

# NOTICE OF PRIVACY PRACTICES

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Effective Date: January 7, 2019

Your Advantia Health medical practice, located in the Commonwealth of Virginia, is committed to protecting the privacy of medical information that we create or obtain about you.

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

## In a Nutshell

### Your Rights

You have the right to:

- Obtain a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Obtain a list of those with whom we've shared your information
- Obtain a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### Your Choices

You have choices in the way that we use and share information to:

- Communicate with Ask us to limit the information we share
- family and friends about your condition
- Provide some disaster relief
- Provide mental health care
- Market our services and sell your information
- Fundraise

### Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

### You have the right to:

#### Obtain an electronic or paper copy of your medical record

- You may ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record

- You may ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 30 days.

#### Request confidential communications

- You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

#### Ask us to limit what we use or share

- You may ask us not to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for payment or our operations with your health insurer.
  - We will say "yes" unless a law requires us to share that information.

#### Obtain a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, with whom we shared it, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Obtain a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
  - We will provide you with a paper copy promptly.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your privacy rights by contacting our compliance officer at [compliance@advantiahealth.com](mailto:compliance@advantiahealth.com) or 571-257-1480.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- You will not be retaliated for filing a complaint.

## **Your Choices**

### **For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

#### **You have the right and choice to tell us whether to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a facility directory
- Contact you for fundraising efforts

*If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In the following cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

We may contact you for fundraising efforts, but you may request that we not contact you again for this purpose.

## **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 as currently described in this 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. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

## **Our Uses and Disclosures**

We typically use or share your health information in the following ways:

#### **Treat you**

We may use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*



**Run our organization**

We may use and share your health information to run our organization, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

**Bill for our services**

We may use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

**Help with public health and safety issues**

We can share health information about you for certain situations, such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety.

**Conduct research**

We may use or share your information for health research.

**Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if the Department wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests**

We may share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director**

We may share health information with a coroner, medical examiner, or funeral director when a patient dies.

**Address workers' compensation, law enforcement, and other government requests**

We may use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**How else can we use or share your health information?**

- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.
- For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Affiliated Covered Entity**

As an affiliated covered entity, this notice applies to any healthcare entity owned or under common control of Advantia Holdings, LLC, located in Virginia, now or in the future.

**Virginia Law**

If federal privacy law and Virginia law conflict, and the Virginia law is more protective of your information or provides you with greater access to your information, then we will follow the Virginia law.

**Changes to the Terms of this Notice**

We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

**Other Particularly Sensitive Conditions**

Certain other types of health information may have additional protection under Virginia law. For example, health information about HIV/AIDS and mental health information is treated differently than other types of health information under Virginia law. These categories of information generally will not be disclosed without your consent.

**Effective Date**

The effective date of this Notice is January 7, 2019.

**Contact Us**

For more information, please contact Advantia Health's Chief Compliance Officer at 1525 Wilson Blvd, Suite 540, Rosslyn, VA, [compliance@advantiahealth.com](mailto:compliance@advantiahealth.com)

**Discrimination is Against the Law!**

We comply with applicable Federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Advantia Health:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
- If you need these services, contact Advantia Health's Civil Rights Coordinator.

If you believe that your Advantia Health medical practice has discriminated on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advantia Health Civil Rights Coordinator  
1525 Wilson Blvd, Suite 540  
Rosslyn, VA 20009  
[civilrightscordinator@advantiahealth.com](mailto:civilrightscordinator@advantiahealth.com)  
202-552-1335

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Advantia Health's Civil Right Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1202-552-1335 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-202-552-1335 (TTY: 711)번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-202-552-1335 (TTY: 711).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-202-552-1335 (TTY: 711)。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-202-552-1335 (رقم هاتف الصم والبكم: 1-711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-202-552-1335 (TTY: 711).

تعماس (TTY: 711) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-202-552-1335 بگریزید.

ማስታወሻ: የሚናገሩት ቋንቋ እማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች! በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-202-552-1335 (መስማት ለተሳናቸው: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-202-552-1335 (TTY: 711)۔

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-202-552-1335 (ATS : 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-202-552-1335 (телетайп: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-202-552-1335 (TTY: 711) पर कॉल करें।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.  
Rufnummer: 1-202-552-1335 (TTY: 711).

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে।  
ফোন করুন ১-২০২-৫৫২-১৩৩৫ (TTY: ১-৭১১)।

Dè dẹ nià kẹ dyédé gbo: Ǿ jù ké m̄ [Bàsǿǿ-wùdù-po-nyǿ] jù ní, níí, à wuǿ kà kò dǿ po-poǿ b̄éin m̄ gbo kpáa. Dá 1-  
xxx-xxx-xxxx (TTY: 711)

Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-xxx-xxx-xxxx (TTY: 711).

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-xxx-xxx-xxxx  
(TTY: 711).





### Acknowledgement of Receipt of Notice of Privacy Practices

I have received, read, and understand the Notice of Privacy Practices (NPP) document describing the uses and disclosures of my health information. I understand Advantia Health has the right to change this NPP from time to time, but that I will be notified of any changes at the next appointment following that change and receive an updated copy of the NPP at that time.

I also understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information (PHI). I understand that my PHI can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

Patient: \_\_\_\_\_

Authorized Representative (if applicable): \_\_\_\_\_

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

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

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#### FOR OFFICE USE ONLY

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices; however, acknowledgment could not be obtained because the patient or authorized representative refused to sign or

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff signature: \_\_\_\_\_

Staff (print): \_\_\_\_\_

Name of practice: \_\_\_\_\_

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