

# *StarCare Gynecology and Obstetrics, LLC*

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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 OBTAIN ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW CAREFULLY**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper or orally, are kept properly confidential. This Act gives you, the patient; significant new rights to understand and control how your health information is used "HIPAA" provides penalties for covered entities that misuse personal health information.

As required by "HIPAA" we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

**OUR RESPONSIBILITIES:** This organization is required to maintain the privacy of your health information. In addition, provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you. This organization must abide by the terms of this notice, notify you if we are unable to agree to a requested restriction, accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change; a current Notice will always be available in our office. We will not use or disclose your health information without your authorization, except as described in this notice.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

**TREATMENT:** means providing, coordinating or managing health care and related services by one or more health care providers. By way of example, your physician will document in your record their expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. We will also provide your other practitioners with copies of various reports that should assist them in treating you.

**PAYMENT:** means such activities as charging reimbursement for services, confirm coverage, billing or collection activities and utilization review. An example would be sending a bill for your visit to your insurance company for payment. This bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

**HEALTH CARE OPERATIONS** includes the business aspect of running the practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer services. An example would be an internal quality assessment review. We may also create and distribute de-identified health information by removing all references to individually identifiable information. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Business Associates: There may be some services provided in our organization through contracts with Business Associates. Examples include physician services in the emergency department and radiology, and a transcription service. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

**Continues on back of this page**

## NOTICE OF PRIVACY PRACTICES

Page 2

Communication with Family: Health professionals, using their best judgment, may disclose to a family member, other relatives, close personal friends or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research (inpatient): We may disclose information to researchers, when an institutional review board that has reviewed the research proposal, and established protocols to ensure the privacy of your health information has approved their research.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Food and Drug Administration (FDA): As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information to the extent authorized by an to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with tracking birth and deaths, as well as with preventing or controlling disease, injury, or disability.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals. An inmate does not have the right to the Notice of Privacy Practices.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes, in good faith, that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken action relying on your authorization.

### **YOUR HEALTH INFORMATION RIGHTS:**

Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information including those related to disclosure to family members, other relatives close personal friends or any other person identified by you. We are, however, not required to agree to a requested restriction, if we do agree to a restriction, we must abide by it unless you agree in writing to revoke it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

For more information or to report a problem: If you have questions and would like additional information, you may contact the Practice Administrator .

If you believe your privacy rights have been violated, you can file a written complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

**Notice Of Privacy Practices availability:** This notice will be prominently posted in the office where registration occurs. Patients will be provided a hard copy upon request.

**Effective Date: August 1, 2005**