

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

| Get a copy of your health and claims records | You can ask to see or get a copy of your health and claims records 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 and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee. |
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| Ask us to correct health and claims records | You can ask us to correct your health and claims records if you think they are 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. |
| Request confidential communications | 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 consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not. |



| YOUR RIGHTS, continue | d | |
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| Ask us to limit what we use or 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. | |
| Get a list of those with whom we've shared 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. | |
| 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. | |
| 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. | |

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 3.
- 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 Avenue, 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.



YOUR CHOICES

For certain health information, you can tell us your choices about what we share. 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 payment for your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and 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.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

OUR USE AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.
- We may disclose your health care information to individuals outside of the organization involved in your care including family members, clergy whom you have designated, pharmacists, suppliers of medical equipment or other health care professionals that we usu in order to coordinate your care.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.



| OUR USE AND DISCL | DSURES | | |
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| organization in | We can use and disclose your formation to run our organization and ntact you when necessary. | Example: We use health information about you to develop better services for you and patients we may serve in the future. | |
| health services in | We can use and disclose your health formation as we pay for your health rvices. | Example: We share information about you with your insurance provider to pay for your care. | |
| information in other wa and research. We have | r share your health information? We a ys- usually in ways that contribute to the o meet many conditions in the law bef more information see: www.hhs.gov/o | ne public good, such as public health ore we can share your information | |
| Help with public health and safety issues | We can share health information about you for certain situations such as: Preventing disease Helping with product recalls Reporting adverse reactions to medications Reporting suspected abuse, neglect, or domestic violence Preventing or reducing a serious threat to anyone's health or safety | | |
| Do research | We can use or share your informate. | tion for health research. | |
| Comply with the 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 so that we're complying with federal privacy law. | | |
| Respond to organ and ti donation requests and with a medical examine or funeral director | ork organizations. | organizations.We can share health information with a coroner, medical examiner, or funeral | |
| Address workers' compensation, law enforcement, and other government requests | For workers' compensation claFor law enforcement purposeWith health oversight agencie | 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 | |
| Respond to lawsuits and legal actions | We can share health information a administrative order, or in response | | |



OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- 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, you may change your mind at any time. Let us know in writing if you change your mind.

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

Changes to the Terms of 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, on our web site, and we will mail a copy to you.

Contact Person

The person for all issues or questions regarding patient privacy and your rights under the Federal privacy standards is the Privacy Official, who can be reached at (540) 463-1848.

Effective Date

This notice is effective April 14, 2003. Revised July 28, 2010; July 22, 2013; February 23, 2017.

If you have any questions regarding this notice, please refer to the contact information listed above.