

## **NOTICE OF PRIVACY PRACTICES**

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

### **PLEASE REVIEW CAREFULLY**

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all healthcare records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. “HIPAA” provides penalties for covered entities that misuse personal health information.

As required by “HIPAA”, the following is prepared explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes; treatment, payment and health care operations.

- **Treatment** means providing, coordinating or managing health care and related services by one or more health care providers. An example of this would include a physical exam.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review. An example of this would include billing your health care insurance for your medical services.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service. An example of this would include a periodic assessment of our documentation protocols, etc.

We may also create and distribute de-identified health information by removing all references from individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

**MOUNT VERNON PRIMARY CARE ASSOCIATES**

8101 HINSON FARM ROAD, SUITE # 417 ALEXANDRIA, VA 22306

PHONE: 703/799-4000 FAX: 703/799-4009

Notice of Privacy Practices

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You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request information on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to make reasonable requests for your health information from us by alternative means or at alternative locations.
- The right to access, inspect and copy your health information.
- The right to request an amendment to your health information.
- The right to receive an accounting of disclosures of protected health information. Other than those used for the purpose(s) of treatment, payment and/or health care operations.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your Protected Health Information (“PHI”) and to provide you with notice of our legal duties and privacy practices with respect to “PHI”.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all "PHI" that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the revised notice from this office.

**Complaints and Contact Person**

If you would like to submit a comment or complaint about our privacy practices, you may do so by sending a letter outlining your concerns to:

Mount Vernon Primary Care Associates  
ATTN: Practice Administrator  
8101 Hinson Farm Road, Suite # 417  
Alexandria, VA 22306

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

This notice is effective on or after April 15, 2003.