



PATIENT PRIVACY

PF-1000 Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed. It also informs you how you can obtain access to this information. Please review carefully.

Treatment:

Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Health Care Operations:

Your health information may be used as necessary to support day-to-day activities and management of TAVO Total Health, LLC. For example, information on the services you received may be used to support budgeting and financial reporting. Additionally, this information may be used to evaluate and promote quality of care.

Law Enforcement:

Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization:

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Appointment reminders:

Your health information may be used by our staff to call or send you appointment reminders. If you have an answering machine or voice mail and you do not want us to leave a message notifying you of your appointments, please put that in writing for our office.

Individual Rights:

You have certain rights under the federal privacy standards. These rights include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are (*over*) outlined in this notice. We have the right to revise our Privacy Practices. As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be



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required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Requests to inspect protected health information:

As permitted by federal regulation, we require that requests to inspect or copy your health information be submitted in writing. You may obtain a form to request access to your records by contacting us. Please be aware the law allows a \$10 clerical fee plus a \$0.25 per-page copy fee for copies of your medical record. You may also be asked to cover the expense of mailing or faxing your records to the desired address.

Concerns or complaints should be submitted to TAVO Total Health, LLC.

I verify that I have read the above client privacy policy and understand my rights as a client. TAVO Total Health, LLC reserves the right to change the aforementioned privacy practices and will notify me on my next office visit. I may choose to obtain a revised notice of privacy practices by calling the office and requesting a revised copy.

Signature of Client or Personal Representative

Printed Name of Client or Personal Representative

Today's Date