



## Notice of Privacy Practices

**This notice describes how medical information about you may be used and disclosed at FFPC and how you can gain access to this information. Please review it carefully.**

If you have any questions about this notice, please contact FFPC's Chief Privacy Officer by calling 703-255-9100.

Each time you visit an FFPC healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This information is considered protected health information (PHI). The Health Insurance Portability and Accountability Act (HIPAA) requires that we provide you with a notice regarding how your PHI may be used or disclosed and your rights concerning that information. This notice applies to all the records of your care generated by and as part of the care furnished to you at an FFPC facility, whether made by FFPC personnel, or agents of FFPC and its affiliated facilities.

### **FFPC's Responsibilities**

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at that time. Upon request, we will provide you with any revised Notice of Privacy Practices. You may request a revised copy be sent to you in the mail or by asking for one at the time of your next appointment. If any major change is made to this Notice, it will automatically be provided to you at the time of your next visit to an FFPC facility. It will also be posted on our website at the time of the change.

### **Uses and Disclosures – How we may use and disclose your medical information.**

The following categories describe examples of the way we use and disclose medical information:

**For Treatment:** We may use medical information about you to provide you treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at FFPC. Different FFPC departments may share medical information about you to coordinate the different things you may need, such as prescriptions, lab work, and X-rays.

We may disclose medical information about you to people outside of FFPC who provide services that are related to your care. We may also provide another physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.

**Payment:** Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for an MRI may require that your relevant protected health information be disclosed to the health plan to obtain approval for this diagnostic procedure.

**Healthcare Operations:** We may use or disclose your PHI in order to support the business activities of FFPC. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fund raising activities, and conducting or arranging for other business activities.

For example, we may disclose your PHI to medical school students that see patients at our facilities. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your provider. We may also call you by name in the waiting room when we are ready to assist you. We may use or disclose your PHI as necessary to contact you to remind you of your appointment.

We may use or disclose your PHI as necessary to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your PHI for other marketing activities. For example, your name and address may be used to send you a newsletter about the services we offer or to send you information about



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products or services that we believe may be beneficial to you. These activities are not considered to be marketing under the HIPAA Privacy Rule.

Use of your PHI for activities that would be considered marketing or disclosures that would constitute the sale of PHI may not be made without signed authorization from you.

If you do not want to receive the materials described above, please contact our Chief Privacy Officer by calling 703-255-9100 and request that these marketing materials not be sent to you.

**Business Associates:** Some of the services provided by FFPC are provided through contracts with business associates. Examples may include transcription services or outside billing services with which we contract. 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. To protect your health information, however, we require the business associate to appropriately safeguard your information. FFPC's requirements for safeguarding your information are included in the Business Associate Agreements with each entity. In addition, all business associates are subject to oversight by the Secretary of Health and Human Services (HHS) and must adhere to all requirements of the HIPAA Privacy and Security Rules.

**Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you desire to limit disclosure of such information to friends or family members, we will ask that you designate one individual to whom we may make such disclosures. It will then be up to you to instruct that individual as to how they may disseminate information about you to other interested parties.

**Research:** Your medical information may be used or disclosed for research purposes without your permission, if an Institutional Review Board (IRB) approves such use or disclosure. We may disclose medical information about you to researchers preparing to conduct a research project. In addition, researchers may contact you directly about participation in a study. The researcher will inform you about the study and give you an opportunity to ask questions. You will be enrolled in a study only after you agreed and signed a consent form indicating your willingness to participate in the study.

**Future Communications:** We may communicate to you via newsletters, mailings, or other means regarding treatment options, health-related information, disease management programs, wellness programs, or other community-based initiatives or activities in which our clinics are participating.

**Organized Health Care Arrangement:** FFPC's facilities deliver care in clinically integrated settings, in which individuals typically receive care from more than one healthcare provider. This includes FFPC's workforce, physicians and allied health practitioners who are in private practice and have clinical privileges at our facilities, medical directors, and other healthcare entities affiliated with FFPC. These are all part of FFPC's Organized Health Care Arrangement (OHCA) and may utilize a shared electronic health record database. We are presenting you with this document as joint notice for these purposes. Information will be shared as necessary to carry out treatment, payment, and healthcare operations. Physicians and caregivers may have access to PHI in their offices to assist in reviewing past treatment as it may affect treatment at the time.

**Health Information Exchange:** We may make your protected health information available electronically through an information exchange service to other health care providers that request your information. Participation in information exchange services also lets us see healthcare information about you from other healthcare providers who participate in the exchange.

**Single Covered Entity:** For purposes of HIPAA only, all covered entities that are owned or controlled by FFPC shall be considered to be a Single Covered Entity. PHI will be made available to personnel at other facilities included in this Single Covered Entity, as necessary to carry out treatment, payment, and healthcare operations. Caregivers at other facilities may have access to PHI at their locations to assist in reviewing past treatment information, as it may affect treatment at this time. Please contact the Chief Privacy Officer for further information on the specific sites included in this affiliated covered entity.



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

- Food and Drug Administration
- Public Health or legal authorities charged with preventing or controlling disease, injury, or disability
- Correctional institutions
- 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

**Law Enforcement/Legal Proceedings:** We may disclose health information for law enforcement purposes:

- In response to a court order, subpoena, warrant, summons, or similar process
- About a death we believe may be the result of criminal conduct
- About criminal conduct at an FFPC facility
- About wounds made by certain weapons

**State-Specific Requirements:** Many states have requirements for reporting including population-based activities relating to improving health or reducing healthcare costs. Some states have separate privacy laws that may apply additional legal requirements. If Virginia law is more stringent than Federal privacy laws, Virginia law preempts the Federal law.

Uses or disclosures of your PHI not described in this notice will be made solely upon written authorization from you or your personal representative. Written authorizations may be revoked by contacting the department originally authorized to use/disclose the information.

### Your Health Information Rights:

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

- **Inspect and Copy:** You have the right to inspect and copy medical information in our possession that may be used to make decisions about your care. As a rule, this includes medical and billing records, but it does not include psychotherapy notes. You may request an electronic copy of your PHI maintained in FFPC's electronic health record (EHR). Access to your records must be provided within 15 days of receipt of your request. We may deny your request to inspect and copy your records in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. A licensed healthcare professional not involved in the original denial of your request will be chosen by FFPC to review your request and denial. We will comply with the outcome of the review.
- **Request an Amendment of Your Information:** If you feel that the medical information we have on file is incorrect or incomplete, you may ask us to amend that information. You have the right to request an amendment for as long as FFPC retains the information. We may deny your request for an amendment and, if this occurs, you will be notified of the reason for the denial and will be provided with your options as defined in the HIPAA Privacy Rule.
- **Request an Accounting of Disclosures:** You have the right to request an accounting of any disclosures we make of your medical information for purposes other than treatment, payment, or healthcare operations.
- **Right to Restrict Release of Information for Certain Services**
  - You have the right to request a restriction on disclosure of health information about services you paid for out of pocket in full. This request should be made prior to the service being provided and applies only if the disclosure is to a health plan for purposes of payment or healthcare operations.
  - You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member



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or friend. Restrictions should be requested in writing by completing a Request for Confidential Communication and/or Disclosure Restriction. You may obtain a copy of this form at the time you register for your service.

- Except for restrictions regarding services or procedures that you pay for out-of-pocket, we are not required to agree to your request. Requests for restrictions or limitations on the medical information we use or disclose about you for treatment, payment, or healthcare operations must be forwarded to the Chief Privacy Officer. Only the Privacy Officer or his/her Designee can agree to such restrictions or limitations. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- **Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at a location other than your home or by U.S. Mail. Such requests must be made in writing and must include a mailing address where bills for services and related correspondence regarding payment for services will be received. It is important that you note that FFPC reserves 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. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.
- **Breach Notification:** You have the right to be notified following a breach of your unsecured PHI.
- **Paper Copy of This Notice:** You have the right to request and receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time, even if you have agreed to receive this notice electronically.

To exercise any of your rights under this notice, please obtain the required forms from the registration desk in the facility where you received your services and submit your request in writing.

### Changes to this Notice

We reserve the right to change this notice at any time. The revised or changed notice will be effective for information we already have about you, as well as any information we receive in the future. The current notice will be posted in FFPC's facilities and will include an effective date. In addition, each time you register at an FFPC facility for treatment or healthcare services, we will provide access to the most recent version, upon request.

### Complaints

If you believe your privacy rights have been violated, you may file a complaint with FFPC by contacting the Compliance Department at 381 Elden Street, Suite 1000, Herndon, VA 20170 Attention: Chief Privacy Officer. You may file a complaint with the Secretary of the Department of Health and Human Services. Instructions for filing a complaint with the Secretary are found at [www.hhs.gov/ocr/privacy](http://www.hhs.gov/ocr/privacy).

All complaints must be submitted in writing. **You will not be penalized for filing a complaint about FFPC's Privacy practices.**

### Other Uses of Medical Information

We are required to retain our records of the care that we provided you with. FFPC will make other uses and disclosures of medical information not covered by this notice or the laws that apply to us only with your written permission. If you provide us with permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If we receive written revocation of your permission, we will cease the use or disclosure of the medical information you originally authorized. We would not be able to take back any disclosures we have already made with your permission.

Chief Privacy Officer Telephone Number: 703-255-9100.