



DMV MEDICAL C+NCIERGE

Physician House Call Service

(571) 484 4000 | info@dmvmedicalconcierge.com
8280 Willow Oaks Corp Drive Fairfax VA 22031

HIPAA Notice of Privacy Practices (“Notice”)

THIS NOTICE OUTLINES HOW INFORMATION ABOUT YOU Can BE USED AND DISCLOSED, AS WELL AS HOW YOU CAN GET ACCESS TO IT. IT ALSO INCLUDES INFORMATION About HOW YOU OR YOUR PERSONAL REPRESENTATIVE Will GET ACCESS TO THIS INFORMATION. PLEASE TAKE TIME TO READ THIS CAREFULLY.

Please contact our Privacy Contact officer at (571) 484 4000 if you have any concerns about this Notice. This Notice explains how our practice, including our health care professionals, employees, volunteers, trainees, and personnel, can use and reveal your medical information for the purposes of treatment, payment, and health-care operations, as well as for other purposes. We recognize that medical information about you and your health is private, and we are dedicated to safeguarding that information. This Notice extends to all of the practice's records of your treatment.

This Notice also explains how you can access and control your medical records. This information about you includes demographic data that can be used to classify you, as well as information about your history, current, and future physical or mental health or illness, as well as relevant health care services. Symptoms, diagnosis and test results, conditions, medication, and a timetable for future care or treatment will typically be included with your medical records.

We are obliged by law to keep your medical details private and to adhere to the terms of this Notice. We reserve the right to change the terms of this Notice at any time. The updated Notice will then apply to all medical records we have at the moment and in the future. If you order a revised copy to be mailed to you or if you ask for one when you are in the office, we will give it to you.

I. Uses and Disclosures of Protected Health Information.

Your medical information may be used and disclosed for purposes of treatment, payment and health care operations. The following are examples of different ways we use and disclose medical information. **These are examples only**

(a) Treatment:

To provide, arrange, or administer your medical care or any related services, we can use and reveal medical information about you. This involves coordinating or managing your health care with a third party who has already

received your permission to access your medical records. We might, for example, share your medical information with a home health organization that cares for you. We can also share medical information with other doctors who are treating you, such as a referring physician, to ensure that they have all of the information they need to diagnose or treat you. We can also share your medical records with another doctor or health-care provider, such as a laboratory.

(b) Payment:

To obtain payment for the care and services you receive from us, we can use and reveal medical information about you. For example, we can need to send details about your care plan to your health insurance plan so that they can determine your eligibility or receive advance approval for scheduled treatment. Obtaining approval for a hospital stay, for example, can necessitate the disclosure of specific medical details to the insurance plan in order to obtain approval for the hospital admission.

(c) Healthcare Operations:

We - use or reveal medical information about you to support our practice's business operations.

These activities include, but are not limited to, monitoring our care of you, conducting or arranging for other business activities, employee performance evaluations, medical student training, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.

For example, at the registration desk, you will be asked to sign your name and indicate your physician on a sign-in sheet. When your physician is ready to see you, we can address you by name in the waiting room. Your medical records will be used or disclosed to notify you of your next appointment.

We can share your medical details with third-party "business associates" who help us with things like billing and transcription. Whenever our office and a business associate work together on a project that requires the use or disclosure of your medical information, we will have a written contract in place that includes provisions requiring the "business associate" to respect your medical information's privacy.

Your medical records could be used or disclosed to provide you with information about treatment options or other health-related benefits and services that may be of interest to you. Your medical records can also be used and disclosed for other marketing purposes. Your name and address, for example, may be used to give you a newsletter about our practice and the services we provide. We can also give you information about products or services we think you'll find useful. You may request that these materials not be sent to you by contacting our Privacy Contact.

We may contact you for fundraising activities funded by our office using or disclosing your demographic details and the dates you received care from your physician, as required. If you do not wish to receive these documents, please contact our Privacy Contact to get them removed from your mailing list.

(d) Health Information Exchange:

We, along with a few other local health care services and practice groups, may be a part of a health knowledge exchange (the "Exchange"). An Exchange allows health care providers who participate in the Exchange to share and exchange medical and other personally identifiable health information about their patients electronically. We may electronically report demographic, medical, billing, and other health-related information about you to other health-care providers who participate in the Exchange and request it for the purposes of facilitating or offering treatment, arranging for payment for health-care services, or otherwise conducting or administering health-care operations through the Exchange.

II. Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object.

In the following situations, we can use and reveal your medical details. You have the option of agreeing or objecting to the use or disclosure of your medical details in whole or in part. If you are unable to consent or object to the use or disclosure of your medical information because you are not present, your physician can use professional judgement to decide if the disclosure is in your best interests.

Only medical information related to your health care will be revealed in this situation.

(a) Others Involved in Your Healthcare:

Unless you object, we should reveal medical details about you to a member of your family, a relative, or a close friend who is directly involved in your health care. If you cannot consent or object to the disclosure, we can disclose the information if we believe it is in your best interests based on our professional judgement. We can use or reveal medical details to notify or assist in the notification of a family member or other individual responsible for you.

Your position, general health, or death are all factors to consider. Finally, we can use or reveal your medical details to a disaster relief organization, as well as to organize uses and disclosures to family members or others interested in your health care.

(b) Emergencies:

Your medical records can be used or disclosed in an emergency. If this occurs, we will make every effort to obtain your consent as soon as possible after the medication has been delivered. If the practice is required by law to treat you and has tried but failed to obtain your permission, it may also use or reveal your medical records to treat you.

(c) Communication Barriers:

We may use and disclose your medical information if the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and, in our professional judgment, you intended to consent to use or disclosure under the circumstances.

(d) Health Oversight:

For activities approved by statute, such as audits, investigations, inspections, and licensure, we can report medical information to a health oversight agency. These practices are needed for government agencies to monitor the health-care system, government benefit programs, other regulatory programs, and civil rights laws.

(e) Abuse or Neglect:

Your medical records may be disclosed to a public health authority approved by law to collect evidence of child abuse or neglect. In addition, if we believe you have been a victim of assault, neglect, or domestic violence, we can report your medical details to the governmental body required to receive it, in accordance with applicable federal and state laws.

(f) Food and Drug Administration:

We can disclose your medical details to an individual or organization required by the Food and Drug Administration to report adverse effects, product defects or problems, biologic product deviations, monitor products, allow product recalls, make repairs or replacements, or conduct post-marketing surveillance, as required, by the FDA.

(g) Legal Proceedings:

We can reveal medical information in response to a subpoena, discovery request, or other lawful process in the course of any judicial or administrative proceeding, when necessary by a court order or administrative tribunal, and in certain circumstances in response to a subpoena, discovery request, or other lawful process.

(h) Law Enforcement:

We can reveal medical details for law enforcement purposes if all applicable legal requirements are met.

These law enforcement purposes include: (i) responding to a court order, subpoena, warrant, summons, or other legal requirement; (ii) identifying or locating a suspect, fugitive, material witness, or missing person; (iii) pertaining to crime victims; (iv) suspecting that a death has occurred as a result of criminal conduct; and (v) whether a crime occurs on the practice's premises.

(i) Coroners, Funeral Directors, and Organ Donors:

We can reveal medical details to a coroner or medical examiner for the purposes of identifying a deceased person, determining the cause of death, or performing other duties permitted by statute. We can also share medical details with funeral directors if it is required for them to perform their duties.

(j) Analysis:

Under such restricted circumstances, we can use and reveal your PHI for research purposes. Unless an Internal Review Board ("IRB") or Privacy Board has decided that the waiver of your permission meets the following criteria, we cannot receive your written authorization to use your PHI for research purposes. If the use or disclosure poses only a minor risk to your privacy, as determined by the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers as soon as possible in accordance with the research (unless there is a health or research justification for keeping the identifiers or such retention is otherwise required by law); and (C) adequate, written assurances that the PHI will not be re-used or disclosed.

(k) Criminal Activity:

In accordance with applicable federal and state laws, we can use or reveal your medical details if we believe it is appropriate to avoid or diminish a serious and immediate threat to a person's or the public's health or safety. Medical details may also be disclosed if it is required by law enforcement officials to locate or arrest a person.

(l) Organ and Tissue Donation:

If you are an organ donor, we can share your medical information with organizations that handle organ procurement or organ, eye, or tissue transplantation, as well as an organ donation bank, as needed to promote organ or tissue donation and transplantation.

(m) Military Operations and National Security

If you are a member of the armed forces, we can use or report medical details if as needed by military command authorities; (ii) to determine your eligibility for benefits by the Department of Veterans Affairs; or (iii) to the relevant foreign military authority for foreign military personnel. We can also share your medical records with designated federal officials for national security and intelligence purposes, such as providing protective services to the President or other legally authorized individuals.

(n) Workers' Compensation:

We can reveal your medical records as required by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illnesses.

(o) Inmates:

If you are an inmate of a correctional facility and our practice produced or obtained your health information in the process of providing care to you, we may use or reveal your medical information.

(p) Required Uses and Disclosures:

We are required by law to make disclosures to you and when the Secretary of the Department of Health and Human Services requests them to review or decide our compliance with Section 164.500, et seq. seq.

IV. The Following Is a Statement of Your Rights with Respect to Your Medical Information and a Brief Description of How You May Exercise These Rights.

(a) You are entitled to inspect and copy your medical records.

This ensures you have the right to inspect and receive a copy of medical records about you that came from our office. For copying and mailing documents, we can charge you a reasonable fee. You have the right to receive your PHI in an electronic format if we keep any portion of your PHI in an electronic format. We will just charge you the actual labor cost to provide you with electronic copies of your PHI that we keep on file.

It's possible that you don't have the legal right to examine or copy psychotherapy notes. You may have the right to have the decision to refuse you access checked under some cases. If you have any concerns about access to your medical record, please contact the Privacy Contact.

(b) You have the right to request that your medical records be limited.

You have the right to request that we not use or reveal those aspects of your medical records for treatment, payment, or healthcare operations. You can also request that some aspects of your medical details not be revealed to family members or friends who may be interested in your treatment, or for the purposes specified in this Notice. You must specify the exact restriction you want and who you want it to apply to in writing. You have the right to have details submitted to your health plan or insurer restricted for goods or services that you paid for entirely out of pocket and for which you made no argument to your health plan or insurer.

(c) We are not obligated to comply with your order. Your medical information will not be restricted if we believe it is in your best interest to allow use and disclosure of your medical information; however, we may agree to your request to restrict disclosure of your medical information if: (i) the disclosure is for the purpose of carrying out payment or health-care operations and is not otherwise required by law; and (ii) the informant consents to the disclosure. If we agree to the requested condition, we will not use or reveal your medical details in violation of it unless it is required for emergency care. Your written request must be clear about what details you want to restrict and who the restrictions should apply to. The request should be submitted to our Privacy Contact in writing.

(d) You have the right to request that we send you confidential messages at a different address than your primary one.

We will do our best to meet fair requests. Please submit your request to our Privacy Contact in writing.

(e) You will have the right to have your medical records corrected by us.

You have the right to request that any medical records we have about you be corrected if you believe it is inaccurate or incomplete. Please contact our Privacy Contact in writing to request our form Request to Amend Health Details if you want to request an update to your medical information. In certain situations, we can decline your request for a change. You have the right to file a declaration of disagreement with us if we refuse your request for amendment.

(f) You have the right to an accounting of any disclosures of your medical records that we have made.

This rule applies to disclosures made for reasons other than treatment, payment, or healthcare operations, as described in this Notice. It does not include any disclosures made to you, family members, or friends interested in your treatment, or disclosures made for notification purposes. Please send your request in writing to our Privacy Contact for details on disclosures made for a fixed time span of no more than six (6) years. The expense of compiling this list will be communicated to you in writing. You have the right to request an accounting of all electronic disclosures of your PHI for medication, payment, or healthcare operations for the three (3) years previous to your request, if we retain your PHI in electronic format.

(g) Protected Health Information Uses and Disclosures Based on Your Written Authorization

Any uses and releases of your medical records that aren't protected by this Notice or allowed by law can only be made with your written consent. Most uses and disclosures of psychotherapy notes; PHI for marketing purposes; and other uses and disclosures of PHI not listed in this Notice, for example, require authorization. Except to the degree that our procedure has taken action in reliance on the use or disclosure indicated in the prior authorization, you can revoke this authorization at any time.

(h) The right to be informed in the event of a data breach.

If our practice (or one of our Business Associates) discovers a leak of unsecured confidential health details, you have the right to be informed.

(h)Complaints:

If you believe your privacy rights have been violated by us, you can file a complaint with us or the Secretary of Health and Human Services. You can lodge a complaint with us by writing to our Privacy Contact. We will not take any action against you because you filed a report.

By signing this form, you acknowledge receiving this Notice and that you were afforded an opportunity to ask questions related to the content herein.

Signature of Patient _____ Date _____

Print Name of Patient _____

