Virginia Cardiovascular Specialists

HIPAA 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.

Who Presents This Notice

The references to "Facility" and "Health Professionals" in this notice refer to the members of the Virginia Cardiovascular Specialists, PC Affiliated Covered Entity. An Affiliated Covered Entity (ACE) is a group of organizations under common ownership or control who designate themselves as a single Affiliated Covered Entity for purposes of compliance with the Health Insurance Portability and Accountability Act ("HIPAA"). The Facility, its employees, workforce members, and members of the ACE who are involved in providing and coordinating health care are all bound to follow the terms of this Notice of Privacy Practices ("Notice"). The members of the ACE will share Protected Health Information (PHI) with each other for the treatment, payment, and health care operations of the ACE and as permitted by HIPAA and this Notice. For a complete list of the members of the ACE, please contact the Privacy & Security Compliance Office.

Privacy Obligations

Each Facility is required by law to maintain the privacy of your health information ("Protected Health Information" or "PHI") and to provide you with this Notice of legal duties and privacy practices with respect to your PHI. The Facility uses computerized systems that may subject your PHI to electronic disclosure for purposes of treatment, payment and/or health care operations as described below. When the Facility uses or discloses your PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

Notifications

The Facility is required by law to protect the privacy of your medical information, distribute this Notice of Privacy Practices to you, and follow the terms of this Notice. The Facility is also required to notify you if there is a breach or impermissible access, use, or disclosure of your medical information.

Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, your written authorization must be obtained in order to use and/or disclose your PHI. However, the Virginia Cardiovascular Specialists do not need any type of authorization from you for the following uses and disclosures:

Uses and Disclosures for Treatment, Payment, and Health Care Operations. Your PHI may be used and disclosed to treat you, obtain payment for services provided to you, and conduct "health care operations" as detailed below:

Treatment. Your PHI may be used and disclosed to provide treatment and other services to you—for example, to diagnose and treat your injury or illness. In addition, you may be contacted to provide you information about treatment alternatives or other health-related benefits and services that may be of interest to you. Your PHI may also be disclosed to other providers involved in your treatment. For example, a doctor treating you for a broken leg may need to know if you have diabetes because if you do, this may impact your recovery. Your PHI may be shared with people outside of the practice who provide medical care for you, such as home health agencies.

Payment. Your PHI may be used and disclosed to obtain payment for services provided to you—for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care ("Your Payor") to verify that Your Payor will pay for health care. The physician who reads your x-ray may need to bill you or Your Payor for reading of your x-ray therefore your billing information may be shared with the physician who

read your x-ray. PHI also may be shared with billing companies, government agencies to assist with qualifications of benefits, and collection agencies.

Health Care Operations. Your PHI may be used and disclosed for health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care delivered to you. For example, PHI may be used to evaluate the quality and competence of physicians, nurses, and other health care workers. PHI may be disclosed to the Privacy & Security Compliance Office in order to resolve any complaints you may have and ensure that you have a comfortable visit. Your PHI may be provided to various governmental or accreditation entities to maintain our license and accreditation. In addition, PHI may be shared with business associates who perform treatment, payment, and health care operations services on behalf of the Virginia Cardiovascular Specialists.

Additionally, your PHI may be used or disclosed for the purpose of allowing students, residents, nurses, physicians, and others who are interested in health care, pursuing careers in the medical field, or desire an opportunity for an educational experience to tour, shadow employees and/or physician faculty members, or engage in a clinical practicum.

Disclosure to Relatives, Close Friends, and Other Caregivers

Your PHI may be disclosed to a family member, other relative, a close personal friend, or any other person identified by you who is involved in your health care or helps pay for your care. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, the Facility and/or Health Professionals may exercise professional judgment to determine whether a disclosure is in your best interests. If information is disclosed to a family member, other relative, or a close personal friend, the Facility and/or Health Professionals would disclose only information believed to be directly relevant to the person's involvement with your health care or payment related to your health care. Your PHI also may be disclosed in order to notify (or assist in notifying) such persons of your location or general condition.

Public Health Activities

Your PHI may be disclosed for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

Victims of Abuse, Neglect, or Domestic Violence

Your PHI may be disclosed to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence if there is a reasonable belief that you are a victim of abuse, neglect, or domestic violence.

Health Oversight Activities

Your PHI may be disclosed to a health oversight agency that oversees the health care system and is charged with the responsibility of ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

Judicial and Administrative Proceedings

Your PHI may be disclosed in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

Law Enforcement Officials

Your PHI may be disclosed to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena. For example, your PHI may be disclosed to identify or locate a suspect, fugitive, material witness, or missing person or to report a crime or criminal conduct at the Facility.

Correctional Institution

Your PHI may be disclosed to a correctional institution if you are an inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain requests to us.

Coroner and/or Medical Examiner

You PHI may be disclosed to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law.

Organ and Tissue Procurement

Your PHI may be disclosed to organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.

Research

Your PHI may be used or disclosed without your consent or authorization if an Institutional Review Board approves a waiver of authorization for disclosure.

Health or Safety

Your PHI may be used or disclosed to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

U.S. Military

Your PHI may be used or disclosed to U.S. Military Commanders for assuring proper execution of the military mission. Military command authorities receiving PHI are not covered entities subject to the HIPAA Privacy Rule, but they are subject to the Privacy Act of 1974 and DoD 5400.11-R, "DoD Privacy Program," May 14, 2007.

Other Specialized Government Functions

Your PHI may be disclosed to units of the government with special functions, such as the U.S. Department of State, under certain circumstances; for example, the Secret Service or NSA, to protect the country or the President.

Workers' Compensation

Your PHI may be disclosed as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

As Required by Law

Your PHI may be used and disclosed when required to do so by any other law not already referred to in the preceding categories, such as required by the FDA, to monitor the safety of a medical device.

Appointment Reminders

Your PHI may be used and disclosed to provide you with appointment reminders.

Fundraising

Your PHI may be used to contact you as a part of fundraising efforts, unless you elect not to receive this type of information.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Use or Disclosure With Your Authorization

For any purpose other than the ones described above, your PHI may be used or disclosed only when you provide your written authorization on an authorization form ("Your Authorization"). For instance, you will need to execute an authorization form

before your PHI can be sent to your life insurance company or to the attorney representing the other party in litigation in which you are involved.

Marketing

Your written authorization ("Your Marketing Authorization") also must be obtained prior to using your PHI to send you any marketing materials. (However, marketing materials can be provided to you in a face-to-face encounter without obtaining Your Marketing Authorization. The Virginia Cardiovascular Specialists are also permitted to give you a promotional gift of nominal value, if they so choose, without obtaining Your Marketing Authorization.) Virginia Cardiovascular Specialists may communicate with you in a face-to-face encounter about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers, or care settings without Your Marketing Authorization.

In addition, Virginia Cardiovascular Specialists may send you treatment communications, unless you elect not to receive this type of communication, for which the Facility and/or Health Professionals may receive financial remuneration.

Sale of PHI

The Virginia Cardiovascular Specialists will not disclose your PHI without your authorization in exchange for direct or indirect payment except in limited circumstances permitted by law. These circumstances include public health activities; research; treatment of the individual; sale, transfer, merger, or consolidation of the Facility; services provided by a business associate, pursuant to a business associate agreement; providing an individual with a copy of their PHI; and other purposes deemed necessary and appropriate by the U.S. Department of Health and Human Services (HHS).

Uses and Disclosures of Your Highly Confidential Information

In addition, federal and state laws require special privacy protections for certain highly confidential information about you ("Highly Confidential Information"), including the subset of your PHI that: (1) is maintained in psychotherapy notes; (2) is about mental illness, mental retardation, and developmental disabilities; (3) is about alcohol or drug abuse or addiction; (4) is about HIV/AIDS testing, diagnosis, or treatment; (5) is about communicable disease(s), including venereal disease(s); (6) is about genetic testing; (7) is about child abuse and neglect; (8) is about domestic abuse of an adult; or (9) is about sexual assault. If applicable to your care, certain records related to substance use disorder diagnosis, treatment, or referral may be protected under federal law (42 CFR Part 2). In order for your Highly Confidential Information to be disclosed for a purpose other than those permitted by law, your written authorization is required.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Right to Request Additional Restrictions. You may request restrictions on the use and disclosure of your PHI (1) for treatment, payment, and health care operations; (2) to individuals (such as a family member, other relative, close personal friend, or any other person identified by you) involved with your care or with payment related to your care; or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While all requests for additional restrictions will be carefully considered, the Virginia Cardiovascular Specialists are not required to agree to these requested restrictions.

You may also request to restrict disclosures of your PHI to your health plan for payment and health care operations purposes (and not for treatment) if the disclosure pertains to a health care item or service for which you paid out-of-pocket in full. The Virginia Cardiovascular Specialists must agree to abide by the restriction to your health plan EXCEPT when the disclosure is required by law.

If you wish to request additional restrictions, please obtain a request form from the Health Information Management Office and submit the completed form to the Health Information Management Office. A written response will be sent to you.

Right to Receive Confidential Communications. You may request, and the Virginia Cardiovascular Specialists will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.

Right to Revoke Your Authorization. You may revoke Your Authorization, Your Marketing Authorization, or any written authorization obtained in connection with your PHI, except to the extent that the Facility and/or Health Professionals have taken action in reliance upon it, by delivering a written revocation statement to the Facility Health Information Management Office identified below.

Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by the Virginia Cardiovascular Specialists in order to inspect and request copies of the records. Under limited circumstances, you may be denied access to a portion of your records. If you desire access to your records, please contact the office for a records request. If you request copies of paper records, you will be charged in accordance with federal and state law. To the extent the request for records includes portions of records which are not in paper form (e.g., x-ray films), you will be charged the reasonable cost of the copies. You also will be charged for the postage costs, if you request that the copies be mailed to you. However, you will not be charged for copies that are requested in order to make or complete an application for a federal or state disability benefits program.

Right to Amend Your Records. You have the right to request that PHI maintained in your medical records file or billing records be amended. If you desire to amend your records, please obtain an amendment request form from the Facility Health Information Management Office and submit the completed form to the Facility Health Information Management Office. Your request will be accommodated unless the Facility and/or Health Professionals believe that the information that would be amended is accurate and complete or other special circumstances apply.

Right to Receive an Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your PHI made during any period of time prior to the date of your request, provided such period does not exceed six (6) years. If you request an accounting more than once during a twelve (12) month period, you will be charged for the accounting statement.

Right to Receive Paper Copy of This Notice. Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.

For Further Information or Complaints. If you desire further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision made about access to your PHI, you may contact the Privacy & Security Office. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy & Security Compliance Officer will provide you with the correct address for the Director. The Virginia Cardiovascular Specialists will not retaliate against you if you file a complaint with the Privacy & Security Compliance Office or the Director.

EFFECTIVE DATE OF THIS NOTICE

Effective Date. This Notice is effective on November 1, 2022.

Right to Change Terms of This Notice. The terms of this Notice may be changed at any time. If this Notice is changed, the new notice terms may be made effective for all PHI that the Virginia Cardiovascular Specialists maintain, including any information created or received prior to issuing the new notice. If this Notice is changed, the new notice will be posted in the Facility waiting area. You also may obtain any new notice by contacting the Privacy & Security Compliance Officer.

FACILITY CONTACT

Pat Toomey
Compliance Officer
8001 Franklin Farms Drive, Suite 130
Richmond, VA 23229
804-528-4444
compliance@vacardio.com