



NOTICE OF PRIVACY PRACTICES

Effective August, 2016

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

This is our promise to you, our patients. Your information is important and confidential. Our ethics and policies require that your information be held in strict confidence.

Introduction

Appomattox River Medical, LLC., is required by law to maintain the privacy of your protected health information, to provide you with notice regarding our legal duties and privacy practices with respect to protected health information, and to notify you following a breach of your unsecured protected health information.

We maintain protocols to ensure the security and confidentiality of your personal information. We have physical security in our building, passwords to protect databases, compliance audits, and virus/intrusion detection software. Within our practice, access to your information is limited to those who need it to perform their jobs.

At the offices of Appomattox River Medical, LLC., we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective August, 2016, and applies to all protected health information as defined by federal regulations.

A copy of this notice is available on our website; you can also request that a copy be sent to you by email. We will also provide copies of this Notice to you, upon request, anytime you visit our office. A copy is also on display in our office.

We are required to abide by the terms of this notice. We reserve the right to change the terms of this notice and to make new terms effective for all protected health information we maintain. Any revised notice will be available to you as we described above.

Understanding Your Health Record

Each time you visit Appomattox River Medical, LLC., a record of your visit is made. Typically this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment;
- Means of communication among the many health professionals who contribute to your care;
- Legal document describing the care you received;
- Means by which you or a third-party payer can verify that services billed were actually provided;
- Tool in education for health professionals;
- Source of data for medical research;
- Source of information for public health officials charged to improve the health of the state and nation;
- Source of data for our planning and marketing; and,
- Tool by which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy; better understand who, what, when, where, and why others may access your health information; and, make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Appomattox River Medical, LLC., the information in it belongs to you. You have the right to:

- Obtain a copy of this Notice of Privacy Practices upon request, including a paper or electronic copy as requested by you;
- Request access to inspect and a copy of your health record, including an electronic copy, as provided by 45 CFR 164.524 (reasonable copy fees apply in accordance with state law);
- Request an amendment to correct or supplement your health record as provided by 45 CFR 164.526;
- Request an accounting of disclosures of your health information for the prior six years, except disclosures for treatment, payment, or health care operations, or those made subject to your authorization, as provided by 45 CFR 164.528;
- Request alternative means and/or locations to receive confidential communications of your health information as provided by 45CFR 164.522(a).

Appomattox River Medical, LLC., is not required to make all amendments requested or to implement all restrictions requested, particularly in cases that will affect your care, but we will promptly advise you if we will not do so. Appomattox River Medical, LLC., must agree to restrict disclosure of your protected health information to a health plan if the purpose of the disclosure would be to carry out payment or health care operations and you and/or someone on your behalf, other than your health plan, paid for

this health care in full. Additionally, Appomattox River Medical, LLC., will accommodate all reasonable requests to receive confidential communications by alternative means and/or at alternative locations.

To exercise any of the rights described above, please ask any Appomattox River Medical, LLC., employee. If they can't help you directly, they'll direct you to a person who can. You can also contact Beverly Balint, our practice Privacy Officer, at (804) 458-8557. She may ask that you put any request in writing and provide you with the address and other relevant information.

Our Responsibilities

Our Practice is required to:

- Maintain the privacy of your health information;
- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this notice;
- Timely notify you if we are unable to agree to a requested access, restriction of your medical records;
- Accommodate reasonable requests you may have to communicate your health information; and
- Promptly notify you of any breach of your protected health information.

We typically use/disclose your health information for treatment, payment, and/or health care operations.

Examples of Disclosures for Treatment, Payment, and Health Operations we will use your health information for treatment.

We may provide medical information about you to health care providers, our practice personnel, or third parties who are involved in the provision, management, or coordination of your care.

For Example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your medical information will be shared among health care professionals involved in your care.

We will also provide your other physician(s) or subsequent health care provider(s) (when applicable) with copies of various reports that should assist them in treating you.

We will use your health information for payment.

We may disclose your information so that we can collect or make payment for the health care services you receive.

For Example: If you participate in a health insurance plan, we will disclose necessary information to that plan to obtain payment for your care.

We will use your health information for regular health care operations.

We may disclose your health information for our routine operations. These uses are necessary for certain administrative, financial, legal, and quality improvement activities that are necessary to run our practice and support the core functions.

For Example: Members of our quality improvement team may use the information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide and to reduce health care costs.

Other uses/disclosures:

- **Appointment Reminders**
We may use/disclose medical information to provide appointment reminders (e.g., contacting you at the phone number you have provided to us and leaving a message as an appointment reminder).
- **Decedents**
Consistent with applicable law, we may disclose health information to a coroner, medical examiner, or funeral director.
- **Workers Compensation**
We may disclose health information to the extent authorized by and necessary to comply with laws relating to workers compensation or other similar programs established by law.
- **Public Health**
We may, in accordance with applicable law, disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Research**
We may disclose information to researchers when their research has been approved and the researcher has obtained a required waiver for the Institutional Review Board/Privacy Board, who has reviewed the research proposal.
- **Organ Procurement Organizations**
Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation or organs for the purpose of donation and transplant.
- **As Required By Law**
We may disclose health information as required by law. This may include reporting a crime, responding to a court order, grand jury subpoena, warrant, discovery request, or other legal process, or complying with health oversight activities, such as audits, investigations, and inspections necessary to ensure compliance with government regulations and civil rights laws.
- **Specialized Government Functions**
We may disclose health information for military and veteran's affairs or national security and intelligence activities.
- **Business Associates**

There are some services provided in our organization through contacts with business associates. Some examples are laboratory transcription services we may use. Due to the nature of business associates' services, they must receive your health information in order to perform jobs we have asked them to do. To protect your health information, however, when these services are contracted we require the business associate to appropriately safeguard your information

- Practice Information

We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you (for example, to notify you of any new tests or services we may be offering).

- Food and Drug Administration (FDA)

We may disclose to the FDA health information relative to adverse events with respect to food, supplements, or other regulated products as well as product defects or post marketing surveillance information to enable product recalls, repairs, or replacement.

- Personal Representative

We may communicate your protected health information with your personal representative (person legally responsible for your care and authorized to act on your behalf in making decisions related to your health care).

- To Avert a Serious Threat to Health/Safety

We may disclose your information when we believe in good faith that this is necessary to prevent a serious threat to your safety or that of another person. This may include cases of abuse, neglect, or domestic violence.

- To demonstrate HIPPA Compliance

Disclosures may be made to the Secretary of Health and Human Services to demonstrate HIPPA compliance.

You may choose to allow us to share your protected health information:

- Disaster Relief

You may agree that we may disclose health information about you to an organization assisting in a disaster relief effort.

- Communication with Family

You may agree that we may disclose to a family member or close personal friend health information relevant to that person's involvement in your care or payment related to your care. We may notify these individuals of your location and general condition.

If you are not able to tell us your preference, for example if you are unconscious, we may share your relevant health information with family members and/or disaster relief personnel if we believe it is in your best interest.

We will not use/disclose your protected health information without your prior written authorization for the following purposes/activities:

- Marketing Activities;
- Sale of protected health information;
- Most uses/disclosures of psychotherapy notes, where applicable.

We will not use or disclose your health information in a manner other than as generally described above without your prior written authorization, which you may revoke as provided by 45 CFR 164.508(b)(5), except to the extent that action has already been taken in reliance on your prior authorization.

For More Information of to Report a Problem

If you have questions and/or would like additional information, you may contact our practice's Privacy Officer, Beverly Balint, at (804) 458-8557, or with the Office for Civil Rights (OCR), U.S. Department of Health and Human Services (OCR).

There will be no retaliation for filing a complaint with either our practice or the OCR. The address for the OCR is as follows:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-877-696-6775

Alternatively, you can file a complaint with OCR by visiting www.hhs.gov/ocr/privacy/hippa/complaints/.