



NOTICE OF PRIVACY PRACTICES

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.**

We understand that your health and medical information is personal and we are committed to protecting that information. Each time you visit a physician, hospital, or other health care provider, a record of your visit is made. This record typically contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. We are required by law to:

- Keep medical information about you private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of this notice.

How we use and disclose health information about you

We may use and disclose medical information about you for **treatment** (such as sending information to other medical professionals involved in your care); **to obtain payment for treatment** (such as sending billing information to your insurance company); and to **support our health care operations** (such as disclosing information to medical students that see patients in our office).

As required by law, we may also use or disclose medical information for the following types of entities, including but not limited to:

- Food & Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Correctional Institutions
- Employers regarding a work related injury or illness of its employee
- Workers Compensation Agents
- Organ and Tissue Donation Organizations
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors, Coroners and Medical Directors
- National Security and Intelligence Agencies
- Protective Services for the President and others

We may disclose health information to **law enforcement officials** as required by law (such as in cases of possible child or adult abuse and in matters of

health and public safety) or in response to a valid subpoena.

We may also contact you for **appointment reminders**, or tell you about or recommend **possible treatment options, alternatives or health-related benefits or services** that may be in interest to you, or as part of **fund raising efforts**. We may also disclose your information for **research** as established by federal or state law or may disclose information to a person who may have been **exposed to a communicable disease** or may otherwise be at risk of contracting or spreading such disease or condition.

There are some services provided in our practice through contracts with **business associates**. When these services are contracted, we may disclose your health information to them so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

We may disclose medical information about you to your **friend or family member who is involved in your medical care**, or to disaster relief authorities so that your family can be notified of your condition, status and location.

Other uses and disclosures of your medical information that are not listed or described above will be made only with **YOUR written authorization**. You may revoke your prior written authorization(s), at any time, in writing,

but it will not apply to any actions we have already taken.

Your Rights

You have the right to **inspect and obtain a copy** of health insurance information that may be used to make decisions about your care. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review or that decision.

If you feel that health information is incorrect or incomplete, you may ask us in writing to amend the information. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that record is accurate. You may appeal, in writing, a decision by us not to amend a record to the Administrator.

You have the right to request an **accounting of any disclosures** we have made of your medical information. The accounting will show any disclosures other than those for treatment, payment and health care operations of which no authorization is required.

You may request in writing that we NOT use or disclose medical information about you for treatment, payment or health care operations or to persons involved in your care except when specifically authorized by you. We will consider your request, **but we are not legally required to accept it.** We will inform you of our decision on your request. If we agree to the requested restriction, we will not use or disclose your medical information except if needed for emergency treatment or unless we notify you we can no longer honor your request.

You have the right to request that medical information about you be communicated to you in a confidential manner (such as sending mail to an address other than your home) by notifying us in writing of the specific way or location for us to use to communicate with you. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response.

You have the right to have a paper copy of this notice.

Changes to this Notice

We reserve the right to change this notice and any revised notice will be effective for information we

already have about you as well as any information we receive in the future. A copy of any revised notice is available upon request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Administrator at the address below.

You may also file a complaint with the Secretary of the Department of Health and Human Services.

All complaints must be submitted in writing.

Office of the Medicare Beneficiary
Osbudman 1-800-MEDICARE (1-800-666-4227)

Under no circumstances will you be penalized for filing a complaint.

Effective Date

This notice was published on November 1, 2011.

Revised March 2019

ADMINISTRATOR

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