

## **NOTICE OF PRIVACY PRACTICES**

*AS REQUIRED BY THE PRIVACY REGULATIONS CREATED AS A RESULT OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)*

### **OUR COMMITMENT TO YOUR PRIVACY**

Premier HealthCare Associates, Inc. is dedicated to maintaining the privacy of your medical information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this Notice of our legal duties and the privacy practices that we maintain in our practice. By federal and state law, we must follow the terms of the **Notice of Privacy Practices** that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your medical information
- Your privacy rights in your medical information
- Our obligations concerning the use and disclosure of your medical information

### **WRITTEN ACKNOWLEDGEMENT**

You will be asked to sign a written statement acknowledging that you have received a copy of this Notice. This acknowledgement only serves to create a record that you have received a copy of this Notice.

### **CHANGES TO THIS NOTICE**

Changes to the terms of our Notice may be made at any time. The new Notice will be effective for all medical information that we maintain at that time. Upon your request, we will provide you with any revised **Notice of Privacy Practices**. To request a revised copy, you may call our office and request that a revised copy be sent to you in the mail or via e-mail or you may ask for one at the time of your next appointment. The current **Notice of Privacy Practices** will be posted on our patient portal and web site.

### **IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

**Joanne M. Baehr, Privacy Officer**  
**1-804-288-7901 ext. 390 OR 1-804-288-7901 ext. 351**

### **WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION IN THE FOLLOWING WAYS**

The following categories describe the different ways in which we may use and disclose your medical information. Except for the purposes described below, we will use and disclose Health

Information only with your permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

**TREATMENT:** Our practice may use your medical information to treat you. Many of the people who work for our practice, including, but not limited to, our physicians and nurses may use or disclose your medical information in order to treat you or to assist others in your treatment. Additionally, we may disclose your medical information to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your medical information to other health care providers for purposes related to your treatment.

**PAYMENT:** Our practice may use and disclose your medical information in order to bill and collect payment for the services and items you may receive from us. Examples: We may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your medical information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your medical information to bill you directly for services and items. We may disclose your medical information to other health care providers and entities to assist in their billing and collection efforts.

**HEALTH CARE OPERATIONS:** Our practice may use and disclose your medical information to operate our business. Examples: Our practice may use your medical information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your medical information to medical students that see patients in our office. We may disclose your medical information to other health care providers and entities to assist in their health care operations.

**APPOINTMENT REMINDERS/NOTIFICATIONS:** Our practice may use and disclose your medical information to contact you and remind you of an appointment by telephone, mail or by e-mail. Our message will include the name of our practice and/or name of our physician as well as the date and time of your appointment or a reminder that an appointment needs to be scheduled.

**TREATMENT OPTIONS:** Our practice may use and disclose your medical information to inform you of potential treatment options or alternatives.

**HEALTH-RELATED BENEFITS AND SERVICES:** Our practice may use and disclose your medical information to inform you of health-related benefits or services that may be of interest to you.

**RELEASE OF INFORMATION TO FAMILY/FRIENDS:** Unless you object, our practice may release your medical information to a friend or family member who is involved in your care, or who assists in taking care of you. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement.

**DISCLOSURES REQUIRED BY LAW:** Our practice will use and disclose your medical information when we are required to do so by federal, state or local law. You will be notified, as required by law, of any such uses or disclosures.

**USE & DISCLOSURES OF YOUR MEDICAL INFORMATION UNDER CERTAIN SPECIAL CIRCUMSTANCES**

*THE FOLLOWING CATEGORIES DESCRIBE UNIQUE SCENARIOS IN WHICH WE MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION*

**PUBLIC HEALTH RISKS:** Our practice may disclose your medical information to public health authorities that are authorized by law to collect information for purposes such as:

- Maintaining vital records, such as births and deaths
- Reporting child abuse or neglect
- Preventing or controlling disease, injury or disability
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

**HEALTH OVERSIGHT ACTIVITIES:** Our practice may disclose your medical information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the healthcare system in general.

**BUSINESS ASSOCIATES:** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**DATA BREACH NOTIFICATION PURPOSES:** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**LAWSUITS AND SIMILAR PROCEEDINGS:** Our practice may use and disclose your medical information in response to a court or administrative order, if you are involved in a

lawsuit or similar proceeding. We also may disclose your medical information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain a court of administrative order protecting the information the party has requested.

**LAW ENFORCEMENT:** We may release medical information if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

**DECEASED PATIENTS:** Our practice may release medical information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

**ORGAN AND TISSUE DONATION:** Our practice may release your medical information to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

**SERIOUS THREATS TO HEALTH OR SAFETY:** Our practice may use and disclose your medical information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**MILITARY:** Our practice may disclose your medical information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

**RESEARCH:** Our practice may use and disclose your medical information for research purposes in certain limited circumstances. We will obtain your written authorization to use your protected health information (PHI) for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be

permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.

**NATIONAL SECURITY:** Our practice may disclose your medical information to federal officials for intelligence and national security activities authorized by law. We also may disclose your medical information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

**INMATES:** Our practice may disclose your medical information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

**WORKERS' COMPENSATION:** Our practice may release your medical information for workers' compensation and similar programs.

#### **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

*YOU HAVE THE FOLLOWING RIGHTS REGARDING THE MEDICAL INFORMATION THAT WE MAINTAIN ABOUT YOU:*

**CONFIDENTIAL COMMUNICATIONS:** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. Please request in writing confidential communication to our Privacy Officer specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

**REQUESTING RESTRICTIONS:** You have the right to request a restriction in our use or disclosure of your medical information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your medical information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. Please request in writing a restriction in our use or disclosure of your medical information to Privacy Officer. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure or both; and (c) to whom you want the limits to apply.

**INSPECTION AND COPIES:** You have the right to inspect and obtain a copy of the medical information that we maintain including patient medical records and billing records. However, under federal law, you may not inspect nor copy the following: psychotherapy notes, information compiled related to a civil, criminal or administrative action; and medical information that is subject to law that prohibits access to medical information in certain cases. You must submit your request in writing to our Privacy Officer in order to inspect and/or obtain a copy of your

medical information. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

**ELECTRONIC COPIES:** You have the right to request an electronic copy of your record for yourself or transmitted to another individual or entity. If the Protected Health Information is not readily available in the format that you request, your record will be provided in either our standard electronic format or a readable hard copy form. We may charge a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**NOTICE OF A BREACH:** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**AMENDMENT:** If you feel that Health Information we maintain is incorrect or incomplete you may ask us to amend the information. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. You must provide us with a reason that supports your request for amendment. We may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the medical information kept by or for the practice; (c) not part of the medical information which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information. If we deny your request, you have the right to file a disagreement with us and we may respond in writing to you.

**ACCOUNTING OF DISCLOSURES:** You have the right to request an accounting of disclosures. An accounting of disclosures is a list of certain non-routine disclosures our practice has made of your medical information for non-treatment, non-payment or non-operations purposes. Use of your medical information as part of the routine patient care in our practice is not required to be documented. For example, the doctor shares information with the nurse or family member; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to our Privacy Officer. All requests for an accounting of disclosures must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**RIGHT TO A PAPER COPY OF THIS NOTICE:** You are entitled to receive a paper copy of our **Notice of Privacy Practices**. To obtain a paper copy of this Notice, contact our Privacy Officer or request one at the time of your visit.

**RIGHT TO FILE A COMPLAINT:** If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Privacy Officer or Practice

Manager. All complaints must be made in writing. You will not be penalized for filing a complaint.

**OUT-OF-POCKET PAYMENTS:** If you paid out of pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information related to that service or item not be disclosed to a health plan for the purpose of payment or health care operations, and we will honor that request.

**RIGHT TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES:** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your medical information for the purposes described in the authorization. Please note we are required to retain records of your care.

If you have any questions regarding this Notice or our health information privacy policies, please contact:

**JoAnne M. Baehr, Privacy Officer**  
**1-804-288-7901 ext. 390 OR 1-804-288-7901 ext. 351**  
**Premier HealthCare Associates, Inc.**  
**7702 E. Parham Road, Suite 101**  
**Richmond, VA 23294**

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