



Infectious Diseases

TRAVEL CLINIC REVIEW OF SYSTEMS

Please print forms and mail or fax to our office.

PATIENT NAME _____

DATE OF BIRTH _____ / _____ / _____

ADDRESS _____

TELEPHONE NUMBER _____

EMAIL _____

Travel Departure Date: _____ Return Date: _____

Countries to be visited (in order, including flight connections)

Length of Stay

Countries to be visited (in order, including flight connections)	Length of Stay

Reason for trip: Business Tourist Student Mission Other: _____

Are you planning to travel outside of urban areas? Yes No

Are you planning to go hiking, camping, or backpacking? Yes No

Accommodations: Hotel Private home Dorm/barracks Cruise Other: _____

Have you had an acute illness with fever in the last 48 hours? Yes No

Have you EVER had any bad reaction from any vaccine (including fainting) Yes No

If so, please specify:

Have you received any of these LIVE vaccines in the last 30 days? (check all that apply)

MMR Yellow fever

Varicella (chicken pox) Shingles

Are you allergic to: (check all that apply)

Eggs Any foods _____

Latex Any medications _____

Yeast Environmental allergens (pets/dust) _____

Thimerosal Other _____

Gelatin

Bee Stings

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

The confidentiality of your health information is very important to us. Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by and as part of the care furnished to you in a Virginia Hospital Center Arlington Health System facility or through a Virginia Hospital Center Arlington Health System service, whether made by Virginia Hospital Center Arlington Health System personnel, agents of Virginia Hospital Center Arlington Health System and its affiliated facilities including hospitals, clinics and other health care providers that Virginia Hospital Center Arlington Health System operates, as well as any health care facility or physician practice now or in the future controlled by or under common control by Virginia Hospital Center Arlington Health System, or by your personal physician. Your personal physician may have different policies or notices regarding the physician's use and disclosure of your medical information created in the physician's office or clinic.

Our Responsibilities

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to:

- Make sure that health information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information about you.
- Follow the terms of the notice that is currently in effect.

Contact Information

After reviewing this notice, if you need further information or want to contact us for any reason regarding the handling of your health information, please direct any communications to the following contact person:

**Privacy Official
Health Information Department
Virginia Hospital Center
1701 N. George Mason Drive, Arlington, VA 22205
Phone: 703.558.6116; Toll Free: 855.816.2446**

Organized Health Care Arrangement

Virginia Hospital Center Arlington Health System's facilities, including but not limited to Virginia Hospital Center, deliver care in clinically integrated settings in which individuals typically receive care from more than one health care provider including Virginia Hospital Center Arlington Health System's workforce, physicians and allied health practitioners who are in private practice and have clinical privileges at Virginia Hospital Center, hospital-based physician groups such as anesthesia, radiology, pathology and emergency medicine, department chairs and medical directors. These are all part of Virginia Hospital Center Arlington Health System's organized health care arrangement and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment, and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect current and future care that we provide to you. Neither this joint notice nor participation in an organized health care arrangement create an employer-employee relationship between Virginia Hospital Center Arlington Health System and a medical staff member where none otherwise exists.

How We May Use and Disclose Health Information About You

The following categories describe different ways that we use and disclose health information.

For Treatment: We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to physicians, nurses, technicians, medical students, or other facility personnel who are involved in taking care of you at the facility. For example: a physician treating you for a broken leg may need to know if you have diabetes, because diabetes may slow the healing process. Different departments of the Virginia Hospital Center Arlington Health System facility also may share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work, and x-rays. In addition, we may disclose your health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician. We also may provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from a Virginia Hospital Center Arlington Health System facility.

For Payment: We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company, or a third party payer. This may include certain activities that your health insurance plan may undertake before it approves or pays for health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provide to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health information about a surgery you received at the hospital, so your health plan will pay us or reimburse you for the surgery. 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. We may also provide your physician or other medical personnel involved in taking care of you at Virginia Hospital Center Arlington Health System facility or their billing agents with information so they can send bills to your insurance company or to you.

For Health Care Operations: We may use and disclose health information about you for our health care operations purposes. These uses and disclosures help us run our facilities and to make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide to evaluate the need for new services or treatment. We may also disclose information to physicians, nurses, technicians, medical students, and other Virginia Hospital Center Arlington Health System facility personnel for review and educational purposes. We may also combine the health information we have with that of other hospitals for comparisons that will help us make decisions on improvements. We may remove information that identifies you from this set of health information to protect your privacy.

Business Associates: There are some services provided in our organization through contracts with business associates. For example, certain laboratory tests may be sent out for processing, and a copy service is used to make copies of your health record. When services are contracted, we may disclose your health information to our business associate so that they can perform the job that we have asked them to do for us. To protect your health information, however, we share with our business associates only the minimum amount of information necessary for them to assist us, and require them to safeguard the information we do share according to contractual agreement.

Hospital Directory: We may include certain limited information about you in the Virginia Hospital Center directory while you are a patient at Virginia Hospital Center. This information may include your name, location in Virginia Hospital Center, your general condition (e.g. fair, stable, etc.), 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, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in Virginia Hospital Center and generally know how you are doing. If you do not want to be included in the facility directory, you will need to notify the admission staff at the time of each admission. If emergency circumstances prevent us from asking you about the directory, we will use our professional judgment to determine what is in your best interest until there is a reasonable opportunity for you to object.

For Contacting you about Services: We may use your health information to contact you to:

- Give a reminder that you have an appointment for treatment or medical care at a Virginia Hospital Center Arlington Health System facility.
- Tell you about possible treatment alternatives
- Tell you about health-related benefits or services
- Assess your satisfaction with our services
- As part of our fundraising efforts, we may use, or disclose to a business associate or institutionally-related foundation, certain health information about you, such as your name, address, phone number, e-mail information, dates you received treatment or services, treating physician, outcome information, and department of service (for example cardiology or orthopedics), so that we or they may contact you to raise money on our behalf. The money raised will be used to expand and improve the services and programs we provide the community. You are free to opt out of fundraising solicitation, and your decision will have no impact on your treatment or payment for services. Any fundraising materials that you may receive will tell you how you can opt out of receiving any further fundraising communications from us. Please note that we will promptly process your request to be removed from our fundraising list, and we will honor your request unless we have already sent a communication prior to receiving notice of your election to opt out.

Individuals Involved in Your Care or Payment for Your Care: We may release health information about you to your personal representative or a designated family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose health 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. We may require your written permission to release such information, however, if you are incapacitated or otherwise unavailable, we will use our professional judgment to determine whether to make any such disclosure.

Research: Under certain circumstances, we may disclose your health information for research consistent with our legal obligations, for example, when an institutional review board has reviewed the research proposal, established protocols to ensure the privacy of your health information, and approved the research.

As Required or Authorized by Law: We may disclose health information about you when required or authorized by law to do so to the following types of entities, including but not limited to:

- The Food and Drug Administration (FDA), or an entity regulated by the FDA, to report an adverse event or a potential defect related to a drug or medical device.
- Public Health or Legal Authorities (such as Child Protective Services, Human Rights Advocate/Board, Mental Health Advocate/Board) to:
 - Prevent or control disease, injury or disability;
 - Report births and deaths;
 - Report suspected abuse, neglect, or domestic violence;
 - Report reactions to medications or problems with products;
 - Notify people of recalls of products they may be using;
 - Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Correctional Institutions
- Workers Compensation Agents
- Organ and Tissue Donation Organizations
- Military Command Authorities
- Health Data Registries including Tumor and Trauma Registries
- Funeral Directors, Coroners and Medical Directors
- National Security and Intelligence Agencies
- Protective Services for the President and Others

Health Oversight Activities: We may disclose health 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: We may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process, but only if like notice has been given to you or your attorney in accordance with applicable law.

Law Enforcement: We may release certain health information to law enforcement authorities for law enforcement purposes, such as:

- As required by law, including reporting certain wounds and physical injuries;
- A court order; subpoena, warrant, summons or similar process;
- A need to identify or locate a suspect, fugitive, material witness, or missing person;
- A need for information about the victim of a crime, if, under certain limited circumstances, we are unable to obtain the person's agreement;
- A death we believe may be the result of criminal conduct;
- Investigation of criminal conduct at the facility;
- 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 Avert a Serious Threat To Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to the health and safety of the public, to you, or to another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Minors: If you are an unemancipated minor under Virginia law, there may be circumstances in which we disclose health information about you to a parent, guardian, or other person acting in loco parentis, in accordance with our legal responsibilities.

Parents: If you are a parent of an unemancipated minor, and are acting as the minor's personal representative, we may disclose health information about your child to you under certain circumstances. For example, if we are legally required to obtain your consent as your child's personal representative in order for your child to receive care from us, we may disclose health information about your child to you. In some circumstances, we may not disclose health information about an unemancipated minor to you. For example, if your child is legally authorized to consent to treatment (without separate consent from you), consents to such treatment, and does not request that you be treated as his or her personal representative, we may not disclose health information about your child to you without your child's written authorization.

Deceased Individuals. Following your death, we may disclose health information to a coroner or to a medical examiner as necessary for them to carry out their duties and to funeral directors as authorized by law. In addition, following your death, we may disclose health information to a personal representative (for example, the executor of your estate), and unless you have expressed a contrary preference, we may also release your health information to a family member or other person who acted as a personal representative or was involved in your care or payment for care before your death, if the health information is relevant to such person's involvement in your care or payment for care. We are required to apply safeguards to protect your health information for 50 years following your death.

Incidental Uses and Disclosures. There are certain incidental uses or disclosures of your information that occur while we are providing service to you or conducting our business. For example, after surgery the nurse or physician may need to use your name to identify family members that may be waiting for you in a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

Health Information Exchange. We participate in one or more electronic health information exchanges, which permits us to exchange health information about you with other participating providers (for example, physicians and hospitals) and their business associates. For example, we may permit a physician providing care to you to access our records in order to have current information with which to treat you. In all cases, the requesting provider must verify that they have or have had a treatment relationship with you, and, if required by law, we will ask the provider to obtain your consent before accessing your health information through the health information exchange. Participation in a health information exchange also lets us access health information from other participating providers and health plans for our treatment, payment and health care operations purposes. We may in the future allow other parties, for example, public health departments, that participate in the health information exchange, to access your protected health information for their limited uses in compliance with federal and state privacy laws, such as to conduct public health activities.

Your Health Information Rights

Although your health record is the physical property of the Virginia Hospital Center Arlington Health System facility, you have the following rights regarding the health information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy health information we maintain about you that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. If we maintain the information electronically and you ask for an electronic copy, we will provide the information to you in the form and format you requested, assuming it is readily producible. If we cannot readily produce the record in the form and format you request, we will produce it another readable electronic form we agree to. We may charge a cost-based fee for producing copies, including the cost of retrieving, copying, mailing, and use of supplies associated with your request. We may deny your request to inspect and copy in certain, very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional, chosen by Virginia Hospital Center Arlington Health System, 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 outcome of the review.

Right to Amend: If you feel that health 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 Virginia Hospital Center

Arlington Health System facility. You must provide a reason for your request. We may deny your request for an amendment. If this occurs, you will be notified in writing of the reason for the denial, and of your right to submit a statement (of reasonable length) disagreeing with the decision, which will be added to your records.

Right to An Accounting of Disclosures: You have the right to request an accounting of disclosures of your health information. This is a list of the disclosures we made of health information about you. The accounting will not include certain disclosures, such as those made for treatment, payment, or health care operations and certain other types of disclosures, for example, as part of a facility directory or disclosures in accordance with your authorization. We will provide you the accounting free of charge, however if you request more than one accounting in any 12 month period, we may impose a reasonable, cost-based fee for any subsequent request. Your request should indicate the period of time in which you are interested (for example, "from May 1, 2003 to June 1, 2003"). We will be unable to provide you an accounting for any disclosures made before April 14, 2003, or for a period of longer than 6 years. Requests must be in writing. You may contact the Privacy Official to obtain a form to request an accounting of disclosures.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations or to persons involved in your care or payment for your care. We are not required to agree to your request, with one exception explained in the next paragraph, but we will let you know whether we have agreed to your request.

We are required to agree to your request that we not disclose certain health information to your health plan for payment or health care operations purposes if (1) you pay out-of-pocket in full for all expenses related to that service either at the time of service or within timeframes specified by our written policies and (2) the disclosure is not otherwise required by law. Such a restriction will only apply to records that relate solely to the service for which you have paid in full. If we later receive an authorization from you dated after the date of your requested restriction which authorizes us to disclose all of your records to your health plan, we will assume you have withdrawn your request for restriction.

You must make a separate request to each covered entity from whom you will receive services that are involved in your request for any type of restriction, including physicians and allied health practitioners who are in private practice and have clinical privileges at Virginia Hospital Center, hospital-based physician groups such as anesthesia, radiology, pathology and emergency medicine. Contact the Privacy Official if you have questions regarding which providers will be involved in your care.

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. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes.

Notice in the Case of Breach. You have the right to receive notice of an access, acquisition, use or disclosure of your health information that is not permitted by HIPAA, if such access, acquisition, use or disclosure compromises the security or privacy of your Protected Health Information (we refer to this as a breach). We will provide such notice to you without unreasonable delay but in no case later than 60 days after we discover the breach.

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 paper copy of this notice.

You may obtain a copy of this notice at our website: www.virginiahospitalcenter.com

To exercise any of your rights, please obtain the required forms from the Privacy Official and submit your request in writing.

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 on our website at www.virginiahospitalcenter.com. The effective date will be on the first page of the notice. In addition, each time you register or are admitted for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Virginia Hospital Center Arlington Health System Privacy Official (contact information appears on page 1 of this Notice), or with the Secretary of the U.S. Department of Health and Human Services. All complaints to Virginia Hospital Center Arlington Health System must be submitted in writing.

You will not be penalized for filing a complaint.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION.

There are many uses and disclosures we will make only with your written authorization. These include:

Uses and Disclosures Not Described Above. We will obtain your authorization for uses and disclosures of your health information that are not described in the notice above.

Psychotherapy Note. These are notes made by a mental health professional documenting conversations during private counseling sessions or in joint or group therapy. Many uses or disclosures of psychotherapy notes require your authorization.

Marketing. We will not use or disclose your protected health information for marketing purposes without your authorization. Moreover, if we will receive any financial remuneration from a third party in connection with marketing, we will tell you that in the authorization form.

Sale. We will not sell your protected health information to third parties without your authorization. Any such authorization will state that we will receive remuneration in the transaction.

If you provide authorization for the disclosure of your health information, you may revoke it at any time by giving us notice in accordance with our authorization policy and the instructions in our authorization form. Your revocation will not be effective for uses and disclosures made in reliance on your prior authorization.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

By signing this form you acknowledge receipt of the Notice of Privacy Practices for Virginia Hospital Center Arlington Health System and its affiliated medical groups. Our Notice of Privacy Practices provides information about how we may use and disclose your protected information. We encourage you to read it in full.

MRN

Our Notice of Privacy Practices is subject to change.

Signature of Patient / Patient Representative

Date

Name of Patient / Patient Representative (please print)

Relationship to Patient

OFFICE USE ONLY

We attempted to obtain written acknowledgement of patients' receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained from the patient for the following reason:

- Patient Refused to Sign
- Patient Representative Refused to Sign
- Patient/ Patient Representative Refused Copy of Notice of Privacy Practices
- Emergency Situation Prevented Signature
- Other (please specify) _____

Provider Representative Signature

Date