

Falls Church Medical Center

6060 Arlington Boulevard
Falls Church, Virginia 22044

Tel: (703) 533-2222
Fax: (703) 533-0314

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE FALLS CHURCH MEDICAL CENTER AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by the Falls Church Medical Center in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each the following purposes: treatment, payment and health care operations.

Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review.

Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service.

We may also create and distribute de-identified health information by removing all references to individually identifiable information. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to our Privacy Officers.

- The right to request restrictions on certain uses and disclosures of protected health information including those related to disclosures to family members, other relatives and close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to **reasonable** requests to receive confidential communications of protected health information from us by alternative means and locations.
- The right to inspect and receive a copy of your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practice with respect to protected health information.

The following are specific uses and methods of the Falls Church Medical Center to ensure the privacy of Protected Health Information:

- The Falls Church Medical Center maintains one medical chart that consolidates all medical services and information for each patient.
- The Falls Church Medical Center maintains one dental chart that consolidates all dental services and information for each patient.

- The Falls Church Medical Center will make every effort to minimize access to patients protected health information to staff who is not directly involved in the patient's care.
- The Business Office Manager and the Head Nurse are the Compliance Officers for the Falls Church Medical Center. All requests for information by a patient should be directed to their attention.
- All staff of the Falls Church Medical Center will sign a confidentiality statement within five days of their employment.
- All papers containing individually identifiable health information to be discarded will be shredded.
- Patient education/instruction will be conducted behind closed doors or in a secluded area to insure patient privacy and confidentiality.
- Minimum protected health information will be sent to business associates (Dental suppliers of crowns, bridges, etc. and medical supplies of contact lenses, orthotics, etc) when ordering supplies for the treatment of patients.
- All business associates of the Falls Church Medical Center have signed confidentiality agreements to ensure privacy of protected health information. If a business associate violates this agreement the contract with this associate will be terminated.
- A copy of this *Notice of Privacy Practices* and its revisions and updates will be posted on the bulletin board in the main lobby of the medical center and in the lobby of the dental suite.
- Every effort will be made to avoid disclosing protected health information either verbally or visually.
- Use and disclosure of protected health information to obtain payment for services rendered. When challenging an insurance company's decision of a payment only protected health information directly relating to that service will be released to the insurance company.
- Use and disclosure of protected health information including written, verbal or faxed information to coordinate care with other health care providers outside of the Falls Church Medical Center to include but not limited to Emergency Rooms, Hospitals, Laboratories, Radiological Facilities, Physical Therapy, Visiting Nurses, Home Health Agencies, Pharmacies, other physicians/dentists treating the patient, etc.
- Use and disclosure of protected health information to obtain referrals (paper or electronic) or pre-authorizations as required by insurance companies.
- Use and disclosure of protected health information to respond to life insurance companies with a signed release by the patient which must include specific instructions by the patient as to what information may be released.
- The collection agency used by the Falls Church Medical Center will only be provided with demographic information for the purpose of collecting unpaid balances.
- Billing issues will only be addressed by members of the billing staff within the confines of the business office.
- Billing staff will discuss billing issues with the parent of a minor child. Every effort will be taken to ensure the telephone conversations are with individuals authorized to discuss billing issues (i.e., certain questions may be asked of the caller to identify them as an authorized individual).
- Billing staff will not discuss billing issues with the patient's spouse unless a written authorization is on file.
- Billing issues will only be discussed the authorized individuals of parents or non-minor child(ren) with a verbal or written authorization to do so.

This notice is effective no later than April 1, 2003 and we are required to abide by the terms of the Notice of Privacy Practice currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from the Compliance Officer at the Falls Church Medical Center.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of the Falls Church Medical Center. We will not retaliate against you for filing a complaint. Please Contact us for more Information: For more information about HIPAA or to file a complaint:

Falls Church Medical Center
 Attn: HIPAA Compliance Officer
 6060 Arlington Boulevard
 Falls Church, Virginia 22044-2993
 703-533-2222

The U.S. Department of Health & Human Services
 Office of Civil Rights
 200 Independence Avenue, Southwest
 Washington, DC 20201
 202-619-0257
 1-877-696-6775

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NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I understand that, under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly or indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand Falls Church Medical Center's *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that Falls Church Medical Center has the right to change its *Notice of Privacy Practices* from time to time and that I may contact Falls Church Medical Center at any time during normal business hours at the address below to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that Falls Church Medical Center restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand that Falls Church Medical Center is not required to agree to my requested restrictions, but if Falls Church Medical Center does agree the Falls Church Medical Center is bound to abide by such restrictions.

- I **DO NOT** authorize Falls Church Medical Center to discuss my billing/medical/dental information with any other individual.
- Parent(s) of minor child authorized only.
- I authorize Falls Church Medical Center to discuss my billing/medical/dental information with my spouse.
- I authorize Falls Church Medical Center to discuss my billing/medical/dental information with the following individuals:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Patient Name _____

Relationship to Patient _____

Signature _____

Date _____ **Account Number** _____

I received a copy of this acknowledgement (initials): _____

OFFICE USE ONLY

Falls Church Medical Center attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials:	Reason:
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