

## REASONS WHY YOUR HEALTH INFORMATION IS SHARED HIPAA COMPLIANCE

### Highly Confidential Health Information

Some health information is "highly confidential" because it is specially protected under Virginia law. "Highly Confidential" information includes treatment information about mental health or drug or alcohol abuse or dependence; HIV-related information; tuberculosis information; and genetic information. We are generally not permitted to disclose your highly confidential health information unless you authorize us to do so. You may learn more about when we are permitted to disclose your highly confidential health information without your permission by contacting the Chief Privacy Officer for our full Notice of Privacy Practices.

### Treatment, Payment and Health Care Operations Activities ("TPO")

We may use or disclose your health information for TPO purposes without your written authorization. That means that those who are involved in your care and treatment will have access to your health information. In order for us to receive payment for the care we provide to you, we will tell your insurance company about your care. We may also use your health information for our own purposes, such as monitoring, planning and developing our care and services, and educating our staff.

We may also provide health information from your medical records for the TPO activities of another healthcare provider or agency that is not affiliated with us. We would release information about you only if it were needed in connection with care or services that have been or will be delivered to you (including payment for such care or services).

### Other Uses and Disclosures Not Requiring Your Authorization

We may also use or disclose your health information for the following:

To inform you about treatment options or alternatives, or health related benefits or services that we think may be of interest to you;

To provide you with appointment reminders, such as voice mail messages, postcards or letters;

To business associates that perform certain key functions or processes for us. Business Associates must provide written assurance that they will safeguard and protect the privacy of your health information;

To communicate with authorities when we are required to do so by law, for health oversight activities conducted for or by governmental agencies, and for public health activities, such as to report suspected child abuse, communicable disease or certain types of injuries;

To communicate with organizations that handle transplants if you are an organ donor;

For workers' compensation or similar programs as permitted or required by law;

For research purposes, but only if we are sure that your privacy will be protected;

To military command authorities as required by law if you are or were a member of the armed forces;

To prevent or lessen a serious threat to your health and safety or the health and safety of someone else;

For law enforcement purposes, if we are permitted to do so by law, and to authorize federal officials for purposes of national security;

If we are directed to do so by a court order;

To a coroner or medical examiner, or to a funeral director;

To correctional institutions if required to do so by law, if you are a prisoner.

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### **When You Can Restrict the Use of Information**

You may restrict or limit our use or disclosure of your health information for the following purposes:

For our patient directory (including informing a member of the clergy of your religious affiliation);

For the involvement of your family or others in your care or payment for your care;

For disaster relief efforts;

Other uses and disclosures of your health information not covered by this notice will be made only with your written permission. You can revoke that permission, in writing; but if you do, we are unable to take back any disclosures we already made with your permission.

### **Your Rights Regarding Your Health**

You have the right to review and copy your health information, with limited exceptions. You must submit your request in writing to the Chief Privacy Officer. We may charge a fee to provide you with copies. We may deny your request to look at or get a copy of your health information. If we do, we will explain the reasons to you, and in most cases you may have the denial reviewed.

You have the right to request corrections to your health information. Your request must be in writing, and it must explain the corrections to be made. We may deny your request under certain circumstances; and if we do, we will explain the reasons to you.

With certain exceptions, you have the right to know when we have shared your health information without your authorization. We will provide you with a listing of those disclosures if you request it. If you request this listing more than once in a 12-month period, we may charge you a fee for the additional request.

You have the right to request that we restrict or limit some of our uses or disclosures of your health information. We are not required to agree to those restrictions.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only at work or by mail. Your request must be in writing, and you must tell us where or how to contact you. We may require you to explain how payments will be handled under the alternative means or location you request.

If you received this Notice on our website or by electronic mail (e-mail), you have the right to receive this Notice in written form. To obtain a paper copy of this Notice please contact the Chief Privacy Officer at:

**Northern Virginia Gastrointestinal Associates  
3301 Woodburn Road, Suite 107  
Annandale, VA 22003.**

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Signature

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Date