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## **PRIVACY NOTICE**

The following notice describes how your medical information will be safeguarded by this office.

## **OFFICE RESPONSIBILITIES**

This office and the office of other covering physicians must maintain safeguards to protect your medical information. This information may be disclosed for the following reasons:

1. Treatment, meaning anything related to the coordination and management of healthcare.
2. Payment, meaning anything related to our reimbursement for our services. For example, insurance company billing.
3. Health care operations, meaning anything related to the business aspects of running our practice. For example, insurance company reviews for medical necessity.

There are certain exceptions to these rules. Under certain circumstances, disclosure may be required by federal, state, or local law. Public Health agencies may require information in order to prevent or control disease or injury. Judicial or administrative proceedings may require information produced under court order or subpoena. Rarely, we could create and distribute de-identified health information by removal of any individual identifiable information. No other disclosures will occur without specific signed permission. You may revoke such authorization at any time in writing, and we are required to honor that request, except to the extent that we have already taken actions relying on your authorization.

## **PATIENT RIGHTS**

You have the following rights concerning your health information. You may exercise these rights at any time by presenting written authorization.

1. You have the right to restrict certain uses and disclosures of your health information. You may elect to restrict this information from certain relatives, close personal friends or any other person identified by you. We, however, are not required to agree to such restrictions. However, if we do agree, we must abide by it unless you agree in writing to remove it.
2. You have the right by reasonable request to receive confidential communications of protected health information from us by alternate means or at alternate locations.
3. You have the right to inspect and copy your protected health information.
4. You have the right to amend your protected health information should you need to do so.
5. You have the right to receive an accounting of disclosures of protected health information.
6. You are entitled to receive a paper copy of our Notice of Privacy Practices.

This notice is effective 05/23/08 and we are required to abide by the terms of the Notice of Privacy. We do, however, reserve the right to amend these terms and to post new terms as they become available. You may request a written copy of any revised terms.

Should you feel that your right to privacy has been violated, you have the right to file a written complaint with the Department of Health and Human Services, Office of Civil Rights. You will not be penalized for complaining. Please contact our office for any further information required.

MARAGH DERMATOLOGY  
45155 Research Place, Suite 140 • Ashburn, VA 20147  
Phone (703) 858-0500 • Fax (703) 858-5155  
419 Holiday Court, Suite 10 • Warrenton, VA 20186  
Phone (540) 878-5781 • Fax (540) 878-5787  
14995 Shady Grove Road, Suite 150 • Rockville, MD 20850  
Phone (301) 358-5919 • Fax (301) 358-5939  
[www.maraghdermatology](http://www.maraghdermatology)