As the person signing this consent, I understand I am giving my permission to Dr. Arthur Eleftherio or other named third party for disclosure of protected health information. I also understand that I have the right to revoke this consent, but that my revocation is not effective until delivered in writing to Dr. Eleftherio, 7645 Leesburg Pike, Falls Church, VA 22043. A copy of this consent shall be kept in my records.**

**Date** \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient/Parent or Guardian of Minor

\_\_\_\_\_  
Print Patient Name