

Prince William Surgery Center

NOTICE OF PRIVACY PRACTICES

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.

You have the right to obtain a paper copy of the Notice upon request.

This Notice describes the privacy practices of PWASC and the physicians who provide services to patients at this surgery center.

PATIENT HEALTH INFORMATION

Under federal law, your patient health information is protected and confidential. Patient health information includes information about symptoms, test results, diagnosis, treatment and related medical information. Your health information also includes payment, billing and insurance information.

HOW WE USE YOUR PATIENT HEALTH INFORMATION

We use health information about you for treatment, to obtain payment and for health care operations, including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use or disclose the information even without your permission.

EXAMPLES OF TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

TREATMENT

We will use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions, and to family members who are helping with your care.

PAYMENT

We will use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan.

HEALTH CARE OPERATIONS

We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, and to assess the care and outcome of your case and others like it.

SPECIAL USES

We may use your information to contact you with appointment reminders. We may also contact you to provide information about treatment alternatives or other health related benefits and services that may be of interest to you.

OTHER USES AND DISCLOSURES

We may use or disclose identifiable health information about you for other reasons, even without your consent. Subject to certain requirements, we are permitted to give out health information without your permission for the following purposes:

- * **Required by Law:** We may be required by law to report gunshot wounds, suspected abuse or neglect or similar injuries and events.
- * **Public Health Activities:** As required by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products and similar information to public health authorities.
- * **Health Oversight:** We may be required to disclose information to assist in investigations and audits, eligibility for government programs and similar activities.
- * **Judicial and Administrative Proceedings:** We may disclose information in response to an appropriate subpoena or court order.
- * **Law Enforcement Purposes:** Subject to certain restrictions, we may disclose information required by law enforcement officials.
- * **Deaths:** We may report information regarding deaths to coroners, medical examiners, funeral directors and organ donation agencies.
- * **Serious threat to health or safety:** We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- * **Military and Special Government Functions:** If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional institutions or for national security purposes.
- * **Research:** PWASC conducts no research.
- * **Workers Compensation:** We may release information about you for workers compensation or similar programs providing benefits for work-related injuries or illness.

In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any further uses and disclosures.

INDIVIDUAL RIGHTS

You have the following rights with regard to your health information. Please contact the person listed below to obtain the appropriate form for exercising these rights.

Request Restrictions: You may request restrictions on certain uses and disclosures of your health information. We are not required to agree to such restriction, but if we do agree, we must abide by those restrictions.

Confidential Communications: You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using postcards to remind you of appointments.

Inspect and Obtain Copies: In most cases, you have the right to look at or get a copy of your health information. There may be a small charge for the copies.

Amend Information: If you believe that information in your record is incorrect, or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

Accounting of Disclosures: You may request a list of instances where we have disclosed health information about you for reasons other than treatment, payment or health care operations.

OUR LEGAL DUTY

We are required by law to protect and maintain the privacy of your health information, to provide this Notice about our legal duties and Privacy Practices regarding protected health information, and to abide by the terms of the Notice currently in effect.

CHANGES IN PRIVACY PRACTICES

We may change our policies at any time. Before we make a significant change in our policies, we will change our Notice and post a new Notice in the waiting area. You can also request a copy of our Notice at any time. For more information about our Privacy Practices, contact the person listed below.

MOST RECENT CHANGES FOR MARCH 2013

- * Patients will be notified in the event of a breach of their Protected Health Information and informed of the actions being taken by this facility, our Business Associates and/or their sub-contractors.
- * Patients have the right to request that an insurance company/health plan not be informed of treatment that was paid for in full by the individual, self-pay.
- * At PWASC no patients' PHI will ever be used for marketing, fund raising or research purposes.
- * Other uses of Health Information: Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

COMPLAINTS

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with an appropriate address upon request. You will not be penalized in any way for filing a complaint.

CONTACT PERSON

*If you have any questions, requests, or complaints please contact the **FACILITY PRIVACY OFFICER AND OMBUDSMEN, BILL STACEY, BY CALLING 703-369-8525.***

INDEPENDENT CONTRACTORS

PWASC and the physicians who practice here are independent contractors and do not hereby assume any liability for the services conducted of the other.

EFFECTIVE DATE

The effective date of this notice is September 22, 2005. Revision: 7-25-2016