

ARTHRITIS & RHEUMATIC DISEASES, P.C.
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN HAVE ACCESS TO YOUR PROTECTED HEALTH INFORMATION (PHI). PLEASE REVIEW THIS NOTICE CAREFULLY. *We reserve the right to revise or amend this Notice of Privacy Practices.*

A. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Megan Day, Office Manager- 329 McLaws Circle, Williamsburg, VA 23185- (757)220-8579

B. THE FOLLOWING CATEGORIES DESCRIBE WAYS IN WHICH WE MAY USE AND DISCLOSE YOUR PHI:

1. **Treatment.** Our practice may use your PHI to treat you. We might disclose your PHI to a pharmacy when we order a prescription for you. We may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.
2. **Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for services. We also may use and disclose your PHI to obtain payment from third parties. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
3. **Health Care Operations.** Our practice may use and disclose your PHI to operate our business. We may disclose your PHI to other health care providers and entities to assist in their health care operations.
4. **Appointment Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment.
5. **Release of Information to Family/Friends.** Our practice may release your PHI to a friend or a family member that is involved in your care, or who assists in taking care you.
6. **Research.** We may disclose information to researchers when their research has been approved by institutional review boards or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. We may perform limited database searches to identify your potential participation in a clinical research trial.
7. **Emergency.** Our practice may disclose your PHI to paramedics or other health care providers in the case of an emergency situation.

C. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES:

1. **Public Health Risks.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths
 - Preventing or controlling disease, injury, or disability
 - Notifying a person regarding potential exposure to a communicable disease
 - Notifying a person regarding potential risk for spreading or contracting a disease or condition
 - Notifying your employer under limited circumstances, related primarily to workplace injury or illness or medical surveillance
2. **Health Oversight Activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include: investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions.
3. **Lawsuits and Similar Proceedings.** Our practice may use or disclose your PHI in response to a court or administrative order, a discovery request, subpoena, or other lawful process by another party involved in the dispute.
4. **Law Enforcement.** We may release PHI if asked to do so by law enforcement official by subpoena, court order, or other legal process, or you are the victim of a crime, or regarding criminal conduct at our office.
5. **Military.** Our practice may disclose your PHI if you are a member of the US or foreign military forces (including veterans) and if required by the appropriate authorities.
6. **Inmates.** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are and inmate or under the custody of a law enforcement official.
7. **Workers' Compensation.** Our practice may disclose your PHI for Workers' compensation and similar programs.
8. **Research.** Our practice may use and disclose your PHI for research purposes.

D. YOUR RIGHTS REGARDING YOUR PHI

1. **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request (to the practice location above) specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment of your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by the law, in emergencies, or when the information is necessary to treat you. You must make your request in writing.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing in order to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct reviews.
4. **Amendment.** You may ask us to amend your health information as long as the information is kept by or for our practice. To request an amendment, your request must be in writing. We may deny your request if you ask us to amend information that is in our opinion: (1) accurate and complete; or (2) not part of the PHI which you would be permitted to inspect and copy.
5. **Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures" of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of the disclosure. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact **Jennifer Gordon at (757)220-8579**. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**
7. **Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing.