This Notice describes how health information about you may be used and disclosed by Whitman-Walker Health (WWH) and how you can get access to this information. Please read it carefully.

I. OUR COMMITMENT TO YOUR PRIVACY
We treat health information about you confidentially. This Notice applies to all of the WWH physicians, dentists, other licensed professionals, employees, volunteers, and trainees. This Notice, however, does not apply to any WWH providers regarding their private offices.

II. OUR RESPONSIBILITIES
This Notice applies to WWH, consisting of its facilities, departments, clinics, and any other entities of WWH that are considered Covered Entities as defined under HIPAA; all WWH physicians, dentists, other licensed professionals, employees, volunteers, and trainees. This Notice, however, does not apply to any WWH providers regarding their private offices.

III. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION
You have the right to ask that we restrict or limit how we use or disclose your health information. We will consider your request. If we agree with your request, we will restrict how we use or disclose your health information in ways consistent with what you request. To ask for a restriction, you must make your request in writing to the WWH Privacy Officer (address and number provided below) and provide a clear explanation as to how you believe your privacy has been, is being, or will be impaired if we do not make the requested restriction. We will let you know in writing if we agree to your request. If we do not agree to the requested restriction, we will provide you with an explanation of our decision and tell you what further steps you can take regarding the issue. We are required to agree to any reasonable request that you are able to show it is necessary to carry out your care or to carry out treatment for you.

IV. USES/DISCLOSURES OF HEALTH INFORMATION REQUIRING AUTHORIZATION
We may disclose health information about you to the law enforcement authorities as required by law. For example, we may disclose health information about you to law enforcement officials if a crime has been committed on the premises.

V. USES/DISCLOSURES OF HEALTH INFORMATION NOT REQUIRING AUTHORIZATION
We will use or disclose health information about you for purposes of carrying out payment or health care operations of the health plan, and the information pertains solely to a health care item or service for which we have been paid "out of pocket" in full.

VI. OUR RESPONSIBILITIES
We will let you know in writing if a breach occurs that may have compromised the privacy or security of your information. We will let you know the name of the entity involved in the breach, the date of the breach, the type of information or systems compromised, the nature and causes of the breach, and what we have done or are required to do to protect your health information.

VII. QUESTIONS/PATIENTS
If you have any questions or believe that your privacy rights have been violated, you may file a complaint with WWH or with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

VIII. CHANGES TO THIS NOTICE
We reserve the right to change our Notice, as required by law, and any revised Notice will be made available at our facilities, department offices, at the WWH website at Whitman-Walker.org, and at the WWH front desk. An Acknowledgement Form that is scanned into your electronic medical record.

Visit whitman-walker.org/disclaimers for more information.