



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.

Purpose

Greater Prince William Community Health Center ("GPWCHC"), its professional staff, employees, volunteers, and Medical Staff follow the privacy practices described in this Notice. This Notice, which was developed to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), describes the general ways your protected health information ("PHI") may be used and disclosed in order for GPWCHC to provide you with medical treatment, to collect payment for the services rendered to you by GPWCHC, and to facilitate GPWCHC health care operations. PHI, as defined by HIPAA, means your personal health information which is found in your medical and billing records and which relates to your past, present, or future physical or mental health conditions or the provision of payment for services related to those health conditions. During the course of treatment, payment and health care operations activities, this may include information created or received by health care providers, insurance companies, and/or your employer.

Your Health Information Rights

You have the following rights regarding your PHI. To exercise any of the following rights, you must submit a written request. Forms are available on our website, <http://www.gpwchc.org>, or by contacting the GPWCHC Privacy Office at (703) 680-7950 ext. 123.

- **A copy of this Notice.** You may obtain a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You do not have to submit a written request to obtain the Notice. Paper copies of this Notice may be obtained from the registration desk. You may obtain an electronic copy of this Notice on our web site, <http://www.gpwchc.org>.
- **Inspect and copy.** You may inspect and/or receive a copy of your PHI maintained by GPWCHC. GPWCHC may charge you a reasonable fee for copying your information.
- **Request restriction.** You may request limitations on how GPWCHC uses and/or discloses your PHI. GPWCHC is not required to agree to your request. If GPWCHC agrees to your request, GPWCHC will comply with your request unless the use or disclosure is necessary in order to provide you with emergency treatment or is otherwise required by law.
- **Amend your PHI as provided by law.** To request an amendment, you must submit a written request to the Practice's Privacy Officer. You must provide a reason that supports your request. The Practice may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by the Practice (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by the Practice, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and (b) complete. If you disagree with the Practice's denial, you will have the right to submit a written statement of disagreement.
- **Receive confidential communications.** You may request communications from GPWCHC regarding your PHI be provided to you in a certain way or at a certain location. For example, you may prefer to receive mail regarding your PHI at an address other than your usual mailing address. You must specify how or where you wish to be contacted.
- **Accounting of disclosures.** You may request a list of disclosures made by GPWCHC of your PHI to persons or entities other than for the purposes of treatment, payment or health care operations, or pursuant to your specific authorization. This list will contain each disclosure GPWCHC has made for the past six (6) years, but not prior to



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April 14, 2003. If you make more than one request in a 12-month period, GPWCHC may charge you a reasonable fee.

GPWCHC Responsibilities

GPWCHC is required by law to ensure your PHI is kept private in accordance with federal and state law and provide you with notice of GPWCHC's legal duties and privacy practices with respect to your PHI. GPWCHC is required to abide by the terms of this notice as long as it is in effect. If GPWCHC revises this Notice, GPWCHC will follow the terms of the revised Notice as long as it is in effect.

Use and Disclosure of Your Protected Health Information

The following is a list of ways GPWCHC may use and disclose your PHI. Not every possible use or disclosure in any given section is listed. However, all of the ways GPWCHC is permitted to use and disclose your PHI will fall within one of the bold-faced print sections below.

- **Treatment.** GPWCHC may use your PHI to provide you with medical treatment or services. GPWCHC may disclose your PHI to doctors, nurses, technicians, medical students or other members of your health care team at GPWCHC to keep them informed about your care status or condition as necessary. For example, a doctor treating you for diabetes may need to tell the dietitian that you have diabetes so appropriate meals can be arranged. GPWCHC also may disclose your PHI to people outside GPWCHC who may be involved in your medical care, such as health care providers who will provide specialty care, physical therapy, medical equipment suppliers, or laboratories.
- **Payment.** GPWCHC may use and disclose your PHI to obtain payment from your insurance company or a third party. For example, GPWCHC may need to provide your health plan with information about treatment you received for an ear infection so that your health plan will pay us or reimburse you for the treatment. Also, GPWCHC may disclose your PHI to your other health care providers to assist those providers in obtaining payment from your insurance company or a third party.
- **Health Care Operations.** GPWCHC may use and disclose your PHI for routine health care operations. Health care operations at GPWCHC include, but are not limited to, training and education programs, reviewing the quality of care provided by health care professionals; obtaining health insurance or stop-gap insurance; conducting legal services and auditing services; conducting business planning and development activities; conducting risk management activities and investigations; and managing the business and general administrative activities of GPWCHC. GPWCHC may also disclose your PHI to your other health care providers to assist them in their health care operations.
- **Appointments and Alternatives.** GPWCHC may use and disclose your PHI to contact you to provide appointment reminders, prescription refill reminders, information about disease management or wellness programs, and other communications regarding your case management or health care coordination.
- **Business Associates.** GPWCHC may disclose your PHI to GPWCHC business associates in order to carry out treatment, payment, or health care operations.
- **Coroners, Medical Examiners and Funeral Directors.** GPWCHC may disclose PHI to a coroner or medical examiner to identify a deceased person or to determine the cause of death, or as otherwise permitted by law. GPWCHC may also disclose PHI about patients of GPWCHC to funeral directors as necessary to carry out their duties.
- **Correctional Institutions.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, GPWCHC may disclose your PHI to the correctional institution or law enforcement official to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution or law enforcement official.
- **Group Health Plans.** GPWCHC maintains a group health plan for its employees, and may disclose PHI of individuals covered under this plan to the sponsor of the group health plan, as permitted by law.
- **Health Oversight Activities.** GPWCHC may disclose your PHI to a health oversight agency or entity for activities authorized by law, such as audits, investigations, inspections, and licensure.
- **Health-Related Benefits and Services.** GPWCHC may use and disclose your PHI to inform you about health-related benefits or services that may be of interest to you or to provide you a promotional gift of nominal value.



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- **Individuals Involved in Your Care or Payment for Your Care.** GPWCHC may disclose your PHI to a family member, other relative, or close personal friend who is involved in your medical care or to someone who helps pay for your care if the PHI disclosed is directly relevant to such person's involvement with your care, unless you tell us otherwise.
- **Law Enforcement.** GPWCHC may disclose your PHI for law enforcement purposes, as required by law or in response to a valid subpoena.
- **Lawsuits and Disputes.** GPWCHC may disclose your PHI in response to a court or administrative order. In addition, GPWCHC may disclose your PHI in response to a valid subpoena, discovery request, or other lawful process provided that efforts have been made to tell you about the request or to obtain an order protecting the information requested, as required by law.
- **Public Health Activities.** As required by law, GPWCHC may disclose your PHI for public health activities, including, but not limited to, the prevention of disease, injury, or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect or domestic violence. GPWCHC may disclose portions of your PHI to local, state and/or federal registry programs as required.
- **Research.** GPWCHC may disclose your PHI to researchers when the research has been legally approved and protocols have been established to ensure the privacy of your PHI.
- **Serious Threat to Health or Safety.** GPWCHC may use and disclose your PHI when GPWCHC deems it necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Workers' Compensation.** GPWCHC may disclose your PHI to workers' compensation or similar programs to the extent necessary to comply with laws relating to worker's compensation or similar programs.

Written Authorization Except as described above, GPWCHC will not use or disclose your PHI unless you authorize GPWCHC to do so, in writing, on the form provided by GPWCHC. You may revoke any prior authorization in writing. A written revocation will not apply to any previous use or disclosure of PHI made in good faith under a prior authorization. An Authorization form and Revocation of Authorization form are available on our website, <http://www.gpwchc.org>, or by contacting the GPWCHC Privacy Office at (703) 680-7950 ext 123.

Changes to This Notice

GPWCHC reserves the right to change this Notice and to make the revised Notice effective for PHI GPWCHC already has about you as well as any information GPWCHC receives in the future. A copy of the current Notice or a summary of the current Notice will be posted at patient service locations throughout GPWCHC and on our website, <http://www.gpwchc.org>. The effective date of the Notice will appear on the first page of the Notice or summary. In addition, each time you register at or are admitted to any GPWCHC entity for treatment or health care services as an inpatient or outpatient, GPWCHC will have available for you, at your request, a copy of the current Notice in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the GPWCHC Privacy Office at (703) 680-7950 ext 123, or with the Secretary of the United States Department of Health and Human Services. *You will not be penalized or retaliated against in any way for making a complaint.*

Contact

If you have any questions about this Notice or your privacy rights, or wish to obtain a form to exercise your rights as described above, you may contact the GPWCHC Privacy Office at (703) 680-7950 ext 123.