

1 April 2003

## **Privacy Policy Notice**

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.

### Uses and disclosures of Health Information

We are committed to protecting the privacy of the information you provide us regarding your health. Information regarding your health will be recorded and maintained in a record kept in our office. Information contained in that record may be used in your treatment (for example, copies of your medical information may be sent to the specialist/physician's office that assist in your treatment), obtaining payment for that treatment (for example, submitting a claim for payment to your insurance company), and for the administrative purposes (for example, quality assurance and business planning purposes).

We may, under certain circumstances, use or disclose your medical information without your authorization. Subject to certain requirements, we may use or disclose your medical information for: public health purposes; health oversight activities; the report of suspected abuse or neglect; worker's compensation purposes, research purposes; funeral arrangements, medical examiner, and organ donation purposes; and for judicial and administrative proceedings. We may disclose your medical information when otherwise required by law, such as for law enforcement purposes under certain circumstances. Other uses or disclosures of your medical information will be made only with your written authorization. You may revoke a written authorization for the use or disclosure of your medical information at any time.

We reserve the right to change the terms of this notice at any time and make the new notice provisions effective for all medical information that we maintain. We will post a copy of the current notice in our waiting room, which will include the effective date of the notice. You may also request a copy of the notice at any time by contacting the person listed below.

### Your Rights Regarding Your Medical Information

In most cases, you have this right to inspect and receive a copy of the medical information used to make decisions about your care. We may charge

you a fee for copies of your medical information. You have the right to amend the medical information we have regarding you, if you believe that the information is incorrect or incomplete. You also have the right to receive a list of the instances in which your medical information was disclosed for reasons other than treatment, payment, or our health care operations.

You have the right to request that we communicate with you regarding your medical information for treatment, payment, or our health care operations purposes, or to other persons involved in your care except when specifically authorized by you, except when required by law or in an emergency. We will consider your written request, but are not required to accept such a request.

To exercise any of your rights regarding your medical information, please contact the person listed below.

#### Our Duties Regarding Your Medical Information

We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties and privacy practices with respect to your medical information. We are required to abide by the terms of the notice of our privacy policy currently in effect.

#### Complaints

If you believe your privacy rights may have been violated, you may contact the person listed below. You may also file a written complaint with the U.S. Department of Health and Human Services. Under no circumstances will retaliatory action be taken against you for filing a complaint.

If you have any questions or complaints, please contact:

Kevin Powers, M.D.  
Secretary/Treasurer  
4000 A Glenside Drive  
Richmond, VA 23228  
Ph: 804-262-4763  
Fax: 804-264-9683

I have read and received a copy of this policy.

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Patient/Guardian Signature

Date