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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.

Our Responsibilities. Your Information. Your Rights.

Our Responsibilities

1. We are required by law to:

- Maintain the privacy and security of your protected health information (PHI).
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI.
- Follow the duties and privacy practices described in this notice and give you a copy of it.
- Not use or share your information other than as described here unless you tell us we can in writing. If you say we can, you may change your mind at any time by letting us know in writing.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Our Uses and Disclosures

We may use and share your information for the following reasons

1. Treatment:

- We can use your health information and share it with other professionals who are treating you.
- Example: To improve coordination of your care and treatment we may disclose Health Information, including electronic health information, to doctors, nurses, technicians, or other personnel, including people outside our office and including those health care providers who participate in Health Information Exchanges, who are involved in your medical care.

2. Payment:

- **To bill for your services:** we can use and share your health information to bill and get payment from health plans or other entities. For example, we give information about you to your health insurance plan so it will pay for your services.

3. Health care operations:

- **To run our organization:** we can use and share your health information to run our practice, improve your care, and contact you when necessary. For Example, we use health information about you to manage your treatment and services.

4. Appointment reminders, treatment alternatives, health related benefits and services:

- We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you. For example, mailings for immunizations, vaccines, or well care.

5. Individuals involved in your care or payment for your care:

- When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend.
- We may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

How we can use or share your information

We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health, safety, and research. We must meet conditions in the law before we can share your information for these purposes.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

1. We can share information:

- To respond to lawsuits and legal actions; We can share health information about you in response to court or administrative order, or in response to a subpoena.
- We may use a Business Associate (BA) to perform services on our behalf; All BA's are obligated to protect the privacy of your information and are not allowed to use or disclose your information other than as specified in our agreement.

2. For public health and safety issues:

- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

3. We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications

4. Address workers' compensation, law enforcement, and other government requests. We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

5. Comply with law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

6. Respond to organ and tissue donation requests. We can share health information about you with organ procurement organizations.

7. To work with a medical examiner or funeral director. We can share information with a coroner, medical examiner, or funeral director when a person dies.

8. To do research. We can use or share information for health research

9. **The Privacy Rule requires us to describe any state or other laws that require greater limits on disclosures.** We will never share any substance abuse treatment records without your written permission.

Your Choices

In these cases, we never share your information unless you give us written permission: marketing purposes, sale of your information, sharing of psychotherapy or behavioral health notes.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, under the law of implied consent, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety:

- By telling family and friends about your condition
- To provide disaster relief
- To include your information in a hospital directory
- To provide mental health care

Your Rights

This section explains your rights and some of our responsibilities to help you.

1. You have the right to get a copy of your paper or electronic medical record:

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

2. Ask us to correct your medical record:

- You may ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

3. Get a list of those with whom we’ve shared your information.

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

4. Ask us to limit the information we share:

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

5. Request confidential communication:

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” if it is a reasonable request.

6. Get a copy of this privacy notice:

- You can ask for a paper copy of this notice at any time. Even if you have agreed to receive the notice electronically, we will provide you with a paper copy promptly.

7. Choose someone to act for you:

- If you have given someone 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 for you before we take any action.

Changes to this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Complaints

- You may file a complaint if you believe your privacy rights have been violated.
- You can complain if you feel we have violated your rights by contacting us in writing at: BRMC Compliance Officer at 4038 Thomas Nelson Hwy, Arrington VA 22922
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.