



“Excellent care always”

## 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 CAREFULLY

#### Your Rights:

- You can ask to see and get a copy of your medical records and other health information we have about you.
- We can provide you with a copy of your health information, usually within 30 days of your request for a fee.
- You can ask us to correct health information about you that you think is incorrect or incomplete. However, your request may be denied at the provider’s discretion.
- You can ask to be contacted in a specific way or to have mail sent to a different address.
- You can ask us not to use or share certain health information for treatment, payment, or our operations. However, we are not required to agree to your request if this will affect your care.
- If you pay for a service “out of pocket,” you can ask us not to share that information for the purpose of payment or our operation with your health insurer.
- You can ask for a list of times we have shared your health information.
- You can ask for a paper copy of this notice at any time.
- Your legal guardian or a person to whom you have given a power of attorney can exercise your rights.
- You can complain if you feel we have violated your right by contacting us.
- You can file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights, by letter, phone or through their web page.

#### Your Choices:

- You can ask us to share your information with family, friends or others involved in your care.

#### Our Uses:

- We can use your health information in the following situations:
  - With other professionals who are treating you.
  - To run our practice, improve your care and to contact you.
  - For billing and payment purposes.
  - With health plans or other care entities.

(PATIENT COPY)



Diabetes and Endocrine  
Care of Virginia, LLC

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### Other Uses of Disclosures:

- We can share health information about you for certain situations such as:
  - Preventing disease.
  - Helping with product recalls.
  - Reporting adverse reactions to medications.
  - Reporting suspected abuse, neglect or domestic violence.
  - Preventing or reducing a serious threat to anyone’s health or safety.
  - In response to a court warrant or subpoena.
  - For research purposes. **(No identifiable data will be used).**
  - In response to certain requests by law enforcement to locate a fugitive, victim or witness or to report deaths or duties.
  - To coroners, funeral directors, or organ procurement organizations.
  - As allowed by workers compensation law.

### Our Responsibilities:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing.

### Changes to this notice:

We reserve the right to change the terms of this Notice at any time, and the changes will apply to all the information we have about you. The new notice will be available upon request, in our office.

### Contact information:

Privacy Officer: Alejandro Santos Leal, MD  
Phone: 571-363-3082 Fax: 844-634-2547  
Address: 9001 Digges Road Suite 101, Manassas VA 20110

**Effective date of this Notice: November 19, 2017.**

**(PATIENT COPY)**