

ARLINGTON WOMEN'S CENTER, PLLC

Effective Date of this Notice: 1 September 2007

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU, AS A PATIENT OF THIS PRACTICE, MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your health information. In conducting our business, we will create records regarding the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your health information. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your health information
- Your privacy rights in your health information
- Our obligations concerning the use and disclosure of your health information

The terms of this notice apply to all records containing your health information that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment will be effective for all of your records that our practice has created or maintained in the past as well as the future. Our practice will post a copy of our current Notice in our office in a visible location at all times.

If you have questions about this notice, please contact: Our Privacy Officers at 703-717-4600

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe the ways we may use and disclose your health information.

Treatment. Our practice may use your health information to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your health information to write a prescription for you, or we might disclose your health information to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your health information in order to treat you or to assist others in your treatment. Additionally, we may disclose your health information to others, such as your spouse, children or parents.

Payment. Our practice may use and disclose the minimum necessary health information in order to bill and collect payment for the services you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your health information to obtain payment from you, an insurance company or a third party, such as family members.

Health Care Operations. Our practice may use and disclose your health information to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your health information to evaluate the quality of obstetric or gynecologic care you received from us, or to conduct cost-management and business planning activities for our practice.

Appointment Reminders. Our practice may use and disclose your health information to contact you and remind you of an appointment with our practice.

Treatment Options. Our practice may use and disclose your health information to inform you of potential treatment options or alternatives.

SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your health information:

Disclosures Required By Law. Our practice will use and disclose your health information when we are required to do so by federal, state or local law.

Public Health Risks. Our practice may disclose your health information to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government authorities regarding the potential abuse, neglect or domestic violence of a patient. We will only disclose this information if you agree or we are required or authorized by law

Health Oversight Activities. Our practice may disclose your health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

Lawsuits and Similar Proceedings. Our practice may use and disclose your health information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your health information in response to a subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Law Enforcement. We may release health information if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime, the location or victims of the crime, or the description, identity or location of the perpetrator

Deceased Patients. Our practice may release health information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

Military. Our practice may disclose your health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

National Security. Our practice may disclose your health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Inmates. Our practice may disclose your health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

Workers' Compensation. Our practice may release your health information for workers' compensation or similar programs.

RETENTION OF YOUR MEDICAL RECORD

The laws of Virginia require that patient medical records be kept by ARLINGTON WOMEN'S CENTER, PLLC as follows:

- Gynecological patient records are retained for six years after the patient's last visit.
- Obstetrical patient records are retained for eighteen years after the birth of the last infant.

After the retention periods described above have expired, your medical records can be destroyed by shredding.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding the health information that we maintain about you:

Right to Inspect and Copy. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to ARLINGTON WOMEN'S CENTER, PLLC in order to inspect and/or obtain a copy of your health information. Our practice will charge a fee based on Virginia law for this service. Our practice may deny your request to inspect and/or copy in certain circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

Right to Amend. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by our practice. To request an amendment, your request must be submitted in writing to ARLINGTON WOMEN'S CENTER, PLLC. You must provide us with a reason that supports your request for amendment. We may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the health information kept by our practice; (c) not part of the health information which you would be permitted to inspect and copy; or (d) not created by our practice.

Right to an Accounting of Disclosures. You have the right to an accounting of some disclosures of your health information to third parties. Use of your health information as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. To obtain a list of disclosures, you must submit your request in writing to ARLINGTON WOMEN'S CENTER, PLLC. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests; you may withdraw your request before you incur any costs.

Right to Request Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to ARLINGTON WOMEN'S CENTER, PLLC specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests.

Right to Request Restrictions. You have the right to request a restriction in our use or disclosure of your health information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. You must make your request in writing to ARLINGTON WOMEN'S CENTER, PLLC. Your request must describe in a clear and concise fashion: the information you wish restricted; whether you are requesting to limit our practice's use, disclosure or both; and to whom you want the limits to apply.

Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices at any time. To obtain a paper copy of this notice, contact our front desk staff.

COMPLAINTS. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.