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Notice of Privacy Practices

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) in accordance with applicable law including the Health Insurance Portability and Accountability Act (HIPAA), regulations under HIPAA including HIPAA Privacy and Security Rules, and practitioner codes of ethics.

The purpose of this notice is to ensure that disclosure of PHI is made consistent with applicable laws, regulations, and health information standards, and to ensure that any disclosures of PHI are appropriate.

You have the right to:

- Get a copy of your medical record. We will provide you with a paper copy of your medical record within a timely manner. We may charge a reasonable administrative fee.
- Request corrections to your medical record. We may say no to your request and tell you why.
- Request how information is communicated to you. We will say yes to all reasonable requests.
- 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 with your request and may say no if it would affect your care. If you paid for a service or health care item out of pocket in full, you can ask us not to share that information with your health insurer. We will say yes unless a law requires us to share that information.
- Get a list of who your information has been shared with. We may charge a reasonable administrative fee to provide this list.
- Get a copy of this notice.
- 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 ensure the person has this authority before we take any action.

- File a complaint if you believe your privacy rights have been violated. You can contact us at 434.220.4686 or the US Department of Health and Human Services Office for Civil Rights at 200 Independence Ave, SW, Washington, DC 20201, or calling 1-877-696-6775.

We use your PHI in different ways to treat you, run this organization, and comply with law. While the following examples may not be an exhaustive list of the different ways we would create or use your PHI, any use or creation would fall into one of the following categories:

- **To treat you.** We create records that include your PHI in order to provide care and treatment. We can share your PHI with other professionals within this practice. We may share your PHI with other providers or individuals outside of the practice you have consented to having your PHI shared. We use and share your PHI to provide and improve care and to contact you.
- **To run our organization and communicate with other organizations.** We use health information about you to manage your treatment and services. We may send you electronic communications regarding your appointments or changes to them. We will comply with your insurance company's request to provide copies or parts your record that include PHI in order to be in compliance with their documentation requirements. We may provide PHI to other entities that request it when authorized to do so.
- **To bill for your services.** We may contact your insurance company to confirm your benefits and receive payments. We may give information about you to your health insurance plan or other entities so they will pay for your services with your consent.
- **Comply with the law.** We can share your PHI without your consent in response to a court order or as mandated by law or law enforcement. We are allowed or required to share your PHI in other ways that contribute to the public good such as public health and emergencies. We have to meet many conditions in the law before we can share your PHI for these purposes. This may include preventing or reducing a serious threat to anyone's health or safety and reporting suspected abuse, neglect, or domestic violence to the appropriate authorities, notifying a potential victim of a threat to their safety, notifying law enforcement, notifying appropriate government agencies, or arranging for hospitalization.
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services.
- We will not use your PHI for marketing purposes, and we will never sell your PHI.
- Unless required by law or previously authorized by you, we will receive your written consent before providing your PHI to anyone.

Our Responsibilities:

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can share your PHI, you may change your mind at any time.
- We can change the terms of this notice and the changes will apply to all the information we have about you including previously collected information. The new notice will be available upon request and be posted in our office.
- We will make a reasonable effort to use, disclose, or request the minimum amount of PHI necessary unless otherwise required by law.

By signing below, you are acknowledging that you have received, read, and understood the information outlined above.