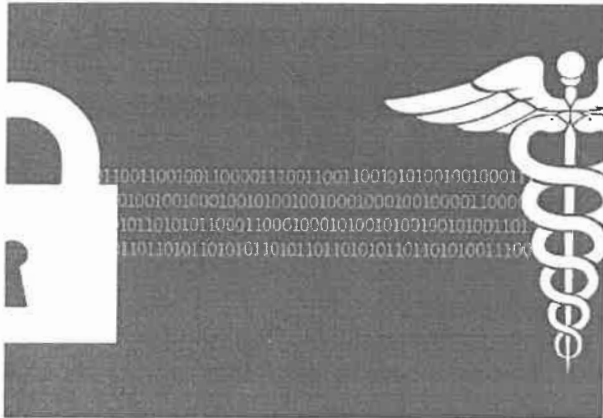


# Shenandoah Head and Neck Specialists

142 Linden Drive, Suite 106  
Winchester, VA 22601  
Phone: (540) 722-7282 / Fax: (540) 722-5060



## YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This notice describes how medical information about you, may be used and disclosed *and* how you can get access to this information.

**PLEASE REVIEW THIS INFORMATION CAREFULLY**

### **YOUR RIGHTS**

**When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.**

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#### **Get an electronic or paper copy of your medical record:**

- You can ask to see or get an electronic or paper copy of your medical record and other health information our practice has about you. Ask us how to obtain this!
- We will provide a copy or a summary of your health information, usually within 30 days of your original request. We may charge a reasonable, cost-based fee. Please ask an associate if you have any questions about obtaining your health information.

#### **Ask us to correct your medical record:**

- You can ask us to correct your health information about you that you may think is incorrect/incomplete. Ask an associated how!
- We may say "**NO**" to your request, but we'll advise you why in writing within 60 days of your request.

#### **Request confidential communications:**

- You can ask us to contact you in a specific way (for example: home/office phone/fax) or to send mail to a different address.
- We will say "**YES**" to all reasonable requests.

#### **Your Rights (continued)**

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#### **Ask us to limit what we use or share:**

- You can 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 personal care.

**Continued....**

- 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 the purpose of payment or our operations with your health concerns.

**Get a list of those with whom we've shared your health information:**

- You can ask for a list (accounting) of the times we've shared your health information for **6** (six) years prior to the date of your original request; including: who we shared it with and why.
- We will include all disclosures **except** for those about treatment, payments, health care operations and certain other disclosures (such as any you have requested us to provide). We'll provide **1** (one) accounting disclosure a year for **free** but will charge a reasonable, cost-based fee if you request another disclosure **within the 12 month period** of previous request.

**Get a copy of this privacy notice:**

- You have the right to request a paper copy of this notice **at any time**, even if you have previously agreed to receive this notice electronically. We will be more than happy to provide you with a paper copy promptly.

**Choose someone to act for you:**

- If you have given someone medical **POA** (Power of Attorney), or if someone is your legal guardian; that person can exercise your rights and may 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 have been violated:**

- You have the right to complain/express concerns if you feel our practice has violated your rights by Contacting us at **(540) 722-7282**.
- You also have the right to 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**, or by calling **1-877-696-6775** or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

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**YOUR CHOICES**

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

If you have a clear preference for how we share your information in the situations described below ↓ please tell us. Please advise what you would want us to do and we will follow your instructions.

**In these cases, you have both the right and choice to tell us:**

- 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 hospital directory.
- Contact you for fundraising efforts.
- *If you are not able to tell us your preference (for example) if you are unconscious; we may go ahead and 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 healthy or safety of yourself/others.*

**Continued...**

**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your health information
- Sharing of your health information/psychotherapy notes.

**In case of the fundraising situation arises:**

- We may contact you for fundraising efforts, but you have the right to tell us not to contact you again.

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**Our Uses and Disclosures**

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***How do we typically use or share your health information?***

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

**Treat you:**

- We can use your health information and share it with other professionals who are treating you. *Example: A Doctor treating you for an injury asks for another Doctor about your overall health condition.*

**Run our organization:**

- We can use and share your health information to our practice, improve your care and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

**Bill for your services:**

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

***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 please visit:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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**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.

**Do Research:**

- We can 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 the Department of Health and Human Services if the organization wants to monitor/see that we are complying with all Federal/Local privacy laws.

**Continued....**

**Respond to organ and tissue donation requests:**

- We can share Health information about you with organ procurement organizations.

**Work with a Medical Examiner or Funeral Director:**

- We can share your Health information with: a Coroner, Medical examiner or a Funeral Director when an individual dies.

**Address Workers' Compensation, Law Enforcement and other Government (Local/Federal) requests:**

- We can 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.

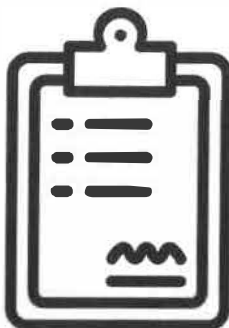
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**Respond to Lawsuits and all other Legal Actions/Recourse:**

- We can share your Health information in response to a Court (Federal/Local), Administrative Order or in response to a Subpoena.

***If there are any questions about this form, please notify one of your staff members and we will do our best to address your concerns/questions.***

## 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 personal/private information.
- We must follow the duties and privacy practices described in this notice and provide you a copy.
- We will not use or share your information, other than as described here; unless you advise us that we are able **IN WRITING**. If you decide/tell us that we can share your information, you have the right to change your mind at any time and decline further sharing of information. Please provide our staff a **WRITTEN DECLINATION** if you change your mind.

For more information please visit the website:

[www.hhs.gov/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice:**

We can change the terms of this notice. The changes will apply to all of the information we have about your personal chart. If a new notice has been applied, a new one will be available upon request.

10/22/2020

The notice of Privacy Practices applies to the following organizations:

## **Shenandoah Head and Neck Specialists**

142 Linden Drive, Suite 106 Winchester, VA 22601 and at our satellite office at the Winchester Thyroid Center at 160 Exeter Drive, Suite 103 Winchester, VA 22603.

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HIPAA Officer: Kylie Fiammetta, Senior Clinical Associate  
(540) 722-7282