Joint notice of privacy practices

This notice describes how your medical information may be used and disclosed, and how you can get access to this information. Please review it carefully.
Who will follow this notice

This notice describes the health information policies of Novant Health UVA Health System Culpeper Medical Center, including its departments and units (“Culpeper Medical Center”), and Novant Health UVA Health System Imaging Culpeper, LLC (“Culpeper Imaging Center”), which together make up the Culpeper Medical Center Affiliated Covered Entity (the “Culpeper ACE”). An Affiliated Covered Entity (“ACE”) is a group of Covered Entities under common ownership or control, each of which designates itself as a member of the ACE. An ACE is treated as a single Covered Entity for purposes of compliance with the Health Insurance Portability and Accountability Act (“HIPAA”). References in this notice to the Culpeper ACE, “we,” or “us” should be interpreted as a reference to both members of the Culpeper ACE.

The members of the Culpeper ACE may share Protected Health Information (“PHI”) with each other for the treatment, payment, and health care operations of the members of the Culpeper ACE and as permitted by HIPAA and this Joint Notice of Privacy Practices (“Notice”). The procedures set forth in this notice also apply to the employees, staff, personnel and volunteers of the Culpeper ACE. In addition, as Culpeper Medical Center and Culpeper Imaging Center are clinically integrated healthcare settings, you may receive care from independent physicians or other healthcare providers while at the Culpeper Medical Center or Culpeper Imaging Center. This notice also applies to those independent physicians and other healthcare providers, who may use or disclose your health information in connection with your care while at Culpeper Medical Center or Culpeper Imaging Center. Members of the The Culpeper ACE may disclose your health information to other health care providers involved in your care at the Hospital or Imaging Center for purposes of your treatment, in connection with payment for such services or treatment, and in connection with healthcare operations connected to any such services provided at the Hospital or Imaging Center. Emergency room physicians and most other physicians who may provide services at Culpeper Medical Center or Culpeper Imaging Center are independent practitioners, are not employed by us, are not our agents, and generally will bill separately for their services.

Physicians and other health care providers may have different policies or notices regarding their use and disclosure of your health information in their offices, clinics or other locations outside of the Culpeper ACE.

Our pledge regarding medical information

We are required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to:

• Make sure that health information that identifies you is kept confidential as provided by law.
• Give you this notice of our legal duties and privacy practices concerning your health information.
• Notify affected individuals of any breach of unsecured protected health information.
• Follow the terms of the notice that is currently in effect.

How we may use and disclose health information about you

The following is a summary of ways that we use and disclose health information about you. We may use and disclose health information about you:

• To provide you with medical treatment and services. Health information about you may be disclosed to doctors, nurses and employees involved in your medical care. For example, physicians involved in your care will need and will be given information about your symptoms and medical test results in order to prescribe appropriate medications.
• So that treatment and services rendered by the Culpeper ACE may be billed to, and
payment may be collected from, you, your insurance companies and/or other third parties.
For example, we may disclose your confidential healthcare information as required by
your insurance company for the purpose of the Culpeper Medical Center or Culpeper
Imaging Center receiving payment for providing you with needed healthcare services.

• For operations of the Culpeper ACE. For example, we may use and disclose
information to evaluate services you receive to ensure that our patients receive
quality care and to ensure that we continue to earn professional accreditation.

• To remind you of any appointments, or to notify you of healthcare treatment
options or other health services that may be of interest to you.

• To business associates to carry out treatment, payment or healthcare operations functions
that may involve the use and disclosure of some of your health information. For example,
we may use a billing service or accounting service to handle some billing and payments
functions. Unless the disclosure of health information is to another healthcare provider
for the purpose of providing treatment to you, we will generally have entered into a
formal agreement with the business associate that requires the business associate to
maintain the confidentiality of any patient information received in accordance with law.

• To contact you in an effort to raise money for Novant Health UVA Health System Culpeper
Medical Center. We may use and disclose information as specifically permitted by law,
which includes, without limitation, contact information (such as your name, address and
phone number), information about your treating physician, the department where you
received care, clinical outcome information, the dates you received treatment or services,
and other information allowed by law. This information may be used by the Hospital and
disclosed to a foundation related to the Hospital so that the foundation may contact you
in raising money for the Hospital. You have the right to opt out of receiving contacts for
fundraising. If you do not want the hospital to contact you for fundraising efforts, you may
notify the Novant Health UVA Health System Culpeper Medical Center Privacy Officer at:

  Privacy Officer
  501 Sunset Lane
  Culpeper, VA 22701
  Telephone: 540-829-5703 or 540-829-5018

• For the patient directory, unless you object. Unless you object, we may disclose
your name, location in the Hospital and your general condition to people who ask
for you by name. In addition, this information and your religious affiliation may
be given to a member of the clergy even if they don’t ask for you by name.

• To a family member or friend who is involved in your care or payment for your
care. We may also release information about you to such an individual in a
medical emergency and may disclose information about you to a disaster relief
agency to assist in notifying your family in the event of an emergency.

• When necessary to prevent a serious threat to your health and safety,
the health and safety of the public or another person.

• To organizations that handle organ procurement or organ, eye or
tissue transplantation or to an organ donation bank, as necessary,
to facilitate organ or tissue donation and transplantation.

• As required by military command authorities if you are a member of the
armed forces. We may also release medical information about foreign
military personnel to the appropriate foreign military authority.

• For public health activities. These activities generally include the following:
  °To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse or neglect
- To notify authorities if we believe a patient has been the victim of abuse, neglect or domestic violence
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

• For workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.
• To a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure activities.
• In response to a court or administrative order if you are a party to a lawsuit or dispute. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
• If asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process
  - To identify or locate a suspect, fugitive, material witness or missing person
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement
  - About a death we believe may be the result of criminal conduct
  - About criminal conduct at our facilities
  - 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 a coroner or medical examiner to identify a deceased person or determine the cause of death.
• To funeral directors as necessary to carry out their duties.
• In connection with research. Where consistent with the research goals and purposes, we will use or disclose only de-identified information, so that your identity cannot be ascertained from the information disclosed. When research cannot be conducted with such de-identified information, we will usually ask for your specific authorization for such use or disclosure, unless the disclosure is approved by an Institutional Review Board (IRB) or a specially designated privacy board, or where the disclosure is made to individuals preparing to conduct the research project.
• To authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
• To authorized federal officials so they may provide protection to the president, other authorized persons or foreign heads of state or conduct special investigations.
• If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
• As required by federal, state or local law.
• For other purposes, your confidential healthcare information may be released only after receiving written authorization from you. Your written authorization will typically be required for most uses and disclosures of psychotherapy notes, most uses and disclosures for marketing, and most arrangements involving the sale of protected health information. To the extent that your permission is required to allow the Hospital to disclose information, you may revoke your permission to release confidential healthcare information at any time. If you revoke permission, thereafter we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You must 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.

Your rights regarding medical information about you

You have the following rights regarding 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.

• To request access to records for inspection and/or to request a copy of your medical records, your request must be made in writing and submitted to the privacy officer at the address set forth on page 4. We may deny your request to inspect and copy in certain very limited circumstances. If your attending physician or an attending clinical psychologist has placed a written statement in your medical record indicating that, in his or her opinion, having access to the record would be injurious to your health or well-being, we can deny your request to inspect or copy. However, if you are denied access to your medical records under such a circumstance, you may request that the denial be reviewed by another physician or clinical psychologist of your choice. We will comply with the outcome of that review.

• Right to request an amendment. 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 or Imaging Center. To request an amendment, your request must be made in writing and submitted to the privacy officer at the address set forth on page four. In addition, you must provide a reason that supports your request.

• We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  ° Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
  ° Is not part of the medical information kept by or for the Hospital
  ° Is not part of the information which you would be permitted to inspect and copy
  ° Is accurate and complete

• You will be informed of the decision regarding any request for amendment of your medical information and, if we deny your request for amendment, we will provide you with information regarding your right to respond to that decision.

• Right to an accounting of disclosures. You have the right to an “accounting of disclosures” at your request. This is a list of disclosures we made of medical information about you for most purposes other than treatment, payment or healthcare operations or those authorized by you.

• To request this list or accounting of disclosures, you must submit your request in writing to the privacy officer at the address set forth on page 4. Your request
must state a time period and disclosures more than six years before your request will not be included in the accounting. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- Right to request restrictions. You have the right to request a restriction or limitation use or disclosure of the medical information about you. We are not required to agree to your request, other than a request that we not disclose information to a health plan for payment or healthcare operations where the request relates only to a healthcare item or service for which we have been paid in full by someone other than the health plan.

- 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. For example, you can ask that we only contact you at work or by mail.

- To request confidential communications, you must make your request in writing to the privacy officer at the address set forth below. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- 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 a paper copy of this notice. To obtain a paper copy of this notice, please contact the privacy officer at the address set forth below. You may also obtain a copy of this notice at our website: NovantHealthUVA.org

- 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. The notice will contain the effective date.

**Complaints/Further information**

If you have concerns about these privacy practices or about use or disclosure of your health information, believe your privacy rights have been violated or have questions about this notice, you may file a complaint or obtain additional information by contacting the privacy officer. You may also file a complaint with the Secretary of the Department of Health and Human Services. The Culpeper ACE’s privacy officer may be contacted at:

Privacy Officer 501 Sunset Lane
Culpeper, VA 22701
Telephone 540-829-5703

All complaints will be investigated. You will not be penalized in any way for filing a complaint. We appreciate the opportunity to review your concern for performance improvement opportunities.