This notice describes how medical information about you may be used and/or disclosed and how you can get access to this information. Please review it carefully.

A. The General Authorization for Release of Medical Records that you may sign authorizes your medical care provider, Anne Arundel Urology, PA and/or Anne Arundel Urological Surgery Center, LLC ("Provider"), to disclose the information in your medical records to the extent needed for the following purposes:

1. For the purpose of providing treatment to you. This would include, for example, sharing information with the employees and contractors of "Provider", or with other healthcare providers who are treating you or consulting your care.

2. For the purpose of arranging payment for your care. This would include, for example, your insurer or third party payer who is responsible for paying all or part of the cost of your care.

3. For the purpose of Provider's "healthcare operations". This would include such things as internal quality assessment activities, contacting other healthcare providers regarding treatment alternatives, evaluating provider performance, training providers of care, legal and medical review of care provided, business planning and management, customer service, resolutions or internal grievances and the provision of legal and auditing services.

4. For the purpose of other healthcare providers' "healthcare operations", to the extent that they have a treatment relationship with you.

5. For the purpose of reviewing clinical database for possible inclusion in clinical research studies conducted in our practice. If included in a clinical study, for the particular clinical trial you are enrolled in.

B. A specific Authorization for Release of Medical Records that you may sign authorizes Provider to make a specific disclosure that is not covered under section A above. A specific authorization will name the party to whom you are authorizing disclosure and will contain any limitations on the authority to disclose your records.

C. You may revoke any authorization provided to Provider by giving written notice of revocation. Provider may refuse to treat you if you revoke the general authorization.

D. Provider may be required by law, in some cases, to make disclosures of your record that you have not authorized. Examples are subpoenas in criminal or civil litigation, requests/surveys by licensure agencies or the U.S. Department of Health and Human Services.

E. Provider may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

F. You have the following rights with respect to your medical records/information:

1. You have the right to request authorization on the use and disclosure of your medical records/information; however, Provider is not required to agree to restrictions not guaranteed by law. You will be informed if Provider will not agree to a requested restriction.

2. You have the right to receive confidential communications of your health information and to direct the place and manner of communication.

3. You have the right to inspect and copy your medical records. (Provider is entitled to charge you a reasonable fee related to the cost of copying your records.)

4. You have the right to seek to amend your medical records and if Provider does not agree with your request, to note your objection in the medical record.

5. You have the right to receive an accounting (list) of disclosures of your medical record/information made by Provider. (Except for those disclosures that are made to you or with your specific authorization, which fall within the scope of Provider's "healthcare operations" or disclosures made for payment or treatment purposes.)

6. You have the right to receive a paper copy of this notice.

G. Provider is required by law to maintain the privacy of protected health information and to provide patients with this notice of its duties and practices, as well as changes to those practices. Patients will be provided with revised notices as appropriate.

H. If a patient believes that his or her privacy rights have been violated, the patient may complain to Provider or to the Secretary of the U.S. Department of Health and Human Services. To complain to a Provider, please write or call us with the details. Provider will not retaliate in any way against a patient for making a complaint.

I. If you, as a patient or guardian, believe that your privacy rights have been violated and want to notify our office, please call and ask to speak with our designated contact person, Nancy Riegel.

J. Provider reserves the right to change its privacy practices and to make its new policies effective for all protected health information that provider maintains. If such changes are made, Provider will issue an updated "Notice to Patients" to all of Provider's patients.

You may, in the course of your care, have lab tests, x-rays or other examinations performed both within our AAU facilities or with other health care providers. It is your responsibility to ensure that both you and AAU are informed of any and all test results. If you have not received the results of your testing within 10 days of its completion, please call our office for the result. For all test results received from providers other than AAU, please call our office as soon as possible following your receipt of said results to ensure AAU has been made aware. Finally, the fact that you have not been notified of a result does not, in any way, represent an affirmation by AAU that data has been received or reviewed by an AAU provider nor should you presume a negative or normal test result.

The information contained in this medical record document is considered private and confidential patient information. This information can only be used for the medical diagnosis and/or medical services that are being provided by the patient's selected caregivers. This information can only be distributed outside of the patient's care if the patient agrees and signs waivers of authorization for this information to be sent to an outside source or route.