Dominion Radiology Associates
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 CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your "Protected Health Information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. We are required by federal law to maintain the privacy of your PHI and to provide you with this Notice of Privacy Practices. We are required by federal law to abide by the terms of this Notice currently in effect. However, we reserve the right to change the privacy practices described in this Notice and make the new practices effective for all PHI that we maintain. Should we make such a change, you may obtain a revised Notice in person or by contacting our privacy contact at the address or phone number below and requesting that a copy be mailed to you.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Uses and Disclosures That May be Made Without Your Authorization or Opportunity to Object

Your PHI may be used and disclosed by us for the purpose of providing health care services to you, to pay your health care bills, to support our operation, and any other use required by law.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we may disclose your PHI, as necessary, to a home health agency that provides care to you. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. We may also use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

Payment: We will use and disclose your PHI, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We will use or disclose, as needed, your PHI in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your PHI to medical school students that see patients at our office. 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 physician. We may also call you by name in the waiting room when your physician is ready to see you.

Required By Law: We may use and disclose your PHI to the extent that the use or disclosure is otherwise required by state, federal, or local law.

Public Health: We may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Health Oversight: We may disclose PHI to an oversight agency for activities authorized by law, such as audits, investigations, inspections, and credentialing, as necessary for licensure and for government monitoring of the health care system, government programs, and compliance with federal and applicable state laws.

Abuse or Neglect: If you are a victim of abuse, neglect, or domestic violence, we may disclose your PHI to a government agency authorized to receive such information.

Food and Drug Administration (FDA): We may disclose to the FDA, or person under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

Legal Proceedings: If you are involved in a lawsuit or legal dispute, we may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Law Enforcement: We may disclose your PHI for law enforcement purposes as required by law or in response to a subpoena or court order.

Coroners, Funeral Directors, and Organ Donation: We may disclose your PHI to a coroner, medical examiner or funeral director. This may be necessary, for example, to identify a deceased person or to determine cause of death.

Research: Under certain circumstances, we may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Serious Threat to Health or Safety: We may disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military Activity: If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.

National Security: We may release PHI about you to federal officials for intelligence, counterintelligence, protection to the President, and other national security activities authorized by law.

Workers' Compensation: We may disclose your PHI as necessary to comply with workers' compensation laws and other similar programs.

Inmates: If you are or become an inmate of a correctional institution, we may disclose to the institution or its agent PHI necessary for your health and the health and safety of other individuals.

Business Associates: We may disclose your PHI to persons who perform functions, activities or services to us or on our behalf that require the use and disclosure of PHI. To protect your PHI, we require the business associate to appropriately safeguard your information.

Required by the Secretary of Health and Human Services: Under federal law, we are required to disclose your PHI to the Secretary of Health and Human Services to determine if we are in compliance with federal laws and regulations governing the privacy of health information.

<u>Uses and Disclosures That May be Made Either With Your Agreement or Opportunity to Object</u>

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, orally or in writing, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location or general condition.

Uses and Disclosures Based upon Your Written Authorization

Psychotherapy Notes: We must obtain your written authorization to use and disclose your PHI for most uses and disclosures of psychotherapy notes.

Marketing: We must obtain your written authorization to use and disclose your PHI for most marketing purposes.

Sale of PHI*:* We must obtain your written authorization for any disclosure of PHI which constitutes a sale of PHI.

Business Communications: We must obtain your written authorization to use an automatic telephone dialing system to contact your cellular or wireless telephone for normal business communications to include but not limited to appointment reminders or collection efforts.

Other Uses: Other uses and disclosures of your PHI, not described above, will be made only with your written authorization (unless otherwise permitted or required by law).

You may revoke this authorization, at any time, in writing. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have taken action in reliance on the authorization.

YOUR RIGHTS

The following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information. If you would like to see or copy your PHI that is contained in a designated record set (e.g., medical and billing records), we are required to provide you access to such PHI for inspection and copying within 30 days after receipt of your request (with up to a 30-day extension if needed). We may charge you a reasonable fee to cover duplication, mailing and other costs incurred by us in complying with your request. In addition, there are situations where we may deny your request for access to your PHI. For example, we may deny your request if we believe the disclosure will endanger your life or that of another person. Depending on the circumstances of the denial, you may have a right to have this decision reviewed. To inspect or copy your PHI, submit a written request to the privacy contact at the address below.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, except we must agree not to disclose your PHI to your health plan if the disclosure (1) is for payment or health care operations and is not otherwise required by law, and (2) relates to a health care item or service which you paid for in full out of pocket. If we agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. To request a restriction of your PHI, submit a written request to the privacy contact at the address below.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to request that we communicate with you in a certain way or at a certain location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. To request a confidential communication of your PHI, submit a written request to the privacy contact at the address below.

You have the right to obtain a paper copy of this notice from us. You may request a copy of our current Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy from us by contacting our privacy contact at the address or telephone number below.

You may have the right to amend your protected health information. This means you may request an amendment of your PHI in our records that is contained in a designated record set (e.g., medical and billing records) for as long as we maintain the PHI. We will respond to your request within 60 days (with up to a 30-day extension if needed). We may deny your request if, for example, we determine that your PHI is accurate and complete. If we deny your request, we will send you a written explanation and allow you to submit a written statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. To request an amendment of your PHI, submit a written request to the privacy contact at the address below.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right only applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice. It also excludes disclosures we may have made to you, your family members or friends involved in your care. The right to receive this information is subject to certain exceptions, restrictions and limitations. You must specify a time period, which may not be longer than 6 years and cannot include any date before April 14, 2003. You may request a shorter timeframe. You have the right to one free request within any 12-month period, but we may charge you for any additional requests in the same 12-month period. We will notify you about any such charges, and you are free to withdraw or modify your request in writing before any charges are incurred. We will respond to your request within 60 days (with up to a 30-day extension if needed). To obtain an accounting, submit a written request to the privacy contact at the address below.

You have the right to be notified if you are affected by a breach of unsecured PHI.

You have the right to opt out of receiving fundraising communications from us. We may contact you for fundraising purposes. You have the right to opt out of receiving these communications.

COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint at the following address and/or phone:

Dominion Radiology Associates
10401 Spotsylvania Ave, Suite 306
Fredericksburg VA, 22408
Phone: 804-486-4626

We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on/or before **May 18, 2020.**

Signature below is acknowledgement that you have received this Notice of our Privacy Practices.

I have received Dominion Radiology Associates' Notice of Privacy Practices.

______________________________ ____________________

Patient Signature Date