

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAYBE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding your health record/information:

- Each time you visit a hospital, physician, or other healthcare PROVIDER; a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatments, and a plan for future care or treatment. This INFORMATION often referred to as your health or medical record, serves as a:
 - Basis for planning your care and treatment
 - Means of communication among the many health professionals who contribute to your care
 - Legal document describing the care you received
 - Means by which you or a third party payer can verify that services billed were actually provided
 - A tool in education health professionals;
 - A source of data for medical research;
 - A source of information for public health officials charged with improving the health if the nation;
 - A source of data for facility planning and marketing and
 - A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used to help you to:

- Ensure its accuracy
- Better understand who, what, when, where and why others may asses your health information
- Make more informed decisions when authorizing disclosure to others.

You're Health Information Rights:

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Obtain a paper copy of the notice of information practices upon request
- Inspect and copy your health record as provided in 45CFR 164.524
- Amend your health record as provided in 45CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our Responsibilities:

This organization is required to:

- Maintain the privacy of your health information
- Provide you with a notice as our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

- We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a copy of the current Notice in our practice and you can always obtain a copy by contacting our office by mail or telephone.
- We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information or a to Report a Problem

If you have questions and would like additional information, you may contact:

Craig G. Hoover OD & Associates, PLLC. 691 Laurel Street Suite 100, Culpeper, Va. 22701

If you believe your privacy rights have been violated, you can file a complaint with:

Craig G. Hoover, OD. & Associates, PLLC. or the Secretary of the Department of Health and Human Services.

There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment. For example: Information obtained by a nurse, physician or other member of your healthcare team will be recorded and used to determine the course of treatment that should work best for you. Your physician will document in your record his expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way the physician will know how you are responding to treatment.

We will provide your physician or a subsequent healthcare provider with copies of various reports that should assist him/her in treating you once you're discharged from the hospital.

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We will use your health information for payment. For example: A bill may be sent to you or a third party payer. The information on or accompany the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

We will use your health information for regular health operations. For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare service we provide.

Other Uses or Disclosures

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include a billing service or accounting service to handle some billing and payment functions, services such as laboratory or pathology are contracted services. We may also use health care consultants to assist us in improving or upgrading services we offer to patients. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. So that YOU'RE health information protected, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with Family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your case or payment related to your care.

Research: We may disclose information to researchers who have been approved by an Institutional Review Board. Established protocols are set to ensure the privacy of your health information.

Marketing: We may contact you to provide appointment reminders of information about treatment alternatives or health related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to products and products defects or post marketing surveillance information to enable product recalls, repairs or replacements.

Workers Compensation: We may disclose health information to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Correction Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health and safety of other individuals.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

Other uses and disclosures of medical information not covered by this Notice or the law that apply to us will be made with your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and we are required to retain our records for the care that we provide to you.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

As of 09/27/2013 this office is compliant with the HIPAA Omnibus Rule
(www.hhs.gov/ocr/privacy/hipaa/administrative/combined/index.html)

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I understand that **Craig G. Hoover OD & Associate PLLC** may use and disclose my protected health information for purposes of treatment, payment, and health care operations. I also acknowledge that I have received, have been offered, or have received in the past a copy of the Practice's Notice of Privacy Practices, which provides information about how the Practice, and individuals involved in my care in the Practice, may use and disclose my protected health information. As provided in the Notice, the terms of the Notice may change. To obtain a current copy of any current Notice, I understand that I can contact the **Privacy Officer at (540) 825-0541**. I understand that I have the right to request that the Practice restrict how my protected health information is used or disclosed for treatment, payment or health care operations, but I also understand that the Practice is not required to agree to a requested restriction.

However, if the Practice does agree, it is bound by the agreement. I understand that I have the right to revoke this consent in writing at any time, except to the extent that the Practice, or individuals involved in my care in the Practice, have already used or disclosed protected health information in reliance on my prior consent.

Individual name: _____

Date: _____

Patient or authorized person's signature