

NOTICE OF PRIVACY AND COMMUNICATION PRACTICES

PURPOSE

Arthritis & Osteoporosis Center of Northern Virginia (AOCNV) will make reasonable efforts to maintain the privacy and security of protected health information (PHI) in compliance with law. We follow the privacy practices described in this Notice. We will not use or share your PHI other than as described unless you consent in writing. If you authorize a disclosure, you may change your mind at any time by letting us know in writing.

YOUR RIGHTS AND CHOICES

You have rights with respect to your health information, subject to legal limitations, including:

- Obtaining electronic or paper copies of your records, usually within 30 days for a reasonable, cost-based fee.
- Asking us to correct or amend information. If we say “no,” we will notify you in writing within 60 days.
- Requesting confidential communications in a specific way (e.g., cell phone). We’ll honor reasonable requests.
- Asking to limit what we use or share for treatment, payment, or operations. We are not required to agree except for requests that we not share information with your health insurer when you pay out-of-pocket in full.
- Obtaining a list (accounting) of those with whom we have shared your information for the prior six years. The list will not include disclosures for treatment, payment, or health care operations; disclosures made to or authorized by you; and certain other disclosures allowed by law. We will provide one accounting each year for free, but will charge a reasonable, cost-based fee for additional accountings.
- Obtaining a paper copy of this Notice at any time, even if you agreed to receive it electronically.
- Designating someone to act for you. If you have a 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 on your behalf before we take any action.
- You have the right and choice to have us share information with family, friends, or others involved in your care; and to share information in a disaster situation. If you are not able to choose, we may share information if we believe it is in your best interest or when needed to lessen a serious and imminent threat to health or safety.
- We will not sell your information or share it for marketing unless you give us written permission.
- We will not share psychotherapy notes unless you give us written permission.

COMPLAINTS, QUESTIONS, OR REQUESTS

You may file a complaint or make requests by contacting:

Privacy Officer
8100 Ashton Avenue, Suite 215
Manassas, VA 20109
(703) 361-3255
Aocnv8100@gmail.com.

You may also contact HHS, 200 Independence Ave, S.W., Room 509F HHH Bldg., Washington, DC 20201, OCRComplaint@hhs.org www.hhs.gov/ocr/privacy/hipaa/complaints, 1-877-696-6775. We will not retaliate against anyone for filing a complaint.

OUR USES AND DISCLOSURES

- We can use or disclose your health information for treatment, payment, and health care operations. This includes sharing information with others who are treating you or assisting us in care (e.g. residents, technical representatives, other providers, interpreters, etc.), to bill and get paid, and to run our practice and improve care (e.g. business associates, quality review, etc.).
- We are also allowed or required to share your information in other ways, such as:
 - Providing you with information related to your health;
 - Contacting you regarding appointments, treatment alternatives, or other health related services (we may leave detailed messages on the primary contact number that you provide, unless you request in writing that we not do so);
 - Incidental uses or disclosures (e.g., sign-in sheet, in office discussion, etc.);
 - Legal compliance (including reports of adverse reactions, suspected abuse, neglect or violence);
 - Providing information to law enforcement or correctional institutions;
 - Providing information to a coroner, medical examiner, funeral director, or for organ procurement;
 - Public health activities when requested by a public health authority or the FDA.
 - Responding to health oversight agencies;
 - Responding to court or administrative orders, subpoenas, discovery requests or lawful process;
 - Research activities;
 - When necessary to avert a serious threat to health or safety;
 - Military/veteran affairs, national security, intelligence, State Department, or presidential protection;
 - Providing information regarding your location, general condition or death to disaster relief agencies;
 - Providing information for workers' compensation claims; or
 - Informing a family member, other relative, or close personal friend when:
 - Information is relevant to the individual's involvement with your care;
 - Notification of your location, general condition or death;
 - To assist in your care (pick-up prescriptions or documents, follow-up care instructions, etc.).
- When required by HIPAA, our practice will make other uses and disclosure of your information only after obtaining your written authorization. If you authorize a use not contained in this notice, you may revoke your authorization at any time by notifying us in writing.

SUBSTANCE USE TREATMENT RECORDS

Records about substance use treatment are protected by law and cannot be shared or used against you in court, hearings, or other legal matters. These records may only be shared if you give written permission, or a judge issues a court order after you (or the record holder) are notified and given a chance to speak. Even with a court order, the records cannot be shared unless there is also a legal demand, such as a subpoena. These rules are required by federal law (42 CFR Part 2) to protect your privacy.

CHANGES TO THE TERMS OF THIS NOTICE

We reserve the right to change the terms of this notice. The newly effective notice will be in our offices, on our website, and available upon request.

For more information see: <https://www.hhs.gov/hipaa>

ACKNOWLEDGEMENT

I _____ acknowledge receiving a copy of this notice.

Signature of Patient/Legal Guardian

Date