

Sandra Read, MD

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## **NOTICE OF PRIVACY PRACTICES**

**Under HIPPA legislation, I am required to provide the following information and ask you to sign that you received and have read the following:**

**Thank you for your time and understanding.**

**This explains how your medical information may be used and disclosed by us and how you may gain access to your medical information.**

### **USES AND DISCLOSURES**

**As explained in our complete private notice, we may use and share health information about you:**

- **for treatment, payment, and business and administrative activities,**
- **to inform you about our health-related products and services,**
- **to recommend other treatments and health care providers, for medical research and public health activities.**

**For other proposed uses or disclosures, except as required by law, we will explain the use or disclosure and seek your permission.**

### **YOUR RIGHTS AND CHOICES**

**You may:**

- **review, copy and ask us to amend certain health information we have about you,**
- **ask us for a list of certain disclosures we have made that information,**
- **ask us to deliver health information about you to an alternative address, ask us not to share your health information with certain family members or friends**

**Where you have given us permission to use or share your health information, you may change your mind at any time. To exercise these rights or choices, contact us as indicated below.**

**Please sign & date:**

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