

SPRINGFIELD FAMILY MEDICINE, LTD
Franconia-Springfield Healthplex
6355 Walker Lane, Ste 310
Alexandria, VA 22310

Privacy Notice:

Overview

The Department of Health and Human Services ("HHS"), Office of Civil Rights, under Public Law 104-191, (The **Health Insurance Portability and Accountability Act of 1996**) (referred to as **HIPAA or the Privacy Standard**), mandates that our office issue this **Privacy Notice** to our patients. This notice to our patients meets all current requirements affecting our patients as it relates to **Standards for Privacy of Individually Identifiable Health Information (IIHI)**. You are urged to read this notice and will be required to sign and date a form (the **Privacy Notice Acknowledgment**) acknowledging your receipt of Springfield Family Medicine's (SFM) Privacy Notice. SFM is required by law to communicate your rights in this manner as they relate to your access to and the privacy of your IIHI.

Patient's Rights

Generally, patients have a right to:

- **A Written Statement.** SFM is required to provide you with a clear, written explanation of SFM's policy (SFM Privacy Notice) with respect to how SFM will use and disclose your Protected Health Information (PHI).
- **Access to Medical Records.** Patients will be able to review and obtain copies of their records.
- **Require Authorization before Release of PHI for non-medical reasons.** SFM is required to obtain consent before sharing your information for *other than* treatment, payment and/or other health care-related operations. Patients have the right to request restrictions on the use and disclosure of their PHI and a right to a history of all non-routine disclosures.
- **Recourse.** Patients have the right to file a complaint relating to any violations of the Privacy Standard.

Written statement. Our Privacy Notice informs you of our use and disclosure of your PHI, which is defined as: "any information, whether oral or recorded in any medium, that is either created or received by a health care provider, health plan, public health authority, employer, life insurance company, school or university or clearinghouse and that relates to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual or the past present or future payment for the provision of health care to an individual."

SFM will use or disclose your PHI for purposes of treatment, payment and other healthcare purposes as required in order to provide you with the best quality healthcare services that we offer. It is our policy to control access to your PHI and even in cases where access is permitted, we exercise a "minimum necessary information" restriction to that access. We define the "minimum necessary information" as the minimum necessary to accomplish the intent of the request.

On some occasions we may furnish your PHI to our Business Associate, such as copying service, answering service, collection agency. Such Business Associates will be required to be HIPAA compliant, will be required to sign a Business Associate Contract with us stating that they are compliant and will be required to handle your PHI with the same care as SFM. However, we cannot absolutely guarantee that such business associates will not use or disclose your PHI in such a way as to violate the Privacy Standard.

In addition, in some instances, SFM will need to make phone calls to your home, workplace, cell phone and other numbers you may have provided for us. These calls will be for purposes of confirming appointments, clinical discussions, billing issues and other health related purposes. In the event that we reach another party or an answering machine while attempting to reach you, we will limit the information we provide *to exclude* the specific nature of your condition or situation. Finally, SFM will share billing information with a collection agency as needed in order to collect on delinquent accounts.

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Please note that although the law requires a signed receipt of acknowledgement by the patient of our Privacy Notice, some services may need to be continued prior to our ability to receive a signed Privacy Notice Acknowledgement. For example, if you were seen prior April 14, 2003, and thus have not signed a Privacy Notice Acknowledgement, we may share information to assist in delivery of health care related to that visit. We will handle such information in compliance with the new laws in effect.

Access to Records. You, the patient, have access to your health care information and may request to examine your information, may request copies of your information and may request amendments to your information. A request to examine and/or amend your information would need to be scheduled in advance with the provider of service. With respect to requested amendments, the physician or principal will exercise professional judgment with regard to such requests is not bound by law to make any changes to the information. If the physician or professional agrees with the request to amend the information, we are bound by law to abide by the changes.

If you request copies of your medical information, your request will be processed within the time period specified by Virginia law and a fee for such services will be payable by you, the patient, at rates compliant with regulations set by the state of Virginia. You will be required to sign a specific release form identifying exactly what you wish copied and acknowledging your agreement to pay the said fees. Medical record copy requests are usually processed and billed by a professional copying company, who are required to be in compliance with the HIPAA Privacy Standard. On occasion, such requests are processed and billed by SFM staff.

Authorization. In specific situations, your signed and dated Authorization will be required. An Authorization is very specific with regard to the information allowed to be disclosed or used, the individual or entity to which the information may be disclosed to, the intent for which it may be disclosed, the date that it was initiated and, in some cases, the duration of the authorization. This is a form usually used only for *one specific request for information*. In the event of a non-healthcare related request for personal health information, this office will require you to complete and sign an Authorization. It is our practice to retain information about non-healthcare related requests for your health care information for a period of six years.

You, as our patient, may revoke any Authorization at any time and all use and disclosure and administration of related healthcare services will be revised accordingly, with the exception of matters already in process as a result of prior use of your PHI. To revoke an Authorization, you will have to provide this office with a written request with your signature and date and your specific instructions regarding an existing Authorization. Any revocation will not apply to information already used or disclosed. If you had a "personal representative" initiate an Authorization, **you** may revoke that Authorization at any time.

In limited circumstances, The Privacy Standard permits, but does not require, covered entities to provide certain existing disclosures of health information without individual authorization for specific public responsibilities. These permitted disclosures include (but are not limited to): emergency circumstances; identification of the body of a deceased person or to assist in determining the cause of death; public health needs; research, generally limited to when a waiver of authorization is independently approved by a privacy board or Institutional Review Board; oversight of the health care system; judicial and administrative proceedings; limited law enforcement activities; and activities related to national defense and security. In addition, there are specific state laws that require the disclosure of health care information related to communicable diseases, such as AIDS. Where the state laws are more stringent than the Privacy Standard, the state laws will prevail. All of these disclosures could occur previously under former laws and regulations, however, the Privacy Standard establishes new safeguards and limits. If there is no other law requiring that your information be disclosed, we will use our professional judgments to decide whether to disclose any information, reflecting our own policies and ethical principals.

Recourse. Patients have the right to file a formal complaint regarding SFM with SFM, their health plan or with HHS, which complaint can relate to any violations of the provisions of this rule or the policies and procedures of SFM.

In complying with the Privacy Standard, we have appointed a Privacy Officer, trained our Privacy Officer, trained our staff in the law and implemented policies to protect your PHI. In addition, we have instituted privacy and security processes to guard and protect your PHI. We want to assure you that this office is taking steps and continues to monitor and improve steps for the protection of your information and to remain in compliance with the law.

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Thank you for your continued confidence in the care we provide to you and for supporting our efforts in achieving compliance with the HIPAA privacy standard law.