



HealthVisionsMD, Inc.

1230 Alverser Drive, Suite 100, Midlothian, VA 23113

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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 Pledge Regarding Your Medical Information

HealthVisionsMD, Inc. ("HealthVisionsMD") is committed to protecting medical information about you. We create a record of the medical care and services you receive at HealthVisionsMD sites for use in your care and treatment. We need this record to provide you with quality care and to comply with certain legal requirements.

This notice applies to all the records of your care and services provided by the physician(s) and other health care professionals that comprise HealthVisionsMD, as well other practitioners, who may provide services within this facility. This notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your information.

We are required by law to:

- make sure that your medical information is protected;
- give you this Notice describing our legal duties and privacy practices with respect to your medical information; and
- follow the terms of the Notice that is currently in effect.

Who Will Follow This Notice?

This notice describes the practices of HealthVisionsMD and the following individuals and organizations (collectively, "we"):

- HealthVisionsMD physicians regarding services provided and medical records kept at HealthVisionsMD facility or by physicians employed by or under contract with HealthVisionsMD.
- All affiliates, facilities, and departments of HealthVisionsMD; and,
- All employees, staff, and other HealthVisionsMD personnel.

How We May Use and Disclose Medical Information About You

The following sections describe different ways that we may use and disclose your medical information. Information, such as certain genetic information, certain drug and alcohol information, HIV information and mental health information may be entitled to special restrictions by state and federal laws. We abide by all applicable state and federal laws related to the protection of this information. Not every use or disclosure will be listed, but all of the ways we are permitted to use and disclose information will fall within one of the following categories.

Treatment: We may use or disclose medical information about you to provide you with medical treatment or services. We may disclose information about you to doctors, nurses, technicians or other personnel involved in taking care of you. We may share medical information about you with HealthVisionsMD personnel or other health care providers, agencies, or facilities not affiliated with HealthVisionsMD to provide or coordinate the different things you need, such as prescriptions. We may participate in an electronic health information exchange to facilitate the sharing of your medical information for treatment purposes.

Payment: We may use and disclose medical information about you for payment activities of HealthVisionsMD and others involved in your care. We can obtain payment from you, an insurance company or another third party. We may disclose your information to the Social Security Administration, or any other person or insurance or benefit payor, health care service plan or worker's compensation carrier which is, or may be responsible for all or part of your bill. However, if you pay in cash in advance for your treatment, and you ask us not to disclose your health information to your insurance company regarding that treatment, we will honor your request.

Health Care Operations: We may use and disclose medical information about you for our health care operations and for certain health care operations of other providers who furnish care to you. These uses and disclosures are necessary to operate HealthVisionsMD and to make sure that all of our patients receive quality services. We may review and/or aggregate medical information to decide what additional services or health benefits HealthVisionsMD should offer, what services are not needed, and whether certain new treatments are effective. HealthVisionsMD may disclose information to private accreditation organizations, such as the Joint Commission, to obtain accreditation from these organizations.



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Health Information Exchange (HIE): HealthVisionsMD participates in the Virginia Health Information Exchange (HIE), a secure internet-based “virtual” health record. The HIE is an organization in which providers, such as doctors and other health care providers, participate to exchange patient information to facilitate health care. By participating in the HIE, we may share certain portions of your health information with other providers that participate in the HIE or participants of other health information exchanges. The virtual health record contains lab results, transcription reports, radiology results, medical history, transcriptions and chart notes, insurance information and demographic information from all of your health care providers who participate in the HIE. There are some types of information that are subject to an additional layer of security within the HIE. Examples of such information may include certain drug and alcohol abuse information and HIV test results. Items that are subject to the additional security may not be readily viewable in the HIE’s standard electronic chart. Unless you notify HealthVisions that you do not wish for your health information to be available through the HIE (“Opt-Out”), we may include your information in the HIE.

- If you opt out, your health information will no longer be accessible by other providers through the HIE. However, your opt-out does not affect health information that was disclosed through the HIE prior to the time that you opted out and your information may still be used and disclosed through other means, such as providing a paper copy.
- Regardless of whether you choose to opt out of the HIE, your health information will still be provided to the HIE. However, if you choose to opt out, the HIE will not exchange your health information with other providers. Additionally, you cannot choose to have only certain providers access your health information.
- All providers who participate in the HIE who provide services to you will have the ability to access to your information. However, participating providers that do not provide services to you will not have access your information through the HIE.
- Information available through the HIE may be provided to others as necessary for referral, consultation, treatment and/or the provision of other treatment-related health care services to you. This includes providers, pharmacies, laboratories, etc. You may opt out at any time by notifying the HealthVisionsMD Practice Manager. The Practice Manager’s contact information is found at the end of this notice.

Business Associates: We may share your medical information with third-parties referred to as “business associates”. Business associates provide various services to or for HealthVisionsMD. Examples include billing services, transcription services and legal services. We require our business associates sign an agreement requiring them to protect your information and to use it only for the purposes for which we have contracted for their services to ensure your medical information is appropriately safeguarded.

Individuals Involved in Your Care or Payment for Your Care: Unless you tell us not to, we may release medical information to anyone involved in your medical care, such as a friend, family member, or any individual you identify. We also may give your information to someone who helps pay for your care. Additionally, we may disclose information about you to your legal representative. If a person has the authority by law to make healthcare decisions for you, HealthVisionsMD typically will treat that legal representative the same way we would treat you with respect to your medical information. Parents and legal guardians are generally patient representatives of minors unless the minors are permitted by law to act on their own behalf and make their own medical decisions in certain circumstances.

Research: We may use and disclose medical information about you for certain research purposes in compliance with the requirements of applicable federal and state laws. All research projects, however, are subject to a special approval process, which establishes protocols to ensure that your health information will continue to be protected. When required, we will obtain a written authorization from you prior to using your health information for research.

As Required or Authorized by Law: We will disclose medical information about you when required to do so by federal and/or state law. This includes, but is not limited to, disclosures to mandated patient registries, including reporting adverse events with medical devices, food, or prescription drugs to the FDA. We also may disclose medical information to health oversight agencies for activities authorized by law. These oversight activities may include licensure activities and other activities by governmental, licensing, auditing and accrediting agencies as authorized or required by law. We may disclose your health information for public health activities including disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; or notify a person who may have been exposed to a disease or condition. We may disclose information for law enforcement purposes as required by law or in response to a valid subpoena, summons, court order, or similar process.

Legal Proceedings, Lawsuits and Other Legal Actions: We may disclose medical information about you to courts, attorneys, court employees, and others when we get a court order, subpoena, discovery request, warrant, summons or other lawful instructions. We also may disclose information about you to HealthVisionsMD attorneys and/or attorneys working on HealthVisionsMD’s behalf to defend ourselves against a lawsuit or action brought against us.



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Your Rights Regarding Medical Information About You

You have the following rights regarding your medical information:

Right to Inspect and Copy: With certain exceptions, you have the right to inspect and/or receive a copy of your medical and billing records or any other of our records that are used by us to make decisions about your care. The exceptions to this are any psychotherapy notes, information collected for certain legal proceedings and any medical information restricted by law.

To inspect and or receive a copy of your medical records we require that you submit your request in writing to your HealthVisionsMD care provider or the appropriate medical records department. If you request a copy of your medical records, we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. Under certain circumstances, we may deny your request to inspect or copy your records such as if we believe it may endanger you or someone else. If you are denied access to your medical information, you may request that the denial be reviewed by another licensed health care professional. We will comply with the outcome of the review.

Right to Request an Amendment: If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as the information is kept by or for HealthVisionsMD in your medical and billing records. To request an amendment, your request must be submitted in writing and provide the reason for the request. If we agree to your request, we will amend your record(s) and notify you of such. In certain circumstances, we cannot remove what was in the record(s), but we may add supplemental information to clarify. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care 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, such as a family member or friend. To request a restriction, you must make your request in writing and tell us (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply, i.e. disclosures to your spouse. We are allowed to end the restriction if we tell you. If we end the restriction, it will only affect the health information that was created or received after we notify you.

Right to 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 only at home or by mail. If you want us to communicate with you in a certain way, you will need to give us specific details about how you want to be contacted including a valid alternative address. We will not ask you the reason for the request, and we will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested we may contact you using the information we have.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice at any time, even if you have previously agreed to receive this notice electronically. Copies of this notice are available throughout HealthVisionsMD or by contacting the HealthVisionsMD Practice Manager.

Change to This Notice

We reserve the right to change this notice and HealthVisionsMD' privacy practices. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the HealthVisionsMD website at www.healthvisionsmd.com.

Questions or Complaints

If you have questions or believe that your privacy rights have been violated, you may file a complaint with HealthVisionsMD or with the Secretary of the Department of Health and Human Services. To file a complaint with HealthVisionsMD, contact the Practice Manager. *You will not be penalized for filing a complaint.*

Addresses:

HealthVisionsMD, Inc.
1230 Alverser Drive, Suite 100
Midlothian, VA 23113

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

This Notice is effective September 23, 2017.