

NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION
MAY BE USED AND DISCLOSED AND
HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

WHO WILL FOLLOW THIS NOTICE

Potomac Hospital (the “Hospital”) is a clinically integrated health care setting and provides care and services to our patients in partnership with physicians, health care professionals, ancillary staff and other organizations located in Prince William, northern Stafford and southern Fairfax Counties and beyond. This Notice applies to:

- ❑ Any health care professional in our employ who is permitted to provide you with health services or enter information into your medical record;
- ❑ All departments and units of Potomac Hospital, including but not limited to: the Potomac Hospital medical staff, The Potomac Center Pharmacy, the Family Health Connection Mobile Clinics, and all other departments or sites;
- ❑ All employees, staff and other personnel of the Hospital, as well as any member of the Potomac Hospital Auxiliary who may help you during your stay; and
- ❑ Any Business Associate with whom we share protected health information (PHI) for the purposes of payment, treatment and health care operations.

OUR PLEDGE REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

We understand that medical information about you and your health is personal and private. We are committed to ensuring that your protected health information (PHI) is kept confidential. We create a record of the care and services you receive at the Hospital. We need this record to provide you with quality care, to verify the services provided and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the Hospital, whether made by Hospital personnel or your doctor(s). Physicians and other health care providers may have different policies or notices regarding the use and disclosure of your PHI that is generated and kept in their offices or other locations outside of the Hospital.

This Notice will tell you about your privacy rights and the hospital’s responsibilities regarding how we may use and disclose your protected health information (PHI) for treatment, payment, and health care operations.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Potomac Hospital is required to:

- ❑ Describe your privacy rights as well as the hospital's obligations regarding the use and disclosure of your protected health information (PHI);
- ❑ Make sure health information that identifies you is kept private;
- ❑ Give you this Notice to inform you of our legal duties and privacy practices concerning your protected health information (PHI); and
- ❑ Follow the terms of the Notice that is currently in effect.

ROUTINE OR COMMON USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION (PHI)

The following categories describe different ways that we frequently use and disclose protected health information (PHI). All of the ways we are permitted to use and disclose PHI will fall within at least one of the listed categories. We will explain and give examples for each category of uses or disclosures. Not every specific use or disclosure in a category will be listed, but we describe, in general terms, the types of uses and disclosures that fall within each category.

For Treatment: We may use your protected health information (PHI) to provide you with medical treatment or services. We may disclose your PHI to doctors, nurses, technicians, and to Hospital employees and personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because this condition may slow the healing process. In addition, the doctor may need to tell the dietitian so that appropriate meals can be ordered for you. Different departments of the Hospital may also use your PHI in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We may disclose PHI to others outside the Hospital who may be involved in your medical care including family members, physicians, pharmacists, suppliers of medical equipment or other health care professionals.

For Payment: We may use and disclose your protected health information (PHI) so that the treatment and services you receive at the Hospital may be billed and payment may be collected from you, an insurance company or other third party. For example, we may need to disclose information about medical or surgical care you received at the Hospital so that your health plan will pay us or reimburse you for the procedure(s). We may also tell your health plan about a treatment or diagnostic test(s) you are going to receive to obtain prior approval for or to determine whether your plan will cover the treatment.

For Health Care Operations: We may use and disclose your protected health information (PHI) for the Hospital's health care operations. These uses and disclosures are necessary to operate the Hospital and make sure that all of our patients receive quality care and to ensure that we continue to earn professional accreditation. For example, we may disclose PHI to:

- review our treatment and services and to evaluate the performance of our staff in caring for you (including the company who administers our patient satisfaction surveys).

- decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.
- doctors, nurses, technicians, and Hospital personnel for review and learning purposes.
- combine the health information we have with health information from other facilities to compare how we are doing and determine how we can make improvements in the care and services we offer.

Business Associates: We are permitted by law to utilize Business Associates to carry out treatment, payment or health care operation functions that may involve the use and disclosure of some of your protected health information (PHI). For example, we may use a billing or accounting service to handle some billing and payment functions. We may also use health care consultants to assist us in improving or upgrading services we offer to patients. However, in any such instance, unless the disclosure of PHI is made to another health care provider for the purpose of verifying treatment to you, we will generally enter into a formal agreement with the Business Associate, which requires that they agree to maintain the confidentiality of any PHI that they receive.

Individuals Involved In Your Care or Payment for Your Care: Unless you object, we may release your protected health information (PHI) to a friend or family member who is involved in your medical care or in paying for your care. We may also tell your family or friends your “general” condition and that you are in the Hospital. Additionally, we may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your general condition, status and location.

Communications:

- ❑ **Appointment Reminders:** We may use and disclose protected health information (PHI) to contact you as a reminder that you have an appointment for treatment or medical care at the Hospital, including the Hospital’s outpatient service sites.
- ❑ **Hospital Patient Listing/Directory:** Unless you tell us to exclude your information from the hospital patient listing/directory, we may include certain limited information, such as your name and room number, while you are a patient at the Hospital. The patient listing/directory information, except for your religious affiliation, may be released to anyone who asks for you by name. Your religious affiliation may be given to a member of the clergy of the same denomination as yours, even if he/she does not ask for you by name. At the time of registration you will be given the opportunity to let us know if we may disclose any or all of the above-mentioned information.
- ❑ **Fundraising Activities:** We may use your protected health information (PHI) to contact you in an effort to raise money to support the Hospital’s ability to expand the services and programs that we provide to the community. We may disclose your PHI to the Potomac Hospital Foundation so that you may be contacted regarding such fundraising efforts. We would only release contact information, such as your name, address, phone number, and the dates you received treatment or services at the Hospital. If you have any questions about this you may contact the Hospital Foundation Office at 703-670-1867.

- ❑ **Treatment Alternatives:** We may use and disclose your protected health information (PHI) to inform you about or recommend possible treatment options or alternatives that may be related to your medical condition.
- ❑ **Health-Related Benefits and Services:** We may use and disclose your protected health information (PHI) to tell you about health-related benefits or services that may be of interest to you.

Research: Under certain circumstances, we may use and disclose your protected health information (PHI) for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. Also, as part of the research process we may disclose your PHI to individuals who are preparing to conduct the research project, so long as the health information they review does not leave the Hospital. For example, PHI may be disclosed to individuals preparing to conduct a research project to help them look for patients with specific health-related needs.

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 of disclosure.

However, some research projects may be adversely affected by requiring prior patient authorization before otherwise confidential, protected health information (PHI) can be used or disclosed for research purposes. In those circumstances, research projects are subject to a specific and comprehensive approval process. This process evaluates the proposed research project and its use of health information, trying to balance research needs with patients' rights to privacy of medical information. Before we use or disclose PHI for research under such circumstances, the project will have been approved by an Institutional Review Board (IRB) or a specially designated Privacy Board, which will be required to determine whether the nature of the research is such that it could not properly be conducted if prior patient authorization was required. The IRB or Privacy Board will also be required to determine that adequate protections are in place to maintain the privacy of protected health information (PHI) from unauthorized use or disclosure.

Health Oversight Activities: We may disclose protected health information (PHI) 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.

As Required By Law: We will disclose your protected health information (PHI) when required to do so by federal, state or local law.

SPECIAL SITUATIONS

To Avert a Serious Threat to Health or Safety: We may use and disclose your protected health information (PHI) when necessary to prevent a serious threat to your health and safety, the health and safety of the public or another person. Any such disclosure, however, would only be to someone reasonably able to help prevent or lessen such a threat.

Organ and Tissue Donation: If you are an organ donor, we may release your protected health information (PHI) 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.

Military and Veterans: If you are a member of the armed forces, we may release your protected health information (PHI) as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: Where permitted by state law, we may release your protected health information (PHI) for workers' compensation benefits regarding work-related injuries or illness.

Public Health Authorities: Where required by state or federal law, we may disclose your protected health information (PHI) to government authorities, including social service or protective service agencies, for the purpose of:

- ❑ Preventing or controlling disease, injury or disability;
- ❑ Reporting births and deaths;
- ❑ Notifying the appropriate authority if we believe that a child or adult patient has been the victim of abuse, neglect or domestic violence;
- ❑ Reporting reactions to medications or problems with products;
- ❑ Notifying people of recalls of defective products that they may be using;
- ❑ Notifying any person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

We will only disclose information under these circumstances if you agree to the disclosure or if we are otherwise required or permitted by law to do so.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose your protected health information (PHI) in response to a court or administrative order. We may also disclose your PHI 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.

Law Enforcement: We may release your protected health information (PHI) if asked to do so by a law enforcement official for the purpose of:

- ❑ Responding to a court order, subpoena, warrant, summons or similar process;
- ❑ Identifying or locating a suspect, fugitive, material witness, or missing person;
- ❑ Obtaining information about the victim of a crime (with the agreement of the victim except under certain limited circumstances in which we are unable to obtain the person's agreement);

- ❑ Regarding a death we believe may be the result of criminal conduct;
- ❑ Regarding criminal conduct at the Hospital; and
- ❑ In emergency circumstances for reporting a crime; the location of the crime or victims; or the identity, description and/or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release your protected health information (PHI) to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about Hospital patients to funeral directors as necessary to allow them to carry out their duties and responsibilities.

National Security and Intelligence Activities: We may release your protected health information (PHI) to authorized federal offices for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose your protected health information (PHI) to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your protected health information (PHI) to the correctional institution or law enforcement official. This release would be necessary:

- (1) For the institution to provide you with health care;
- (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.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

With regard to your protected health information (PHI), which is maintained in your medical record, you have the right to:

- ❑ **Inspect and Copy:** You have the right to inspect or request copies of your protected health information (PHI) that may be used to make decisions about your care. This usually includes medical and billing records, but does not include psychotherapy notes.

To inspect or obtain copies of your protected health information (PHI), you must submit your request in writing to Potomac Hospital at 2300 Opitz Blvd., Woodbridge, VA 22191, ATTN: Medical Records Department.

If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other expenses associated with your request.

Under certain, limited circumstances, we may deny your request to inspect and copy your protected health information (PHI). If you are denied access to your PHI, you have the right to 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 reviewer's decision.

- **Amend:** If, after review, you believe that the protected health information (PHI) in your record 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 maintained by or for the Hospital.

To request an amendment, your request must be made in writing and submitted to Potomac Hospital at 2300 Opitz Blvd., Woodbridge, VA 22191, ATTN: Privacy Officer. Your request must provide a reason that supports the requested amendment.

We have the right to deny your request for an amendment if:

- It is not in writing or does not include a reason to support the request, or
- You ask us to amend information that:
 - Was not created by us, only if the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the health information kept by or for the Hospital;
 - Is not part of the information that you would normally be permitted to inspect and copy; or
 - Is found to be accurate and complete.

You will be informed of the decision regarding any request for amendment of your protected health information (PHI) and, if we deny your request for amendment, we will provide you with a written response and instructions regarding your right to respond to that decision.

- **An Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your protected health information (PHI) for purposes other than treatment, payment or health care operations.
- To request this list or accounting of disclosures, you must submit your request in writing to Potomac Hospital at 2300 Opitz Blvd., Woodbridge, VA 22191 ATTN: Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (e.g., on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the reasonable costs of providing the list. We will notify you of the cost involved so that you have the opportunity to withdraw or modify your request before any costs are incurred.
- **Request Restrictions:** You have the right to request a restriction or limitation on the protected health information (PHI) that we use or disclose about you for your treatment, payment or health care operations. Except as required by law, in order to maintain quality care, Potomac Hospital will not accept any restrictions or limitations on your PHI that we use or disclose for treatment, payment or health care operations.

You also have the right to request a limit on the protected health information (PHI) we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had to anyone.

To request restrictions, you must make your request in writing to Potomac Hospital at 2300 Opitz Blvd., Woodbridge, VA 22191 ATTN: Privacy Officer.

In your request, you must tell us:

- (1) What information you want to limit;
- (2) Whether you want to limit our use, disclosure or both; and
- (3) To whom you want the limits to apply (e.g., disclosures to your spouse).

We are not required to agree to your requests.

If we do agree, we will comply with your requests unless:

- (1) The information is needed to provide you with emergency treatment;
- (2) The disclosure is required by law; or
- (3) The disclosure relates to public health activities, victims of abuse, neglect or domestic violence, health oversight activities, judicial and administrative proceedings, disclosures concerning crimes and certain similar matters.

- **Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location, such as asking that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Potomac Hospital at 2300 Opitz Blvd., Woodbridge, VA 22191 ATTN: Privacy Officer. Your request must specify how or where you wish to be contacted and must include a mailing address where you will receive bills and correspondence relating to payment for services.

- **A Paper Copy of This Notice:** You have the right to request a paper copy of this Notice. You may request 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.
 - You may obtain a copy of this Notice at our Hospital Web site at: www.potomachospital.com, or
 - You may contact Potomac Hospital at 2300 Opitz Blvd., Woodbridge, VA 22191, ATTN: Privacy Officer.

CHANGES TO THIS NOTICE

We reserve the right to update or change this Notice. We reserve the right to make the revised or changed Notice effective for protected health information (PHI) that 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. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at 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. You may also obtain a copy of any current notice by submitting a written request to Potomac Hospital at 2300 Opitz Blvd., Woodbridge, VA 22191, ATTN: Privacy Officer. The current Notice will also be available on our Hospital Web site: www.potomachospital.com.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Hospital or with the Secretary of the Department of Health and Human Services, Office of Civil Rights. To file a complaint with the Hospital, submit your complaint to the Privacy Officer through the HIPAA Compliance Hotline, (888) 884-5573.

You will not be penalized for filing a complaint.

Complaints to the Secretary of the Department of Health and Human Services must be in writing and must include the name of the facility and a description of the acts or omissions that you believe are in violation of privacy requirements. Complaints to the Secretary should be forwarded to the Department of Health and Human Services, Office for Civil Rights, 200 Independence Ave., SW, Washington, DC 20201.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of protected health information (PHI) not covered by this Notice or by state and federal law that apply to us will be made only with your written authorization. If you provide us with authority to use or disclose your PHI, you may revoke that authority, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we already made in reliance upon your prior authorization and that we are required to retain our records of the health care and services that we provided to you.

Potomac Hospital Privacy Officer

For further information about this Privacy Notice, you may contact:

Potomac Hospital
2300 Opitz Blvd.
Woodbridge, Virginia 22191
Attention: Privacy Officer