

Privacy Practices at Falls Church Healthcare Center.

Satisfies: 12VAC 5-5-412-210 and 12VAC 5-412-210 (D)

The state legislature has passed laws for which the Virginia Department of Health had to develop regulations that apply only to our patient care and not other doctors' office's and their patient care. This includes this extensive paperwork and other such procedural delays that we hope will not interfere with our mission to serve you with minimal delay and with the one to one personal care which is our goal at Falls Church Healthcare Center. If you want to file a complaint about these policies you can contact Virginia Department of Health OLC at: 1-800-955-1819 or let your legislator or the Governor know that this has interfered with your doctor patient relationship.

NO ONE WILL RETALIATE OR TAKE ACTION AGAINST YOU FOR FILING A COMPLAINT, nor will filing a complaint in anyway infringe on your right to privacy for services you receive at our Center.

Our FCHC Mission pledge:

WHEREAS, Falls Church Healthcare Center (FCHC) is owned and operated pursuant to the laws of the Commonwealth of Virginia; and

WHEREAS, its purpose is to serve our community and to provide patient care and education in accordance with the mission of FCHC and

WHEREAS, it is recognized that the workforce, including but not limited to, employees, consultants, medical staff, volunteers, students, and other persons employed or affiliated with the FCHC is responsible for the quality of medical care in the Center and must accept and discharge this responsibility with to patient focus and that the cooperative efforts of the workforce is necessary to fulfill the Center's obligations to its patients;

THEREFORE, members of the workforce, including but not limited to, employees, consultants, medical staff, volunteers, students, and other persons employed or affiliated with FCHC practicing in this Center hereby organize themselves in conformity with these Polices.

Our Commitment to you: Falls Church Healthcare is committed to meet your expectation for compassionate and excellent medical services. If we can do anything to make your experience better please just ask. We welcome suggestions and ideas about how we can improve our services, website and health education. We welcome your compliments, praise and comments and are a resource for complaints as well and take these very seriously. In addition the Virginia Department of Health requires that you be advised of their Consumer Complaint process below.

I understand my Patient Rights and Responsibilities and have read this notice of Privacy Practices on the reverse and had opportunity to ask questions.

Signature: _____

Patient Responsibilities and Rights brochure is available at the Patient Education Display in the Lobby

NOTICE OF PRIVACY PRACTICE

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.

We are required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice which describes the health information privacy practices of our Center and any healthcare providers that jointly perform payment activities and business operations with our Center. A copy of our current notice will always be posted in the reception area. You will also be able to obtain your own copies by accessing our website or by calling our office or asking for one at the time of your appointment.

If you have any questions about this notice or would like further information, please contact the Compliance Officer at (703 532-2500) or email at FCHC@fallschurchhealthcare.com

SUMMARY INFORMATION *(For a more detailed information sheet please ask the receptionist or refer to our website)*

Requirement for Acknowledgment of Notice of Privacy Practices

We will ask you to sign a form that will serve as an acknowledgment that you have received this Notice of Privacy Practices.

Requirement for Written Authorization

You may initiate the transfer of your medical information and laboratory results to another person by completing an authorization form. If you provide us with written authorization, you may revoke that authorization at any time, except to the extent that we have already relied upon it. To revoke an authorization, please contact us at 703 532-2500.

Exceptions to Requirement

There are some situations such as to collect payment for that treatment, or run our Center's normal business operations, when we do not need your written authorization before using your health information or sharing it with others. They are:

- **Exception for Treatment, continuing care directly to a healthcare provider**
We are allowed to use and disclose your health information to treat your condition in such a manner that will ensure your care and wellness.
- **Exception in Emergencies or Public Need.**
We may use or disclose your health information in an emergency or for important public needs. For example, we may share your information with public health officials who are authorized to investigate and control the spread of diseases.
- **Exception If Information Does Not Identify You.**
We may use or disclose your health information if we have removed any information that might reveal who you are.

How to Access Your Health Information

You generally have the right to inspect and copy your health information. Details about this right are provided below.

- **How to Correct Your Health Information**
You have the right to request that we amend your health information if you believe it is inaccurate or incomplete.
- **How to Request More Confidential Communications**
You have the right to request that we contact you in a way that is more confidential for you, such as at home instead of at work. We will try to accommodate all reasonable requests.
- **How Someone May Act On Your Behalf**
Only with your expressed written authorization can information be released to anyone. You have the right to name a personal representative who may act on your behalf to control the privacy of your health information as well as receive your health information. You can instruct us on your contact form kept in your chart
- **How to File A Complaint**
If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please write to;

Privacy Compliance Officer
Falls Church Healthcare Center
900 S. Washington St, Suite 300
Falls Church VA 22046

You may also email the Compliance Officer at wellness@fallschurchhealthcare.com

Satisfies 12 VAC 5-412-412-210 (D)

The state legislature has passed laws for which the Virginia Department of Health had to develop regulations that apply only to our patient care and not other doctors' office's and their patient care. The Virginia Department of Health requires that you be advised of their Consumer Complaint process below.

Falls Church Healthcare is committed to meet your expectation for compassionate and excellent medical services. If we can do anything to make your experience better please just ask. We welcome suggestions and ideas about how we can improve our services, website and health education. WE are a resource for complaints as well and take these very seriously. In addition the Virginia Department of Health requires that you be advised of their Consumer Complaint process:

From the VDH website:

**Virginia Department of Health
Office of Licensure and Certification**

In addition to regulatory compliance inspections, the Office of Licensure and Certification (OLC) investigates consumer complaints regarding the quality of health care services received. This includes complaints received against: nursing facilities, inpatient and outpatient hospitals, home care organizations, hospice programs, dialysis facilities, and clinical laboratories (*and now due to VAC 5-412 doctors who provide abortioncare*). The OLC does not investigate concerns regarding provider fees or charges or provider billing practices. Complaints that do not fall with the OLC's jurisdiction are referred to the appropriate agency and complainants are notified of that action. If the concerns are not found to be a violation of applicable law or regulation, you will be informed of the options available to you. **We can provide you with the consumer complaint report form or you can access it on line.**

Complaint Unit
Office of Licensure and Certification
Virginia Department of Health
9960 Mayland Drive, Ste. 401
Richmond, Virginia 23233-1463
Fax: 1-804-527-4503
Hot Line No: 1-800-955-1819

OLC treats the identity of the complainant and patient as confidential during the course of its investigation pursuant to § 32.1-138.5 of the Code of Virginia. However, the OLC reserves the right to disclose to FCHC the nature of the complaint or the identity of the patient who is the subject of the complaint as permitted by § 32.1-138.5 of the Code of Virginia. Section 32.1-138.5 authorizes the disclosure of "the nature of the complaint or the identity of the patient" to the nursing facility. It only permits the disclosure of the complainant's identity in advance of an administrative hearing in which the Department "intends to rely, in whole or in part, on any statements made by the complainant."

Detailed Privacy Practice information

WHAT HEALTH INFORMATION IS PROTECTED

We are committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected health information are:

- information about your health condition (such as a disease you may have);
- information about health care services you have received or may receive in the future (such as an operation or specific therapy);
- information about your health care benefits under an insurance plan (such as whether a prescription or medical test is covered);
- geographic information (such as where you live or work);
- demographic information (such as your race, gender, ethnicity, or marital status);
- unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number); and other types of information that may identify who you are.
- FCHC considers your immigration status or citizenship as protected information and integral to your wellness and access to healthcare.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

The physicians and other clinicians and staff members within FCHC may use your health information or share it with others in order to treat your condition, obtain payment for that treatment, and run the Center's normal business operations. Your health information may also be shared with affiliated hospitals and health care providers so that they may jointly perform certain payment activities and business operations along with our practice. Below are further examples of how your information may be used for treatment, payment, and health care operations.

- **Treatment** We may share your health information with doctors or nurses within FCHC who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. A doctor within FCHC may share your health information with another doctor within our Center, or with a doctor at another health care institution (such as a hospital), to determine how to diagnose or treat you. A doctor in our Center may also share your health information with another doctor to whom you have been referred for further health care.
- **Payment** We may use your health information or share it with others so that we obtain payment for your health care services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you. We may also share information about you with your health insurance company to determine whether it will cover your treatment or to obtain necessary pre-approval before providing you with treatment.
- **Business Operations** We may use your health information or share it with others in order to conduct our normal business operations. For example, we may use your health information to evaluate the performance of our physicians or staff in caring for you, or to educate our physicians or staff on how to improve the care they provide for you. We may also share your health information with another company that performs business services for us, such as billing companies. If so, we will have a written contract to ensure that this company also protects the privacy of your health information.
- **Appointment Reminders, Treatment Alternatives, Benefits and Services** We may use your health information when we contact you with a reminder that you have an appointment for treatment or services at our facility. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

We will always give you an opportunity to object unless there is insufficient time because of a medical emergency (in which case we will discuss your preferences with you as soon as the emergency is over). We will follow your wishes unless we are required by law to do otherwise.

- **Friends and Family Involved In Your Care.** Only with your expressed written authorization can information be released to friends or family. You have the right to name a personal representative who may act on your behalf to control the privacy of your health information as well as receive your health information. You can instruct us on your contact form kept in your chart if we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care. We may also in an emergency notify a family member, personal representative, or another person responsible for your care about your general condition that you have specified or is listed in your chart.

We may use your health information, and share it with others, in order to treat you in an emergency or to meet important public needs. We will not be required to obtain your written authorization, consent or any other type of permission before using or disclosing your information for these reasons.

- **Emergencies.** We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as we reasonably can after we treat you.
- **Communication Barriers.** We may use and disclose your health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.
- **As Required By Law.** We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures if notice is required by law.
- **Public Health Activities.** We may disclose your health information to authorized public health officials so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury, or disability. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so.
- **Victims of Abuse, Neglect, or Domestic Violence.** We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect, or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.
- **Health Oversight Activities.** We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, government benefit programs, such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.
- **Product Monitoring, Repair and Recall.** We may disclose your health information to a person or company that is required by the Food and Drug Administration to: (1) report or track product defects or problems; (2) repair, replace, or recall defective or dangerous products; or (3) monitor the performance of a product after it has been approved for use by the general public.
- **Lawsuits and Disputes.** We may disclose your health information if we are ordered to do so by a court that is handling a lawsuit or other dispute. We may also disclose your information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order protecting the information from further disclosure.
- **Law Enforcement.** We may disclose your health information to law enforcement officials for the following reasons
 - To comply with court orders, subpoenas, or laws that we are required to follow;
 - To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;

- If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your consent because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interests;
- If necessary to report a crime that occurred on our property.
- **To Avert A Serious Threat To Health Or Safety.** We may use your health information or share it with others when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information with someone able to help prevent the threat.
- **National Security and Intelligence Activities or Protective Services.** We may be required to disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.
- **Military and Veterans.** If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- **Inmates and Correctional Institutions.** If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security, and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates or detainees.
- **Workers' Compensation.** We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

We want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.

1. Right To Inspect And Copy Records

You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing with your photo I.D. to;

Falls Church Healthcare Center
900 S. Washington St, Suite 300
Falls Church VA 22046

Or via e-mail FCHC@fallschurchhealthcare.com

If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies we use to fulfill your request.

We ordinarily will respond to your request within 15 days if the information is located in our facility and within 60 days if it is located off-site at another facility. If we need additional time to respond, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we deny part or your entire request, we will provide a written denial that explains our reasons for doing so, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. We will also include information on how to file a complaint about these issues with us or with the Secretary of the Department of Health and Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

2. Right to Amend Records

If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please write to

Falls Church Healthcare Center
900 S. Washington St, Suite 300
Falls Church VA 22046

Or via e-mail FCHC@fallschurchhealthcare.com

Your request should include the reasons why you think we should make the amendment. Ordinarily we will respond to your request within 15 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request. If we deny part or your entire request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

3. Right to Request Additional Privacy Protections

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our normal business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. For example, you could request that we not disclose information about a surgery or therapy you had. To request restrictions, please write to

Falls Church Healthcare Center
900 S. Washington St, Suite 300
Falls Church VA 22046

Or via e-mail FCHC@fallschurchhealthcare.com

Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

5. Right to Request Confidential Communications

You have the right to request that we communicate with you about your medical matters in a more confidential way. For example, you may ask that we contact you at home instead of at work. To request more confidential communications, please write to

Falls Church Healthcare Center
900 S. Washington St, Suite 300
Falls Church VA 22046

Or via e-mail FCHC@fallschurchhealthcare.com

We will not ask you the reason for your request, and we will try to accommodate all reasonable requests. Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.