

**VIRGINIA HOSPITAL CENTER
NOTICE OF PRIVACY PRACTICES**

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

The confidentiality of your medical information is very important to us. Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by the Hospital, whether made by Hospital personnel, agents of the Hospital, or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

Our Responsibilities

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

Contact Information

After reviewing this Notice, if you need further information or want to contact us for any reason regarding the handling of your health information, please direct any communications to the following contact person:

**Privacy Official
Health Information Department
Virginia Hospital Center
1701 N. George Mason Drive
Arlington, VA 22205**

Phone: 703.558.6116

Organized Health Care Arrangement

This Hospital and its medical staff members participate in an organized health care arrangement and are presenting you this document as a joint notice applicable to your care at the Hospital. You may presume that this joint notice applies to a medical staff member treating you at the Hospital unless he or she informs you otherwise. The Hospital and its medical staff will share information as necessary to carry out treatment, payment, and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect current and future

care that we provide to you. Neither this joint notice nor participation in an organized health care arrangement create an employer-employee relationship between the Hospital and a medical staff member where none otherwise exists.

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information.

For Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other Hospital personnel who are involved in taking care of you at the Hospital. For example: a doctor treating you for a broken leg may need to know if you have diabetes, because diabetes may slow the healing process. Different departments of the Hospital also may share medical information about you in order to coordinate the different things you may need, such as prescriptions, lab work, and x-rays. We also may provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from our Hospital.

For Payment: We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company, or a third party payer. For example, we may need to give your health plan information about surgery you received at the Hospital, so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations: We may use and disclose medical information about you for Hospital operations purposes. These uses and disclosures help us run our Hospital and to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide to evaluate the need for new services or treatment. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and educational purposes. We may also combine the medical information we have with that of other hospitals for comparisons that will help us make decisions on improvements. We may remove information that identifies you from this set of medical information to protect your privacy.

Business Associates: There are some services provided in our organization through contracts with business associates. For example, certain laboratory tests may be sent out for processing, and a copy service is used to make copies of your health record. When services are contracted, we may disclose your health information to our business associate so that they can perform the job that we have asked them to do for us. To protect your health information, however, we share with our business associates only the minimum amount of information necessary for them to assist us, and require them to safeguard the information we do share according to contractual agreement.

Hospital Directory: We may include certain limited information about you in the Hospital directory while you are a patient at the Hospital. This information may include your name, location in the Hospital, your general condition (e.g. fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the Hospital and generally know how you are doing. If you do not want to be included in the facility directory, you will need to ask the admission staff or the Privacy Official for the Opt Out Form at the time of each admission. If emergency circumstances prevent

us from asking you about the directory, we will use our professional judgment to determine what is in your best interest until there is a reasonable opportunity for you to object.

For Contacting you about Services: We may use your medical information to contact you to:

- Give a reminder that you have an appointment for treatment or medical care at our Hospital.
- Tell you about possible treatment alternatives
- Tell you about health-related benefits or services
- Assess your satisfaction with our services
- As part of our fundraising efforts, we may use, or disclose to a business associate or institutionally-related foundation, demographic information about you and information regarding your dates of care. Any fundraising materials that you may receive will tell you how you can opt out of receiving any further fundraising communications from us.

Individuals Involved in Your Care or Payment for Your Care: We may release medical information about you to your personal representative or a designated family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. The Hospital may require your written permission to release such information, however, if you are incapacitated or otherwise unavailable, we will use our professional judgment to determine whether to make any such disclosure.

Research: We may disclose information to researchers consistent with our legal obligations, for example, when an institutional review board has reviewed the research proposal, established protocols to ensure the privacy of your health information, and approved the research.

As Required or Authorized by Law: We may disclose medical information about you when required or authorized by law to do so to the following types of entities, including but not limited to:

- The Food and Drug Administration (FDA), or an entity regulated by the FDA, to report an adverse event or a potential defect related to a drug or medical device.
- Public Health or Legal Authorities (such as Child Protective Services, Human Rights Advocate/Board, Mental Health Advocate/Board) to:
 - Prevent or control disease, injury or disability;
 - Report births and deaths;
 - Report suspected abuse, neglect, or domestic violence;
 - Report reactions to medications or problems with products;
 - Notify people of recalls of products they may be using;
 - Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Correctional Institutions
- Workers Compensation Agents
- Organ and Tissue Donation Organizations
- Military Command Authorities
- Health Data Registries including Tumor and Trauma Registries
- Funeral Directors, Coroners and Medical Directors
- National Security and Intelligence Agencies
- Protective Services for the President and Others

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: We may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process, but only if like notice has been given to you or your attorney.

Law Enforcement: We may release medical information, if asked to do so by a law enforcement official in response to:

- A court order; subpoena, warrant, summons or similar process;
- A need to identify or locate a suspect, fugitive, material witness, or missing person;
- A need for information about the victim of a crime, if, under certain limited circumstances, we are unable to obtain the person's agreement;
- A death we believe may be the result of criminal conduct;
- Investigation of criminal conduct at the hospital;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

To Avert a Serious Threat To Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to the health and safety of the public, to you, or to another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Minors: If you are an unemancipated minor under Virginia law, there may be circumstances in which we disclose health information about you to a parent, guardian, or other person acting in loco parentis, in accordance with our legal responsibilities.

Parents: If you are a parent of an unemancipated minor, and are acting as the minor's personal representative, we may disclose health information about your child to you under certain circumstances. For example, if we are legally required to obtain your consent as your child's personal representative in order for your child to receive care from us, we may disclose health information about your child to you. In some circumstances, we may not disclose health information about an unemancipated minor to you. For example, if your child is legally authorized to consent to treatment (without separate consent from you), consents to such treatment, and does not request that you be treated as his or her personal representative, we may not disclose health information about your child to you without your child's written authorization.

Your Health Information Rights

Although your health record is the physical property of the Hospital, you have the following rights regarding the medical information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. If you request a copy of the information, we may charge a fee for the costs of retrieving, copying, mailing, and use of supplies associated with your request. We may deny your request to inspect and copy in certain, very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional,

chosen by the hospital, will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Hospital. You must provide a reason for your request. We may deny your request for an amendment. If this occurs, you will be notified of the reason for the denial, and of your right to submit a statement (of reasonable length) disagreeing with the decision, which will be added to your records.

Right to An Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of the disclosures we made of medical information about you. The accounting will not include certain disclosures, such as those made for treatment, payment, or health care operations. We will provide you the accounting free of charge, however if you request more than one accounting in any 12 month period, we may impose a reasonable, cost-based fee for any subsequent request. Your request should indicate the period of time in which you are interested (for example, “from May 1, 2003 to June 1, 2003”). We will be unable to provide you an accounting for any disclosures made before April 14, 2003, or for a period of longer than six years.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. If we do not agree, we will notify you of our decision.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to paper copy of this notice.

You may obtain a copy of this notice at our website: www.virginiahospitalcenter.com

To exercise any of your rights, please obtain the required forms from the Privacy Official and submit your request in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the Hospital and on our website. The effective date will be on the first page of the notice. In addition, each time you register or are admitted to the Hospital for treatment or health care services as an inpatient or outpatient, we will offer you 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 Hospital Privacy Official (contact information appears on page 1 of this Notice), or with the Secretary of the U.S. Department of Health and Human Services. All complaints to the Hospital must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.