



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. “HIPAA” provides penalties for covered entities that misuse personal health information.

As required by “HIPAA”, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

**We may use and disclose your medical records only for each of the following purposes:** treatment, payment, and healthcare operations.

- **Treatment** means providing, coordinating, or managing health care related services by one or more health care providers. An example of this would include Virginia Neurosurgeons.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example of this would be an internal quality assessment review.

**We may use and disclose your health information in certain circumstances.**

The following describes unique scenarios in which we may use or disclose your identifiable health information:

**Public Health Risks.** Our practice may disclose your health information to public health authorities that are authorized by law to collect information for the purpose of:

- 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 for spreading and contracting a disease or condition
- 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 by law to disclose this information.
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.



**As Required by Law.** We will disclose Health Information when required to do so by international, federal, state, or local law.

**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 of services. Some examples are our billing company, laboratory companies, and any nursing services. All 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 a written agreement with Virginia Neurosurgeons.

**Organ and Tissue Donation.** If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes, or tissues to facilitate organ, eye or tissue donation or transplantation.

**Military and Veterans.** For members of the armed forces, our practice may disclose your Health Information to the military if you are a member of the U.S. or foreign military (including veterans) and if required by the appropriate authorities.

**Workers' Compensation.** We may release Health Information for workers' compensation and similar programs to the extent authorized by the law in matters of workers' compensation.

**Public Health Risks.** Our practice may use and disclose your Health 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. Our practice may disclose your Health Information to public health authorities that are authorized by law to collect information for the purpose of: maintaining vital records, such as births and deaths, reporting child abuse or neglect.

**Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. Health oversight activities can include audits, investigations, inspections, and licensure for example. These activities are often necessary for the government to monitor the health care system and other government programs.

**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.

**Lawsuit and Similar Proceedings.** Our practice may use and disclose your Health Information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your Health 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 an order protecting the information the party has requested.

**Coroners, and Medical Examiners.** We may release Health Information to a coroner or medical examiner.

**National Security and Intelligence Activities.** We may release Health Information to authorized federal officials for intelligence, counterintelligence, and other national security activities as authorized by law.



**Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to that institution or official in order: for the institution to provide you with healthcare; to protect your health and safety or the health and safety of others; or to protect the safety and security of said institution.

We may contact you to provide appointment reminders, information about treatment alternatives or other health-related benefits and services that may be of interest to you.

#### **USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT**

**Individuals Involved in Your Care or Payment for Your Care.** We may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care, unless you otherwise object. In the event 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.

**Disaster Relief.** We may disclose your Protected Health Information to disaster relief organizations that seek your Health Information to coordinate your patient care or notify your family members and friends of your location or condition in the event of a disaster. Whenever reasonably possible, we will provide you with an opportunity to agree or object to such a disclosure.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information. You can exercise these rights by presenting written requests to the Privacy Officer.

**Right to Inspect and Copy.** You have the right to inspect and copy Health Information, with limited exceptions. This includes medical and billing records, other than psychotherapy notes. To access this Health Information, you must make your request in writing to our Practice Officer. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee to cover labor, supplies, and postage. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to appeal the denial of your request, and have it reviewed by another licensed healthcare professional who was not directly involved in the original denial of your request, and we will comply with the outcome of that review.

**Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in electronic format (known as electronic medical record-EMR or an electronic health record EHR), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.



**Right to Amend.** If you feel that Health Information we have on file is incorrect or incomplete, you may ask us to amend that information. You have the right to request an amendment for as long as the information is required to be kept by or for our office. A request may be made, in writing, to our Privacy Officer.

**Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we have made of Health Information for purposes other than that of treatment, payment and health care operations or for which you have previously provided written authorization. An accounting of disclosures request must be made, in writing, to our Privacy Officer.

**Right to Request Restrictions.** The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

**Out-of-Pocket Payments.** If you have paid out-of-pocket (your health plan was not billed) in full for a specific service, you have the right to ask that your Protected Health Information with respect to that service is not disclosed to a health plan for purposes of payment or health care operations, and that request will be honored.

**Right to Request Confidential Information.** The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations. For example, you can ask that we only contact you via USPS or at work. To request confidential communications, you must make your request, in writing, to the Privacy Officer. Your request must specify where and/or how you wish to be contacted. Reasonable requests will be accommodated.

**Right to a Paper Copy of this Notice.** You have the right to a paper copy of this Notice from us upon request. You may also obtain a copy of this Notice at our website: <https://vaneurosurgeons.com/>

#### **CHANGES TO THIS NOTICE:**

This notice is effective September 1, 2023 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post, and you may request a written copy of a revised Notice of Privacy Practices from this office.

#### **COMPLAINTS:**

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or the Department of Health and Human Services. To file a complaint with our office, contact our Privacy Officer. All complaints must be in writing. You will not be penalized for filing a complaint.

You may contact our office at:  
Virginia Neurosurgeons  
Attn: Privacy Officer: Ariel Hester  
1625 N. George Mason Dr., Ste. 445  
Arlington, VA. 22205