



PROGRESSIVE  
MEDICAL CARE

☎ 301-769-6640

☎ 301-769-6650

✉ tnaqvi@progressivemedicalcare.com

👤 DR. TEHSEEN R NAQVI, MD

📍 18566 Office Park Drive

Montgomery Village, MD 20886

## HIPAA PRIVACY AUTHORIZATION FOR USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION

This authorization is prepared pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et. seq., and regulations promulgated thereunder, as amended from time to time (collectively referred to as “HIPAA”). This authorization affects your rights in the privacy of your personal health care information (PHI). Please read it carefully before signing.

Progressive Medical Care, (“Covered Entity”) will not condition treatment payment, enrollment in a health plan, or eligibility for benefits, as applicable, on your providing authorization for the requested use or disclosure. **YOU MAY REFUSE TO SIGN THIS AUTHORIZATION.**

By pressing “ACECPT”, I acknowledge and agree that Covered Entity may use or disclose my health record, insurance information for the purpose(s) of my treatment or healthcare.

By pressing “ACECPT”, I authorization and agree that Covered Entity or its Business Associates may disclose your personal health care information to other healthcare entities.

Further, by pressing “ACECPT”, I authorization and acknowledge that you have been provided a copy of and have read and understand Covered Entity’s HIPAA Privacy Notice containing a complete description of your rights, and the permitted uses and disclosures, under HIPAA. While Covered Entity has reserved the right to change the terms of its Privacy Notice, copies of the Privacy Notice as amended are available from Covered Entity at any of its offices or by sending a written request with return address to 18566 Office Park Dr. Montgomery Village, MD 20886.

In accordance with your rights under, and subject to certain restrictions imposed by, HIPAA, you may inspect or copy your PHI in the designated record set maintained by Covered Entity for as long as the PHI is maintained in the designated record set.



PROGRESSIVE  
MEDICAL CARE

☎ 301-769-6640

☎ 301-769-6650

✉ [tnaqvi@progressivemedicalcare.com](mailto:tnaqvi@progressivemedicalcare.com)

👤 **DR. TEHSEEN R NAQVI, MD**

📍 18566 Office Park Drive

Montgomery Village, MD 20886

You have the right to revoke this authorization, in writing, at any time, except to the extent that Covered Entity has taken action in reliance on it. A revocation is effective upon receipt by Covered Entity of a written request to revoke and a copy of the executed authorization form to be revoked at the address listed above.

This authorization shall expire upon the earlier occurrence of: (a) revocation of the authorization; (b) a finding by the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights that this authorization is not in compliance with requirements of HIPAA; (c) complete satisfaction of the purposes for which this authorization was originally obtained, to be determined in the reasonable discretion of Covered Entity; or (d) six years from the date this authorization was executed.

**By pressing “ACECPT”**, I authorize and acknowledge that I agree that any information used or disclosed pursuant to this authorization could be at risk for re-disclosure by the recipient and no longer protected under HIPAA.

Covered Entity will provide you a copy for record. By pressing “ACECPT”, acknowledged and agreed that Progressive Medical Care has provide me a copy.

Thank you for reading and understanding HIPPA rights, if you have question, please contact us at following address:

**Tehseen R. Naqvi, MD**  
**18566 Office Park Dr.**  
**Montgomery Village, MD 20886**  
**[admin@progressivemedicalcare.com](mailto:admin@progressivemedicalcare.com)**  
**301-769-6640**



## **HIPPA Policy Overview**

Effective Date:01/01/2018

### **HIPAA**

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law passed by Congress to address many healthcare issues. However, when people refer to “HIPAA” these days, they’re often talking about a subsection under Accountability titled, Administrative Simplification. Its objectives are: *improve healthcare delivery, reduce administrative costs, and protect the security and privacy of certain personal health information.* To achieve these objectives, the Department of Health and Human Services (HHS) issued rules that establish standards how certain health information will be used and protected.

### **Privacy**

HIPAA’s Privacy Rule establishes patient privacy rights and privacy controls through standards about how to use and protect patient information. These requirements went into effect April 14, 2003. Although patient privacy has been one of our long-standing operational guidelines, we did enhance our on-going staff training, policies, procedures, information system applications and more to enhance privacy and comply with the standards. Contact our Facility Privacy Official for more information about your rights and our privacy procedures.

### **Security**

HIPAA’s Security Rule establishes standards to protect not only the confidentiality of Protected Health Information, but also the availability and integrity of the information. The security standards complement the privacy standards. Security requirements and standards were met by April 2005. Although security has been one of our long-standing operational guidelines, we did enhance our security awareness program, policies, procedures and security standards.

#### Electronic Transactions and Code Sets

HIPAA’s Electronic Transactions Rule establishes standardized transaction content, formats, diagnostic and procedure codes for eight transaction types (e.g. health care claim) and six medical code sets (e.g. ICD-10-CM). The compliance deadline is October 2003. As of April 2003, we have changed some information system applications or processes to meet the standards, and we have started testing with clearing houses and payors to confirm processing is working correctly before the October deadline.

#### Why We Have HIPAA

The U.S. needs to continue to improve healthcare but cut costs at the same time. Americans spent \$1.3 trillion on healthcare in 2000. That was 14.3 cents of every dollar of our Gross Domestic Product, and the percentage is growing. Healthcare is our economy’s largest industry, yet it also has the highest administrative costs largely due to redundancies and lack of standards. For example, before HIPAA there were over 400 so-called “standards” for a health claim. HIPAA takes that to a single, money-saving standard.



PROGRESSIVE  
MEDICAL CARE

☎ 301-769-6640

📠 301-769-6650

✉ [tnaqvi@progressivemedicalcare.com](mailto:tnaqvi@progressivemedicalcare.com)

👤 **DR. TEHSEEN R NAQVI, MD**

📍 18566 Office Park Drive

Montgomery Village, MD 20886

The U.S. needs to improve the way we protect confidential patient information. Privacy, security and trust have always been important in the relationship between a patient and the healthcare system. However, there has not always been a consistent approach or safeguards to ensure this protection. This is especially true when this confidential patient information is in electronic format. HIPAA enables consistent and strong protection.

#### HIPAA Makes Sense

HIPAA is more than just about compliance with a law. It also makes good business sense. The standards and consistent approach will help the healthcare industry and our facility improve patient care and protect patient rights. And that's the point. It's the right thing to do. Protecting privacy and security gives our patients peace of mind, an important component of high quality patient care.

For More Information Contact:

If you have any questions or complaints, please contact:

#### **Privacy Officer**

Tehseen R. Naqvi, MD

301-769-6640

[admin@progressivemedicalcare.com](mailto:admin@progressivemedicalcare.com)

I acknowledge that I have read and understood the Progressive Medical Care HIPPA polices. I also acknowledge that these policies and be change any time without prior notice

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_