



TAVO Total Health, LLC

4701 Willard Ave, Ste. 1603

Chevy Chase, MD 20815

Phone: (301) 652-2522

Fax: (301) 652-2722

Website: www.tavototalhealth.com

TAVO TOTAL HEALTH, LLC

Phil J. Tavalacci, MSPT, CPT

Tax ID# 26-022647

4701 Willard Avenue Suite 1603 Chevy Chase, MD 20815

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.

Payment:

Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of services, the services provided, and the medical condition being treated.

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 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.



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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 received 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 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 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 per-page copy fee for copies of your medical record.

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

I verify that I have read the about patient privacy policy and understand my rights as a patient at TAVO Total Health, LLC reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may choose to obtain a revised notice of privacy practices by calling the office and requesting a revised copy.

Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative

Today's Date
