



## HIPAA Privacy Notification

This notice describes how your medical information may be used and disclosed and how you can access this information.

The terms of this notice apply to all records containing your health information created or retained by our practice. We are required to abide by the terms in this Notice, and we reserve the right to revise or amend this Notice. Any revision or amendment to this notice will be effective for all your records that our practice has created or maintained in the past, and any of your records we create or maintain in the future. A copy of our current Notice is always posted in a visible location, and you may request a copy of our current Notice at any time.

Your personal health information (PHI) will be used or disclosed for purpose permitted or required by law. Not every use or disclosure is listed; however, all of the ways we use or disclose your PHI will fall into one of the following categories.

We do not need your authorization or permission to use or disclose your PHI for the following purposes:

**Treatment.** Your PHI may be used by staff members or disclosed to other health care professionals to evaluate your health, diagnose, medical conditions, and provide treatment. It is our office policy to require your written authorization before we disclose PHI to another medical office. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**Payment.** Your PHI may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

**Health Care Operations.** Your PHI may be used as necessary to support the daily activities and management of Piedmont Pediatrics, PLC. For example, information on the services you received may be used for budgeting, financial reporting, and activities to evaluate and promote quality.

**Law Enforcement.** Your PHI may be disclosed to law enforcement agencies acting as authorized by law to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting. Additionally, we are required to disclose PHI to the Secretary of HHS for use in oversight investigations.

**Public Health Reporting.** Your PHI may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to Virginia's public health department.

**Lawsuits and Similar Proceedings.** We may use and disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have attempted to inform you of the request or obtain an order protecting the information the party has requested.

**Serious threats to health or Safety.** We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will make disclosures to a person or organization able to prevent the threat.

**Military.** Our practice may disclose PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

**National Security.** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials to protect the President, other officials or foreign heads of state, or to conduct investigations.

**Worker's Compensation.** Our practice may release PHI for workers' compensation and similar programs.

**Appointment Reminders.** Your PHI may be used to remind you about your appointment.

**Information about treatments.** Your PHI may be used to send you information you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

Disclosure of your PHI or its use for purposes other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your PHI, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you revoked your authorization.

**Your Rights.** Your rights under federal privacy standards include:

Inspecting and copying your PHI.

Amending or submitting corrections to your PHI.

Receiving an accounting of whom and to whom your PHI has been disclosed.

Requesting restrictions on the use and disclosure of your PHI. (We are not required to agree with your request).

Receiving confidential communications concerning your medical condition and treatment.

Receiving a printed copy of this notice.

**Transparency.** We realize healthcare is often difficult to understand; as stewards of your PHI, we will do our best to facilitate access to your PHI.  
**Requests to inspect PHI.** Generally, you may inspect or copy your PHI in our possession. We require requests to inspect or copy your PHI be submitted in writing. You may obtain a form to request access to your records by contacting the privacy officer. Your request will be reviewed and approved, unless there are legal or medical reasons to deny the request.

**Complaints/Contact Person.** If you would like to submit a comment or complaint about our privacy practices, please send a letter outlining your concerns to:

Piedmont Pediatrics, PLC  
PRIVACY OFFICER  
20 Rock Pointe Lane  
Warrenton, VA 20186

If you believe that your privacy rights have been violated, you must immediately bring the matter to our attention by mailing a letter describing the cause of your concern to the address posted above. You may also contact the Secretary of the Department of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint.

This notice was revised February 9, 2016.