

First Care, PC - 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.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION:

First Care, PC is committed to protecting medical information about you. We create a record of the medical care and services you receive at sites for use in your care and treatment. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care relating to services provided at all First Care, PC locations.

This notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your information.

We are required by law to:

- make sure that your medical information is protected;
- give you this Notice describing our legal duties and privacy practices with respect to your medical information; and
- follow the terms of the Notice that is currently in effect.

WHO WILL FOLLOW THIS NOTICE?

This notice describes the practices of First Care, PC and all employees of First Care, PC (collectively, "we"):

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following sections describe different ways that we may use and disclose your medical information. For each category of uses or disclosures we will describe them and give some examples. Some information, such as certain genetic information, certain drug and alcohol information, HIV information and mental health information may be entitled to special restrictions by state and federal laws. We abide by all applicable state and federal laws related to the protection of this information. Not every use or disclosure will be listed, but all of the ways we are permitted to use and disclose information will fall within one of the following categories.

Treatment: We may use or disclose medical information about you to provide you with medical treatment or services. We may disclose information about you to doctors, nurses, technicians, students or other personnel involved in taking care of you. We may share medical information about you with First Care, PC personnel or other health care providers, agencies, or facilities not affiliated with First Care, PC in order to provide or coordinate the different things you need, such as prescriptions, lab work, and X-rays. We may also disclose medical information about you to people outside of First Care, PC who may be involved in your continuing medical care after you leave First Care, PC, such as other health care providers, transport companies, community agencies and family members or others providing services that are part of your care. We may disclose information about your care to any doctor identified as a provider of medical care to you, even if that doctor is not a direct participant in a given episode of care at First Care, PC.

Payment: We may use and disclose medical information about you for payment activities of First Care, PC and others involved in your care, such as an ambulance company. For example, we may use and disclose information so that First Care, PC or others involved in your care can obtain payment from you, an insurance company or another third party. We may disclose your information to the Social Security Administration, or any other person or insurance or benefit payer, health care service plan or worker's compensation carrier which is, or may be responsible for all or part of your bill. For example, we may give your insurance company information about the care you receive at First Care, PC so they will pay us or reimburse you for the visit. We may tell your insurance company about a proposed treatment to determine whether or not they will pay for the treatment or to resolve an appeal or complaint/grievance. However, if

you pay in cash in advance for your treatment, and you ask us not to disclose your health information to your insurance company with regard to that treatment, we will honor your request.

Health Information Exchange (HIE): First Care, PC participates in the Med Virginia Health Information Exchange (HIE), a secure internet-based "virtual" health record. The HIE is an organization in which providers, such as doctors and other health care providers, participate to exchange patient information in order to facilitate health care. By participating in the HIE, we may share certain portions of your health information with other providers that participate in the HIE or participants of other health information exchanges.

The virtual health record contains lab results, transcription reports, radiology results, medical history, transcriptions and chart notes, insurance information and demographic information from all of your health care providers who participate in the HIE. There are some types of information that are subject to an additional layer of security within the HIE. Examples of such information may include certain drug and alcohol abuse information and HIV test results. Items that are subject to the additional security may not be readily viewable in the HIE's standard electronic chart.

Unless you notify First Care, PC that you do not wish for your health information to be available through the HIE ("Opt-Out"), we may include your information in the HIE.

- If you Opt-Out, your health information will no longer be accessible by other providers through the HIE. However, your Opt-Out does not affect health information that was disclosed through the HIE prior to the time that you opted out and your information may still be used and disclosed through other means, such as providing a paper copy.
- Regardless of whether you choose to opt-out of the HIE, your health information will still be provided to the HIE. However, if you choose to Opt-Out, the HIE will not exchange your health information with other providers. Additionally, you cannot choose to have only certain providers access your health information.
- All providers who participate in the HIE who provide services to you will have the ability to access your information. However, participating providers that do not provide services to you will not have access to your information through the HIE.
- Information available through the HIE may be provided to others as necessary for referral, consultation, treatment and/or the provision of other treatment-related healthcare services to you. This includes providers, pharmacies, laboratories, etc.

You may Opt-Out at any time by notifying the First Care, PC Privacy Officer. The Privacy Officer's contact information is found at the end of this notice.

Business Associates: We may share your medical information with third-parties referred to as "business associates". Business associates provide various services to or for First Care, PC. Examples include billing services, transcription services and legal services. We require our business associates to sign an agreement requiring them to protect your information and to use it only for the purposes for which we have contracted for their services in an effort to make sure your medical information is appropriately safeguarded.

Fundraising Activities: We may contact you to provide information about First Care, PC-sponsored activities, including fund-raising programs and events. You may request to "opt out" of fund raising communications if you do not wish to be contacted.

Individuals Involved in Your Care or Payment for Your Care: Unless you tell us not to, we may release medical information to anyone involved in your medical care, such as a friend, family member, or any individual you identify. We also may give your information to someone who helps pay for your care. Additionally, we may disclose information about you to your legal representative. If a person has the authority by law to make healthcare decisions for you, First Care, PC typically will treat that legal representative the same way we would treat you with respect to your medical information. Parents and legal guardians are generally patient representatives of minors unless the minors are permitted by law to act on their own behalf and make their own medical decisions in certain circumstances.

Research: We may use and disclose medical information about you for certain research purposes in compliance with the requirements of applicable federal and state laws. All research projects, however, are subject to a special approval process, which establishes protocols to ensure that your health information will continue to be protected. When required, we will obtain a written authorization from you prior to using your health information for research.

As Required or Authorized by Law: We will disclose medical information about you when required to do so by federal and/or state law. This includes, but is not limited to, disclosures to mandated patient registries, including reporting adverse events with medical devices, food, or prescription drugs to the FDA. We also may disclose medical information to health oversight agencies for activities authorized by law. These oversight activities may include licensure activities and other activities by governmental, licensing, auditing and accrediting agencies as authorized or required by law. We may disclose your health information for public health activities including disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; or notify a person who may have been exposed to a disease or condition. We may disclose information for law enforcement purposes as required by law or in response to a valid subpoena, summons, court order, or similar process.

Legal Proceedings, Lawsuits and Other Legal Actions: We may disclose medical information about you to courts, attorneys, court employees and others when we get a court order, subpoena, discovery request, warrant, summons or other lawful instructions. We also may disclose information about you to First Care, PC's attorneys and/or attorneys working on First Care, PC's behalf to defend ourselves against a lawsuit or action brought against us.

We may use and disclose your medical information in the following special situations:

- **Disaster-Relief Efforts:** We may disclose medical information about you to an organization assisting in a disaster-relief effort so that your family can be notified about your condition, status and location. If you do not want us to disclose your medical information for this purpose, you must tell your caregivers so that we do not disclose this information unless we must do so to respond to the emergency.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you to help prevent a serious and imminent threat to your health and safety or the health and safety of the public or another person.
- **Organ, Eye and Tissue Donation:** We may release information to organizations that handle organ procurement, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military:** If you are a member of the armed forces, domestic (United States) or foreign we may release medical information about you to the military authorities as authorized or required by law.
- **Workers' Compensation:** We may disclose medical information about you for workers' compensation or similar programs as authorized or required by law.
- **Coroners, Medical Examiners and Funeral Directors:** We may disclose medical information to a coroner, medical examiner or funeral director as necessary for them to carry out their duties.
- **National Security and Intelligence Activities:** We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities as required by law.
- **Protective Services for the President of the United States and Others:** We may disclose medical information about you to authorized federal officials so they may conduct special investigations or provide protection to the President of the United States, other authorized persons or foreign heads of state as authorized by law.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution or law enforcement officials as authorized or required by law.

USES OF MEDICAL INFORMATION REQUIRING AUTHORIZATION

Psychotherapy Notes: We must obtain your written permission to disclose psychotherapy notes except in certain circumstances. For example, written permission is not required for use of those notes by the author of the notes with respect to your treatment, or use or disclosure by us for training of mental health practitioners, or to defend First Care, PC in a legal action brought by you.

Marketing: We must obtain your written permission to use or disclose your medical information for marketing purposes except in certain circumstances. For example, written permission is not required for face-to-face encounters involving marketing, or where we are providing a gift of nominal value (example: a coffee mug), or a communication about our own services or products or we may send you a postcard announcing the arrival of a new physician.

Sale of PHI: We must obtain your written permission to disclose your medical information in exchange for remuneration.

Other Uses and Disclosures: Other Uses and Disclosures of your PHI not covered by the categories included in this Notice or applicable laws, rules or regulations will be made only with your written permission or authorization. If you provide us with such written permission, you may revoke it at any time. We are not able to take back any Uses or Disclosures that we already made with your authorization. We are required to retain your medical information regarding the care and treatment that we provided to you.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding your medical information:

Right to Inspect and Copy: With certain exceptions, you have the right to inspect and/or receive a copy of your medical and billing records or any other of our records that are used by us to make decisions about your care. The exceptions to this are any psychotherapy notes, information collected for certain legal proceedings and any medical information restricted by law.

To inspect and/or receive a copy of your medical records we require that you submit your request in writing to your First Care, PC care provider. If you request a copy of your medical records, we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. Under certain circumstances, we may deny your request to inspect or copy your records such as if we believe it may endanger you or someone else. If you are denied access to your medical information, you may request that the denial be reviewed by another licensed health care professional. We will comply with the outcome of the review. **Right to Request an Amendment:** If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as the information is kept by or for First Care, PC in your medical and billing records. To request an amendment, your request must be submitted in writing and provide the reason for the request. If we agree to your request, we will amend your record(s) and notify you of such. In certain circumstances, we cannot remove what was in the record(s), but we may add supplemental information to clarify. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

Right to an Accounting of Disclosures: You have a right to receive a list of the disclosures we have made of your medical information in the six years prior to your request. To request an accounting of disclosures you must submit your request in writing to the Privacy Officer. You must state the time period for which you want to receive the accounting, which may not be longer than six years and which may not date back more than six years from the date of your request. You must indicate whether you wish to receive the list electronically or on paper. The first accounting you receive in a 12 month period will be free. We may charge you for responding to additional requests in that same period. We will inform you of the costs involved before any costs are incurred. You may choose to withdraw or modify your request at that time.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit

on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not disclose information to a family member about a procedure you had. If we agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment or we are required by law to disclose it. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations of the health plan, and the information pertains solely to a health care item or service for which we have been paid out of pocket in full.

To request a restriction you must make your request in writing and 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, i.e. disclosures to your spouse. We are allowed to end the restriction if we tell you. If we end the restriction, it will only affect the health information that was created or received after we notify you.

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 may ask that we contact you only at home or by mail. If you want us to communicate with you in a certain way, you will need to give us specific details about how you want to be contacted including a valid alternative address. We will not ask you the reason for the request, and we will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested we may contact you using the information we have.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice at any time, even if you have previously agreed to receive this notice electronically. Copies of this notice are available throughout First Care, PC or by contacting the First Care, PC Privacy Officer.

CHANGE TO THIS NOTICE

We reserve the right to change this notice and First Care, PC privacy practices. 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

QUESTIONS OR COMPLAINTS

If you have questions or believe that your privacy rights have been violated, you may file a complaint with First Care, PC or with the Secretary of the Department of Health and Human Services. To file a complaint with First Care, PC, contact the Privacy Officer. *You will not be penalized for filing a complaint.*

Addresses

The address for our First Care, PC Privacy Officer is:

4053 Taylor Road

Suite K

Chesapeake, VA 23321

The address for the Department of Health and Human Services is:

The U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Washington, D.C. 20201

This Notice is effective 09/23/2013 and replaces all earlier versions.