

CHRISTEN M. KERR, M.D., P.C.
1307 DOLLEY MADISON BOULEVARD, SUITE 3C
MCLEAN, VA 22101
TELEPHONE: (703) 734-7961
FAX: (703) 734-7962

NOTICE OF HIPAA PRIVACY PRACTICES

YOUR RIGHTS:

1. Get a copy of your medical record. You may ask to see or get a copy of your medical record. I will provide a copy or a summary of your health information within 30 days of your request. A reasonable cost-based fee will be charged.
2. Ask to correct your medical record. You may ask me to correct health information about you that you think is incorrect or incomplete. I may decline your request, but will tell you why in writing within 60 days.
3. Request confidential communications. You may request me to contact you in a specific way (for example, home or office phone) or send mail to a different address.
4. Ask me to limit what I use or share. You may ask not to use or share certain health information for treatment or operations purposes. I am not required to agree to your request and may decline if it would affect your care. Because you pay for treatment on a fee-for-service basis out of pocket, I do not share information directly with your health insurer for the purpose of payment or operations. I may be required to share that information by law under certain circumstances.
5. Get a list of those with whom I have shared information. You may ask for a list of the times I have shared your health information for 6 years prior to the date you ask, whom I have shared it with and why. I will include all the disclosures except for those about treatment, payment and healthcare operations and certain others (such as any you asked me to make). I will provide one accounting a year at no charge but will assess a reasonable cost-based fee if you ask for another one within 12 months.
6. Get a copy of this privacy notice. I will provide a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
7. Choose someone to act for you. If you had given someone medical power of attorney or if someone is your legal guardian, that person can exercise your right to make choices about your health information. I will make sure the person has the authority and can act for you before taking any action.
8. File a complaint if you feel your rights are violated. You may file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by sending a letter to 200 Independence Ave, Southwest, Washington, DC 20201, calling 1877-696-6775 or visiting www.hhs.gov/OCR/privacy/hipaa/complaints/. I will not retaliate against you for filing a complaint.

YOUR CHOICES:

For certain health information, you may tell me your choices about what I share. If you have clear preferences for how I share your information in the situations described below, please let me know.

In these cases, you have both the right and choice to tell me to:

1.
 - 1.1. Share information with your family, close friends or others involved in your care.
 - 1.2. Share information in a disaster relief situation.
 - 1.3. Share information in the case of certain subpoenas.

If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen the serious or imminent threat to health and safety in the community.

In these cases, I never share your information:

1.
 - 1.1. Marketing purposes.
 - 1.2. Sale of your information.

OTHER USES AND DISCLOSURES:

How else do I use your health information?

I am allowed or required to share your information in other ways - usually in ways that contribute to the public good such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues:

I can share health information about you for certain situations such as:

1.
 - 1.1. Preventing disease.
 - 1.2. Helping with product recalls.
 - 1.3. Reporting adverse reactions to medications.
 - 1.4. Reporting suspected abuse, neglect, or domestic violence.
 - 1.5. Preventing or reducing serious threat to anyone's health or safety.

Comply with the law:

1.
 - 1.1. I share information about you if state or federal law requires it including with the Department of Health and Human Services if it wants to see that I am complying with federal privacy law.

Respond to organ and tissue donor requests: I can share health information about you with organ procurement organizations.

Work with medical examiner or a funeral director: I can share health information with a coroner, medical examiner or funeral director when an individual dies.

Address worker's compensation law enforcement or other government requests: I can use or share health information about you:

1.
 - 1.1. For worker's compensation claims. For law enforcement purposes or with the law enforcement officials. With health oversight agencies for activities authorized by law.
 - 1.2. For special government function such as military, national security or presidential protective services.

Respond to lawsuits and legal actions.

1.
 - 1.1. I can share health information about you in response to a court or administrative order or in response to a subpoena.

MY RESPONSIBILITIES:

1.
 - 1.1. I am required by law to maintain privacy and security of your protected health information. I will let you know promptly if a breach occurs that may have compromised the privacy and security of your information.
 - 1.2. I must follow the duties in privacy practices described in this notice and give you a copy of it.
 - 1.3. I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Please let me know in writing if you change your mind.

For more information, see
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES IN THE TERMS OF THIS NOTICE:

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request in my office or on my website. This privacy notice applies to the following practice.

Signature

Date

Christen M. Kerr, M.D., PC
MOP/4120317/L
DD: 03/11/2024 DT: 03/12/2024