



# MediCorp Health System

## Joint Notice of PRIVACY PRACTICES

*Effective April 14, 2003*

**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.**

If you have any questions about this Notice, please contact the Privacy Officer at 1-800-442-8762.

### **Our Pledge Regarding Medical Information**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at all MediCorp Health System Affiliates, including those identified on the list attached (the "Facilities"). We need this record to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices ("Notice") applies to all of the records of your care generated at the Facilities, whether made by Facility personnel or your personal doctor. Unless your personal doctor practices with MediDoctors, L.L.C., your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- maintain the privacy of medical information that identifies you;
  - give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
  - follow the terms of the Notice that is currently in effect.
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## To Whom Does This Notice Apply?

This Notice applies to health information used or disclosed in connection with your treatment at the Facilities. Because the Facilities are clinically integrated health care settings, in which you will often receive care from more than one health care provider, this Notice applies to all providers who may use or disclose your health information in connection with care within this integrated setting and to all records of that care. For example, you may have health care services provided at Mary Washington Hospital (the “Hospital”) by physicians known as Hospitalists, who specialize in the care of hospital inpatients. We may disclose your health information to these Hospitalists in order that they may provide you with health services. These Hospitalists are also permitted to use and disclose your information for purposes of your treatment, in connection with payment for such services or treatment, and in connection with health care operations connected to any such services provided at the Hospital. Similarly, all health care providers involved in your care while you are in the Hospital are permitted to use and disclose your health information for purposes of your treatment, in connection with payment for such services or treatment, and in connection with health care operations connected to any such services provided at the Hospital. Hospitalists and other physicians who may provide services at the Hospital and Facilities (other than the MediDoctors locations) are independent practitioners, not employed by the Facilities and not agents of the Facilities, who will bill separately from the Facilities for their services. However, as a practical matter, the integrated nature in which health care services are commonly provided in the hospital and other facility settings makes it most efficient for a single Notice to apply to all individuals, including health care providers, involved in patient care within that setting. Thus, the use of the pronoun “We” in this Notice refers not only to the Hospital and the other Facilities, but also to those individuals involved in your care while in the Hospital and the other Facilities who provide care in these clinically integrated settings and participate in these organized health care arrangements. Individual health care providers who also provide health care services to you outside of this integrated setting will usually have a separate Health Information Practices Notice for the use and disclosure of your health information in that setting, such as an office or clinic. In addition, although the Facilities are generally legally separated companies, this Notice applies to each of the Facilities and the health information used or disclosed in connection with treatment or services through any of the Facilities.

## How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. Certain special rules apply to alcohol and drug abuse patient records, and those special standards are set forth under the section entitled “Alcohol and Drug Abuse Patient Records”. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other Facility personnel who are involved in taking care of you at the Facilities. For example, a doctor treating you in the Hospital for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. As an additional
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example, if you were a home health patient, your home health nurse might need to disclose your blood pressure or other vital signs to your physician to determine whether adjustments might be needed for your medications. The Facilities also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.

- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the Facilities may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to use or disclose your health plan information about surgery you received at the Fredericksburg Ambulatory Surgery Center so that your health plan will pay us or reimburse you for the surgery. As an additional example, if you are a patient at a MediDoctors physician practice, we may give your health insurer information about tests you received so that we can obtain payment from the insurance company for the care. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
  - **For Health Care Operations.** We may use and disclose medical information about you for Hospital operations and operations of the other Facilities. These uses and disclosures are necessary to run the Hospital and other Facilities and make sure that patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many Facility patients to decide what additional services the Facilities should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health care facilities to compare how we are doing and see where we can make improvements in the care and services we offer. As an additional example, if you were a resident at Carriage Hill, we might use and disclose your medical information in quality assessment and improvement activities and/or in conducting nurse aide training programs. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
  - **Business Associates.** We are permitted by law to utilize Business Associates to carry out treatment, payment or health care 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 payment functions. We may also use health care consultants to assist us in improving or upgrading services we offer to patients. We will only use such Business Associates when we believe it to be the most effective means of carrying out permissible treatment, payment or health care operations functions. However, in any such instance, unless the disclosure of health information is to another health care provider for the purpose of providing treatment to you, we will 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 and generally requires the Business Associate to limit its use of such information to only the purpose for which it was disclosed by us.
  - **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at one of the Facilities.
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- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We may use medical information about you to contact you in an effort to raise money for the Hospital or other Facilities and their operations. We may disclose medical information to a foundation related to the Facilities so that the foundation may contact you in raising money for the Facilities. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the Facilities. If you do not want the MWH Foundation to contact you for fundraising efforts, you must notify the Privacy Officer in writing at 2300 Fall Hill Avenue, Suite 308, Fredericksburg, VA 22401.
- **Patient or Resident Directory.** Unless you object, we may include certain limited information about you in the patient directory while you are a patient or resident at the Hospital, Carriage Hill Rehabilitation and Nursing Center or Chancellor's Village. This information may include your name, location in the Hospital, Carriage Hill or Chancellor's Village, and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi or lay minister, even if they do not ask for you by name. This is so your family, friends, and clergy can visit you in the Hospital, Carriage Hill or Chancellor's Village.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the Facilities as directed by you. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research.** Under certain circumstances, we may use and disclose medical information about you 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 medical information about you to individuals preparing to conduct the research project, for example, to help them look for patients with specific medical needs, but any such medical information will not be allowed to leave the Facility retaining such information.

Where consistent with the research goals and purposes, we will use or disclose only de-identified information (removed information that specifically identifies you), 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.

However, some research projects that involve information gathering may be adversely affected by requiring prior patient authorization before confidential health information can be used or disclosed for research purposes. In those circumstances, the research projects will be subject to a specific and comprehensive approval process. This process evaluates the proposed research project

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and its use of medical information, balancing research needs with patients' right to privacy of medical information. Before we use or disclose medical information 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 protect patient information from unauthorized use or disclosure.

- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## Special Situations

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information 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 medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
  - **Public Health Risks.** We may disclose medical information about you 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 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;
    - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
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- **Worker's Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
  - **Health Oversight Activities.** We may disclose medical information 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.
  - **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. 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.
  - **Law Enforcement.** We may release medical information 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 the Facilities; and
    - 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.
  - **Coroners, Medical Examiners and Funeral Directors.** We may release medical information 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 medical information about patients of the Facilities to funeral directors as necessary to carry out their duties.
  - **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
  - **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
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- **Inmates.** 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 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 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 inspect and copy medical information that may be used to make decisions about you, you must sign an Authorization to Release Confidential Information Form at the Health Information Management Department at the Facility providing the service. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

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 (whose licensure, training and experience relative to your condition are at least equivalent to that of the physician or clinical psychologist upon whose opinion the denial is based). 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 Facilities.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer at 2300 Fall Hill Avenue, Suite 308, Fredericksburg, VA 22401. 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 Facilities;
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- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.
- **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 purposes other than treatment, payment, or health care 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 2300 Fall Hill Avenue, Suite 308, Fredericksburg, VA 22401. 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 (for example, on paper, electronically). 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 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. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. Regardless, it is our policy not to release your medical information to individuals other than you and your legal surrogate without your permission unless it is medically necessary for your care.

To request restrictions, you must make your request in writing to the Privacy Officer at 2300 Fall Hill Avenue, Suite 308, Fredericksburg, VA 22401. 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, for example, disclosures to your spouse.

- **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, 2300 Fall Hill Avenue, Suite 308, Fredericksburg, VA 22401. 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 2300 Fall Hill Avenue, Suite 308, Fredericksburg, VA 22401. You may also obtain a copy of this Notice at our website, [www.medicorp.org](http://www.medicorp.org).
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## Alcohol and Drug Abuse Patient Records

In addition to the protections described above, the confidentiality of alcohol and drug abuse patient records maintained by certain treatment programs are protected by other Federal laws and regulations. Generally, programs may not tell a person outside of the program that a patient attends a program for alcohol or drug abuse treatment, or disclose information identifying a patient as an alcohol or drug abuser unless (i) the patient consents in writing, (ii) the disclosure is allowed by a court order, or (iii) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, or audit or evaluation of the program. Under these special laws and regulations, among other differences, disclosures through a patient directory will often be more limited for patients participating in alcohol and drug abuse treatment programs than for patients receiving other services.

The special federal laws and regulations for alcohol and drug abuse treatment programs do not protect any information about a crime committed by a patient either at the program, against any person who works for the program, or about any threat to commit such a crime. These federal laws and regulations likewise do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

Violation of the special confidentiality requirements for alcohol and drug abuse treatment programs is a crime, and suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

## Changes to this Notice

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 in the Facilities. 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 Facilities for treatment or health care services as a patient or resident, we will offer you a copy of the current Notice in effect. You can always obtain a copy of our most current Notice on our website at [www.medicorp.org](http://www.medicorp.org).

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Facilities or with the Secretary of the Department of Health and Human Services. To file a complaint with the Facilities, contact the Privacy Officer at 2300 Fall Hill Avenue, Suite 308, Fredericksburg, VA 22401. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

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## Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

## This Joint Notice of Privacy Practices applies to the following MediCorp Health System Affiliates:

Cancer Center of Virginia  
Carriage Hill Rehabilitation and Nursing Center  
Chancellor's Village Corporation  
Fredericksburg Ambulatory Surgery Center  
Mary Washington Hospice  
Mary Washington Hospital  
Mary Washington Hospital Home Health  
Medical Arts Pharmacy  
Medical Imaging of Fredericksburg  
MediCorp Home Health  
MediDoctors, L.L.C.  
North Stafford Physical Therapy  
Snowden at Fredericksburg



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