

Adolescent Health Center USA
Notice of Privacy Practices

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. If you have any questions about this Notice, please contact our Privacy Officer: Ann Hefferan @ (804) 794-8900 or ahc@brightadolescent.com

1. Purpose: We understand that medical (*defined for purposes of this document only as health, mental health, and/or substance abuse*) information about you and your health is personal; therefore, we are committed to protecting that information. We create a record of the care and services you receive at the Adolescent Health Center in order to provide you with quality care and to comply with certain legal requirements.

This Notice of Privacy Practices (NPP) describes how we may use and disclose medical information about you, including demographic information, that may identify you and your related health care services to carry out your treatment, obtain payment for our services, to perform the daily health care operations of this practice and for other purposes that are permitted or required by law. This notice also describes your rights to access and control your medical information. We are required to abide by the terms of this Notice of Privacy Practices (NPP).

2. Written Acknowledgement: You will be asked to sign a written statement acknowledging that you have received a copy of this notice. The acknowledgement only serves to create a record that you have received a copy of the notice.

3. Changes to this Notice: We may change the terms of our Notice. The new Notice will be effective for all medical information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. The current NPP will be also posted on our Web site, www.brightadolescent.com.

4. How We May Use and Disclose Medical Information about You: The following categories describe and define how our practice may use and/or disclose your medical information. These examples do not describe every circumstance, but rather the types of uses and disclosures that may be made by our office. Other uses and disclosures of your medical information not listed or described will be made only with your written authorization. You may revoke this authorization, at any time, in writing. Please note that such revocation does not apply to any actions already taken.

- **For your treatment**: Your medical information may be used and disclosed by us for the purpose of providing medical treatment to you or to another health care provider who may be providing medical treatment to you. For example, treatment information placed in your medical record by the nurse can be accessed by the physician.

- **To obtain payment for our services**: Your medical information may be used and disclosed by us to obtain payment for your health care bills. For example, we may submit requests for payment to your health insurance company for the medical services you received. We may also disclose your

medical information as required by your health insurance plan before approval or payment for the health care services we recommend for you.

- **For our health care operations:** Your medical information may be used and disclosed by us to support our daily operations. These health care operation activities include, but are not limited to, quality assessment activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your medical information to medical school students seeing patients at our office. We may also use the medical information to determine what improvements can be made in the services and care we offer.
- **Enacting legal obligations:** Disclosure of information will be made to those authorized by law to receive reports of child or adult abuse or neglect. In addition, we may disclose your medical information if we believe that you have been a victim of abuse, neglect, or domestic violence as may be required or permitted by Virginia and/or federal law.
- **For health oversight:** We may disclose your medical information to a health oversight agency for activities authorized by law. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs (such as Medicaid), other government regulatory programs and civil rights laws.
- **In legal proceedings:** We may disclose your medical information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) and in certain conditions in response to a subpoena or other lawful request
- **For law enforcement:** We may also disclose your medical information, so long as all legal requirements are met, for law enforcement purposes. Examples of these law enforcement purposes include (1) information requests for identification and location purposes, (2) pertaining to victims of a crime, (3) suspicion that death has occurred as a result of criminal conduct, (4) in the event that a crime occurs on the premises of this Practice, and (5) in an medical emergency in which it is likely that a crime has occurred.
- **To coroners, to funeral directors, and for organ donation:** We may disclose your medical information to a coroner or medical examiner for identification purposes, determination of cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose medical information to a funeral director in compliance with his duties. We may disclose such information in reasonable anticipation of death. Your medical information may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.
- **For research:** We may disclose your medical information to researchers when their research has been established as required by federal and state law.
- **Due to criminal activity:** Consistent with applicable federal and state laws, we may disclose your medical information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose your medical information if it is necessary for law enforcement authorities to identify or apprehend an individual.

- **For military activity and national security:** When the appropriate conditions apply, we may use or disclose medical information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities, (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your medical information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- **For workers' compensation:** Your medical information may be disclosed by us, as authorized, to comply with workers' compensation laws and other similar legally established programs.
- **Regarding inmates:** We may use or disclose your medical information if you are an inmate of a correctional facility and your physician created or received your medical information in the course of providing care to you.
- **For required uses and disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act and its regulations.