

Northern Virginia Physicians to Women, Ltd.

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Notices of Privacy Practices

The confidentiality of your medical information is very important to us. Each time you visit a physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment and billing-related information. This notice applies to all of the records of your care generated by Northern Virginia Physicians to Women, Ltd.

Our Responsibilities

We are required by law to:

- ❖ Make sure that medical information identifies you is kept private.
- ❖ Give you the notice of our legal duties and privacy practices with respect to medical information about you.
- ❖ Follow the terms of the notice that is currently in effect.

For Payment

We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your health plan information about surgery you received at the hospital, so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Healthcare Operations

We may use and disclose medical information about you for operation purposes. These uses and disclosures help us run our office and to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical students and other hospital personnel for reviewed and educational purposes. We may also combine the medical information we have with that of other hospitals for comparisons, in which will help us make decisions on improvement. We may remove information that identifies you from this set of medical information to protect privacy.

Business Associates

There are some services provided in our organization through contacts with business associates. For example, certain laboratory tests may be sent out for processing. When services are contacted, we may disclose your health information to our business associate so that they perform the job that we have asked them to do for us. To protect your health information we share only the minimum amount of information with our business associates and require them to safeguard the information we do share according to contractual agreement.

Individuals Involved in Your Care or Payment for Your Care

We may release medical information about you to your personal representative or a designated family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in disaster relief effort so that your

family can be notified about your condition, status and location; we may require your written permission to release such information.

As Required or Authorized by Law

We may disclose medical information about you when required or authorized by law to do so to the following types of entities, including but not limited to:

- ❖ The Food and Drug Administration (FDA), or an entity regulated by the FDA, to report an adverse event or potential defect related to a drug or medical device.
- ❖ Public Health or legal authorities (i.e. Child Protective Services, Human Rights Advocate/Board, Mental Health Advocate/Board) to:
 - Prevent or Control disease, injury or disability.
 - Report births and deaths.
 - Report suspected abuse, neglect or domestic violence.
 - Report reactions to medication or problems with products.
 - Notify a person who may have been exposed to a disease or may be at risk for contraction or spreading a disease or condition.
- ❖ Correctional Institutions
- ❖ Worker's Compensations
- ❖ Organ and Tissue Donation Organization
- ❖ Military Command Authorities
- ❖ Health Data Registries including tumor and trauma registries
- ❖ Funeral directors, coroners and medical directors.
- ❖ National Security and Intelligence Agencies.
- ❖ Protective services for the President and others.

Lawsuits and Disputes

We may release medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process, but only if notice has been given to you or your attorney.

Law Enforcement

We may release medical information if asked to do so by law enforcement official in response to:

- ❖ A court order, subpoena, warrant, summons or similar process.
- ❖ A need to identify or locate a suspect, fugitive, material witness or missing person.
- ❖ A need for information about the victim or a crime, if under certain limited circumstances, we are unable to obtain the person's agreement.
- ❖ A death we believe may be a result of criminal conduct; investigation of criminal conduct. In emergency circumstances to report a crime the location of the crime or victims; or the identity/description or location of the person who committed the crime.

To Avert a Serious Threat to Health or Safety

We may use and disclose medical information about you when necessary to prevent a serious threat to the health and safety of the public, to you, or to another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Minor

If you are an un-emancipated minor under Virginia law, there may be circumstances in which we disclose health information about you to a parent, guardian, or other person acting in loco parentis, in accordance with our legal responsibilities.

Parents

If you are a parent of an un-emancipated minor, and are acting as the minor's personal representative, we may disclose health information about your child to you under certain circumstances, for example, if we are legally required to obtain your consent as your child's personal representative in order for your child to receive care from us, we may disclose health information about your child to you. In some circumstances, we may not disclose health information about an un-emancipated minor to you. For example, if your child is legally authorized to consent to treatment (without separate consent from you), consents to such treatment and does not request that you be treated as her personal representative, we may not disclose health information about your child to you without your child's written authorization.

Your Health Information Rights

Although your health records are the physical property of Northern Virginia Physicians to Women, Ltd, you have the following rights regarding the medical information we maintain about you:

❖ Right to Amend

If you feel that medical information we have about you is incorrect or incomplete. You may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the practice. You must provide a reason for your request. We may deny your request for an amendment. If this occurs, you will be notified of the reason for the denial, and of your right to submit a statement (of reasonable length) disagreeing with the decision, which will be added to your records.

❖ Right to An Accounting Disclosures

You have the right to request an accounting of disclosures; this is a list of the disclosures we made of medical information about you. The accounting will not include certain disclosures, such as those made for treatment, payment or health care operations. We will provide you the accounting free of charge; however, if you request more than one accounting in any 12-month period, we may impose a reasonable, cost-based fee for any subsequent request. Your request should indicate the period of time in which you are interested (for example, "from May 1, 2003 to June 1, 2003"). We will be unable to provide you an accounting for any disclosures for a period of longer than six (6) years.

❖ Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for the treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for you care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery that had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. If we do not agree, we will notify you of our decision.

❖ Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will agree to request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes.

❖ **Right to a Paper Copy of this Notice**

You have the right to a paper copy of the entire Notice of Privacy Practices.

❖ **Right to File a Complaint**

If you believe your privacy rights have been violated, you may file a written complaint with the Privacy Official or with the Secretary of the U.S Department of Health and Human Services; you will not be penalized for filing a complaint.

To exercise any of your rights, please obtain the required forms from the Privacy Official and submit your request in writing.

If you have any questions about our privacy practices, please contact our Privacy Official at 703-525-8800.