



Center for Dizziness and Imbalance

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Practice Policy, Privacy Policy, and HIPAA Policy

Our Mission

The mission of Rocket Balance is to increase patient confidence and independence through improved vestibular wellness, and to decrease the risk of falls and falls-related injuries for residents of and local to Southern Maryland. Rocket Balance accomplishes this mission through advanced clinical protocols using modern technology, in-depth review and explanation of studies and results, and systematically reviewing available literature on subjects pertaining to audiological and vestibular care.

Patient Care Partnership

Rocket Balance believes in a teamwork approach to delivery of care that includes our providers, our patients, our patients' caretakers, and our patients' medical team. This partnership honors and empowers our patients to become self-advocates of their health and wellness.

Our patients can expect to be treated with care and respect regardless of their age, sex, race, nationality, gender identification, sexual orientation, or differing abilities. Our patients can expect to choose who is present during their appointments and to be treated in a clean, safe environment.

Providers at Rocket Balance will work to obtain information from our patients about their general health, their presenting condition, and their state of being. Providers will also work to understand our patient's healthcare goals. Our patients will be informed of and have the opportunity to consent to or decline participation in ongoing research studies.

Regarding Our Patients' Medical Information

At Rocket Balance, we understand that our patients' medical information is personal. We are committed to protecting medical information as required by law. We will ensure that any and all medical information that identifies our patients is kept strictly confidential, that this notice of privacy practices is made available, and that the terms of the most current notice are followed.

Our patients have the right to inspect and receive copies of medical information. This includes medical and billing records, but does not include chart notes. Requests must be submitted in writing. A fee for the costs of copying will be applied.

Our patients may choose to limit or restrict specific information that may be disclosed in regards to treatment, payment, and/or health care operations or to someone involved in care or payment for care. These requests must be submitted in writing and must include what information is to be limited and to whom the limits apply.

Due to advanced technology used for testing purposes, audio and/or video recordings may be collected during an appointment for diagnostic analysis. We will ensure that any and all medical information that identifies a patient is kept strictly confidential and is securely stored only on designated company-owned devices.

How Patient Information May Be Used or Disclosed

For treatment. Our providers may use information about our patients to provide medical treatment. Our providers may disclose patient information to office staff or others involved in patient care for the purposes of care and treatment.

For payment and health care operations. Patient information may be used for insurance and payment purposes. Patient information may be used to ensure quality of care and/or for learning purposes.

For phone messages. Patient information may be used to contact our patients in regards to appointments per the permissions granted on the patient intake form.

For health-related benefits and services. Patient information may be used to inform our patients about applicable health-related benefits and services.

For continuity of care. Patient information may be released to a friend or family member who is involved in care or has financial responsibility of a patient per the permissions granted on the patient intake form. In the case of worker's compensation claims, patient information may be disclosed to appropriate parties involved.

For legal purposes. Our providers are legally obligated to inform authorities of a serious threat to the health and/or safety of any patient, the public, or another person. Patient information may be released to an appropriate health oversight agency in regards to any public health risk. Patient information may be disclosed in response to a court or administrative order, subpoena, discovery request, or other lawful process, but only if efforts have been made to inform our patient(s) of such request. Patient information may be released to law enforcement officials as required by law.

Regarding This Notice

This notice is made available for every patient at Rocket Balance. If a patient would like to retain a hard copy for his or her records, he or she may request one at the time of the appointment or in writing otherwise. Rocket Balance reserves the right to change these policies at any time to address emerging concerns.