

NOTICE OF PRIVACY PRACTICES

Effective Date: January 7, 2019

Your Advantia Health medical practice, located in Virginia, is committed to protecting the privacy of medical information that we create or obtain about you.

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.**

In a Nutshell

Your Rights

You have the right to:

- Obtain a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Obtain a list of those with whom we've shared your information
- Obtain a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have choices in the way that we use and share information to:

- Communicate with Ask us to limit the information we share
- family and friends about your condition
- Provide some disaster relief
- Provide mental health care
- Market our services and sell your information
- Fundraise

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

You have the right to:

Obtain an electronic or paper copy of your medical record

- You may ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You may ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 30 days.

Request confidential communications

- You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You may ask us not to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for payment or our operations with your health insurer.
 - We will say "yes" unless a law requires us to share that information.

Obtain a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, with whom we shared it, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Obtain a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
 - We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your privacy rights by contacting our compliance officer at compliance@advantiahealth.com or 571-257-1480.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- You will not be retaliated for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

You have the right and choice to tell us whether to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a facility directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In the following cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

We may contact you for fundraising efforts, but you may request that we not contact you again for this purpose.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices as currently described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Our Uses and Disclosures

We typically use or share your health information in the following ways:

Treat you

We may use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We may use and share your health information to run our organization, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for our services

We may use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

Help with public health and safety issues

We can share health information about you for certain situations, such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety.

Conduct research

We may use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if the Department wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We may share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We may share health information with a coroner, medical examiner, or funeral director when a patient dies.

Address workers' compensation, law enforcement, and other government requests

We may use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

How else can we use or share your health information?

- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Affiliated Covered Entity

As an affiliated covered entity, this notice applies to any healthcare entity owned or under common control of Advantia Holdings, LLC, located in Virginia, now or in the future.

Virginia Law

If federal privacy law and Virginia law conflict, and the Virginia law is more protective of your information or provides you with greater access to your information, then we will follow the Virginia law.

Changes to the Terms of this Notice

We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Other Particularly Sensitive Conditions

Certain other types of health information may have additional protection under Virginia law. For example, health information about HIV/AIDS and mental health information is treated differently than other types of health information under Virginia law. These categories of information generally will not be disclosed without your consent.

Effective Date

The effective date of this Notice is January 7, 2019.

Contact Us

For more information, please contact the Advantia Health Chief Compliance Officer at 1525 Wilson Blvd, Suite 540, Rosslyn, VA, compliance@advantiahealth.com

Discrimination is Against the Law!

We comply with applicable Federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Advantia Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these obtaining these services, contact your practice manager or Advantia Health's Director of Human Resources.

If you believe that your Advantia Health medical practice has discriminated on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advantia Health Human Resources Director
1525 Wilson Blvd, Suite 540
Rosslyn, VA 20009
compliance@advantiahealth.com
202-552-1335

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Advantia Health's Director of Human Resources is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-xxx-xxx-xxxx

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-xxx-xxx-xxxx (TTY：1-xxx-xxx-xxxx)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx)번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-xxx-xxx-xxxx

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-xxx-xxx-xxxx (ATS : 1-xxx-xxx-xxxx).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-xxx-xxx-xxxx

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-xxx-xxx-xxxx (телетайп: 1-xxx-xxx-xxxx).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚስተለው ቁጥር ይደውሉ 1-xxx-xxx-xxxx (መስማት ለተሳናቸው: 1-xxx-xxx-xxxx)።

Dè dè nià ke dyédé gbo: Ọ jù ké m̀ [Bàsòò-wùdù-po-nyò] jù ní, níí, à wuḍu kà kò dọ̀ po-poò b́èin m̀ gbo kpáa. Dá 1-xxx-xxx-xxxx.

Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-xxx-xxx-xxxx.

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-xxx-xxx-xxxx.

کال کریں 1-xxx-xxx-xxxx: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔

1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx) توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-xxx-xxx-xxxx تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-xxx-xxx-xxxx.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-xxx-xxx-xxxx.

1-xxx-xxx-xxxx-ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.
ફોન કરો 1-xxx-xxx-xxxx.