



## **HIPAA NOTICE OF PRIVACY PRACTICES**

Effective Date: April 23, 2023

THIS NOTICE DESCRIBES HOW MEDICAL/CLINICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice is provided to you pursuant to the Health Insurance Portability and Accessibility Act of 1996 and its implementing regulations (HIPAA). It is designed to tell you how we may, under federal law, use or disclose your Health Information. You will be notified of any breaches of privacy or security.

### **I. We May Use or Disclose Your Health Information for Purposes of Treatment, Payment or Healthcare Operations without Obtaining Your Prior Authorization and Here is One Example of Each:**

- We may provide your Health Information to health care professionals including doctors, nurses and technicians -- for purposes of providing you with care.
- Our billing department may access your information and send relevant parts to other insurance companies to allow us to be paid for the services we render to you.
- We may access or send your information to our attorneys or accountants in the event we need the information to address one of our own business functions.

### **II. We May Also Use or Disclose Your Health Information Under the Following Circumstances without Obtaining Your Prior Authorization:**

#### **Required by Law:**

- For Public Health Purposes: We may use or disclose your Health Information to provide information to state or federal public health authorities, as required by law to prevent or control disease, injury or disability; to report child abuse or neglect; report domestic

violence; report to the Food and Drug Administration problems with products and reactions to medications; and report disease or infection exposure.

- In Response to Subpoenas or for Judicial and Administrative Proceedings. We may use or disclose your Health Information in the course of any administrative or judicial proceeding. However, in general, we will attempt to ensure that you have been made aware of the use or disclosure of your Health Information prior to providing it to another person.
- To Law Enforcement Personnel. We may use or disclose your Health Information to a law enforcement official to identify or locate a suspect, fugitive, material witness or missing person, comply with a court order or subpoena and other law enforcement purposes.<sup>7</sup>
- To Aid Specialized Government Functions. If necessary, we may use or disclose your Health Information for military or national security purposes.
- For Worker's Compensation. We may use or disclose your Health Information as necessary to comply with worker's compensation laws.
- To Correctional Institutions or Law Enforcement Officials, if You are an Inmate.

### **III. For All Other Circumstances, We May Only Use or Disclose Your Health Information After You Have Signed an Authorization.**

If you authorize us to use or disclose your Health Information for another purpose, you may revoke your authorization in writing at any time.

### **IV. You Should Be Advised that We May Also Use or Disclose Your Health Information for the Following Purpose:**

- Change of Ownership. In the event that our entity is sold or merged with another organization, your Health Information/Record will become the property of the new owner.
- Business Associates. Some business functions are provided by contract which may require us to disclose your health information so they can perform the job we have asked them to do. We require that all of our business associates protect your health information.

### **V. Your Rights**

- You have the right to request restrictions on the uses and disclosures of your Health Information. However, we are not required to comply with your request.
- If you pay out of pocket for services received, you have a right to restrict disclosure of your Health Information to your insurance company.
- You have the right to receive communication regarding your Health Information through confidential means through a reasonable alternative means or alternative location.
- You have the right to inspect and copy your Health Information. We may charge you a reasonable cost-based fee to cover copying, postage and/or preparation of a summary.
- You have a right to request that we amend your Health Information that is incorrect or incomplete. We are not required to change your Health Information and will provide you with information about our denial and how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your Health Information made by us, except that we do not have to account for disclosures: authorized by you; made for treatment, payment, healthcare operations; provided to you; provided in response to an

Authorization; made in order to notify and communicate with family, and/or for certain government functions, to name a few.

- You have a right to a paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, please contact Angela Roberts directly at 434-288-0534.

## **VI. Our Duties**

- We are required by law to maintain the privacy of your Health Information [and to provide you with a copy of this Notice.]
- We are required to notify you if there is a breach of your Health Information.
- We are also required to abide by the terms of this Notice.
- We reserve the right to amend this Notice at any time in the future and to make the new Notice provisions applicable to all your Health Information even if it was created prior to the change in the Notice. If such amendment is made, we will immediately display the revised Notice at our office and provide you with a copy of the amended Notice. We will also provide you with a copy, at any time, upon request.

## **VII. Complaints to the Government**

You may make complaints to the Secretary of the Department of Health and Human Services if you believe your rights have been violated.

We promise not to retaliate against you for any complaint you make to the government about our privacy practices.

## **VIII. Contact Information**

You may contact us about our privacy practices by calling our CEO/Practice Manager, Angela Roberts at 434-288-0534.

**IX. Receipt of Notice**

I have received a copy of this Health Insurance Portability and Accessibility Act (HIPAA) NOTICE OF PRIVACY PRACTICES. I have been informed whom to contact if I need more information.

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