

The Virginia Center for Spine and Sports Therapy

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE READ AND REVIEW IT CAREFULLY

We understand that health information about you and your healthcare is personal, and we are committed to protecting this information. All employees must regard all patient information as strictly confidential. During your treatment at The Virginia Center for Spine and Sports Therapy (VCSST), we may gather information about your medical history and your current health as we create a record of the care and services you receive from us. This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. We are required by law to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES

YOUR MEDICAL INFORMATION may be used and/or disclosed for the following purposes:

Treatment: We may use your information to provide, coordinate, and manage your care and treatment. We may disclose health information about you to doctors, nurses, technicians, health students or other personnel who are involved in your care. For example, a VCSST physical therapist may share your medical information with your physician or other healthcare professionals to assist in treating you.

Payment: We may use and disclose medical information about you so that the treatment and services you receive may be billed, and payment may be collected from you, an insurance company, or another third party. For example, we may need to give information about your treatment you received at VCSST to your insurer so that your health plan will reimburse you for your treatment. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.

Healthcare Operations: We may use and disclose your medical information only as needed for VCSST's healthcare operations. Healthcare operations are the business activities that are necessary to run VCSST and to make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may remove identifying information from this set of health information so others may use it to study healthcare delivery without learning who our specific patients are.

Appointment Reminders: We may use or disclose your medical information to contact you by mail, email, or telephone to remind you of your appointments. Additionally, we may ask you to sign your name on an e-SignIn pad upon arrival for each appointment and will call you by name in the waiting room when your therapist is ready to see you.

To People Assisting in Your Care: VCSST will only disclose medical information to a parent of a minor, legal guardian, those taking care of you, helping you to pay your bills, or other close family members or friend if these people need to know this information to safely or adequately assist you in your healthcare and then only to the extent permitted by law.

As Required by Law: We will disclose medical information about you when we are required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

To Business Associates: Some services are provided by or to VCSST through contracts with business associates. Examples include VCSST's billing/collection agencies, attorneys, and accreditation organizations. We may use and disclose information about you to our business associates in order that they may perform the job we have contracted with them to do. To protect the information that is disclosed, each business associate is required to sign an agreement to appropriately safeguard the information and protect the privacy of your health information.

Military and Veterans: If you are a member of the armed forces or separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

Workers Compensation: We may release health information about you to workers' compensation agencies or similar programs if necessary for your benefit determination. We are permitted to disclose this information to the parties involved in the claim without specific consent so long as the information is related to a worker's compensation claim.

Public Health Risks: We may disclose health information about you for public health activities, such as reporting of disease, injury, births and deaths, to report child abuse or neglect, to report reactions to medications/products, to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, or to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, monitoring of the healthcare system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or judicial dispute, we will disclose medical information about you only in response to a valid court order, administrative order, or a grand jury subpoena or with your written consent.

Law Enforcement: We may release medical and non-medical information as required by law to report wounds, injuries or crimes.

Coroners, Funeral Directors and Organ Donation: We may release medical or demographic information to a coroner or medical examiner for identification purposes, or to a funeral director as necessary to carry out their duties.

National Security and Intelligence Activities: We may release medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, foreign heads of state, or conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

YOUR RIGHTS regarding your health information:

Right to Inspect and Copy: You have the right to inspect a copy of your medical information that is used to make decisions about your care, including medical billing records. All requests must be submitted in writing, and we will charge a fee of \$10.00 plus \$.50 per page for copying, mailing or other supplies and services associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed healthcare professional will review your request, and we will comply with the outcome of the review.

Right to Amend: If you feel the health information we have about you is incorrect or incomplete, you have the right to request the information be amended or corrected for as long as the information is kept by or for us. To request a change to your information, a request must be made in writing with a reason that supports your request. We are not obligated to make all requested amendments but will give each request careful consideration. We may deny your request if you ask us to amend information that:

- Was not created by VCSST unless the person that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for our practice;
- Is not part of the information which you would be permitted to inspect and copy;
- Is accurate and complete.

Right to an Accounting of Disclosure: You have the right to request an accounting of any disclosures of your health information we have made, if any, of medical information about you. This applies to disclosures which have been made for purposes other than treatment, payment or healthcare operations. It excludes disclosures we may have made to you, to family or friends involved in your care, disclosures for national security or intelligence purposes, disclosures to correctional institutions or law enforcement with custody of you and certain other disclosures. To request an accounting of disclosures, you must submit your request in writing. Your request must state a time period for which you would like the accounting and may not go back farther than six years from the date of the request and may not include dates prior to January 5, 2005. You may receive one free accounting in any 12-month period. We will charge you for additional requests.

Right to Request Confidential Communications: You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by email. To request confidential communications, you must make your request in writing. We will not ask you the reason for your request and we will accommodate all reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or method of contact.

Right to a Paper Copy of this Notice: You have the right to obtain a paper copy of this notice at any time. You may ask us to give you a copy of this notice at any time. It is also posted on our website at www.vcsst.com.

Changes to This Notice: The effective date of this Notice is 12/15/2015. We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. If the terms of this Notice are changed, VCSST will provide you with a revised Notice upon request, and we will post the current Notice in designated locations at our office.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with us to our privacy officer listed below, or with the Secretary of the Department of Health and Human Services. There will be no retaliation or penalty for filing a complaint.

Other Uses of Medical Information: Other uses and disclosures of health information not covered by this notice of the laws that apply to you will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

OUR RESPONSIBILITIES:

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in the notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing and you may change your mind at any time by letting us know in writing.

If you have questions or need further assistance regarding this notice, you may contact the Privacy Officer, Maryann Dominguez, at (804) 249-8277.