

PRIVACY POLICY

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

Section I. Uses & Disclosures for Treatment, Payment & Health Care Operations

A. We may use or disclose your protected health information (PHI) for treatment, payment, or health care operations purposed with your consent. To help clarify these terms here are some definitions:

- a. "PHI" refers to information in your health record that could identify you.
- b. "Treatment, Payment and Health Care Operations"
 - i. *Treatment* is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would when we consult with another health care provider, such as your family physician or a specializing physician.
 - ii. *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - iii. *Health Care Operations* are activities, business-related matters such as audits and administrative services, and case management and care coordination.
- c. "Use" applies only to activities with our office/clinic/practice group, such as releasing, transferring or providing access to information about to other parties.
- d. "Disclosure" applies to activities outside our office/clinic/practice group/etc, such as releasing, transferring or providing access to information about you to other parties.

Section II. Uses and Disclosures Requiring Authorization

B. We may use or disclose PHI for purposes outside of treatment, payment, and healthcare operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and healthcare operations, we will obtain an authorization from you before releasing this information. We must obtain an authorization before releasing your medical records.

C. You may revoke all such authorization at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

Section III. Uses & Disclosures with Neither Consent nor Authorization

D. We may use or disclose PHI without your consent or authorization in the following circumstances:

- a. **Child Abuse:** If we have reason to suspect that a child is abused or neglected, we are required by law to report the matter immediately to the Virginia Department of Social Services.
- b. **Adult and Domestic Abuse:** If we have reason to suspect that an adult is abused, neglected or exploited, we are required by law to immediately make a report and provide relevant information to the Virginia Department of Welfare and Social Services.
- c. **Health Oversight:** The Virginia Board of Medicine has the power, when necessary, to subpoena relevant records should we the focus of an inquiry.
- d. **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your legal representative, or a subpoena (of which you have been served, along with the proper notice required by state law). However, if you move to quash the subpoena, we are required to place said records in a sealed envelope and provide them to the clerk of court of the appropriate jurisdiction so that the court can determine

whether the records should be released. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

e. **Serious Threat to Health or Safety:** If we are engaged in our professional duties and you communicate to us a specific and immediate threat to cause serious bodily injury or death, to an identified or to an unidentified person, and we believe you have the intent and ability to carry out that threat immediately or imminently, we must take steps to protect third parties. These precautions may include (1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18; or (2) notifying a law enforcement officer.

f. **Worker's Compensation:** If you file a worker's compensation claim, we are required by law, upon request, to submit your relevant health information to you, your employer, insurer, or certified rehabilitation provider.

Section IV. Patients Rights & Provider's Duties

E. Patient's Rights

a. **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.

b. **Right to Receive Confidential Communication by Alternative Means and at Alternative Locations** – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations (Example: you may request your bill be sent to an alternate address.)

c. **Right to Inspect and Copy** – You have the right to inspect and obtain a copy (or both) of PHI and bill records used to make decisions about you for as long as the PHI is maintained in the record (service charges and copy fees may apply.)

d. **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request.

e. **Right to Accounting** – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization. On request, we will discuss with you the detail of the accounting process.

f. **Right to a Paper Copy** – You have the right to obtain a paper copy of this notice from our office/clinic, even if you have agreed to receive the notice electronically.

F. Health Provider's Duties:

a. We are required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy policies and practices with respect to PHI.

b. We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

c. If our policies or procedures are revised, these changes will be posted in the waiting room.

Section V. Questions and Complaints

G. If you have questions about this notice or other concerns about your privacy rights, or if you have a complaint please contact Deborah Farley, 5700 Old Richmond Avenue, Suite D18, Richmond, VA 23226.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The Clinic can provide you with the appropriate address upon request.

H. You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

Section VI. Effective Date, Restrictions and Changes to Privacy Policy

I. This notice will go into effect November 1, 2010.

J. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by posting this information in the waiting room of the office.