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 any notes about what else is going on in your medical care. 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.

How We 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 Virginia Hospital Center Arlington Health System use your health information to provide quality care. In order to coordinate the different things you may need, we 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 has been authorized to receive such information in order to provide you with the best quality care. Virginia Hospital Center Arlington Health System facilitates communications among health care providers for the purpose of providing assistance to you 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 your insurance or other third party payers for the services you receive at the hospital. We may also use and disclose health information for payment activities related to your account. For example, we may use health information to bill your insurance or other 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 provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to get 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 make sure 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 for health care operations purposes, nature of care or services, 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, unless we are told otherwise, we will limit disclosures to the minimum necessary to carry out the function for which the information is used.

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 includes 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, if they don’t ask for your name. This is so that your family, friends and your clergy can visit you in the hospital. If you do not want to be included in the hospital directory, you will need to notify the directory staff at the time of your admission. If emergency circumstances prevent us from asking you about the directory, we will notify the directory staff if you are admitted to the hospital.

HIPAA Privacy Officer: 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:

• 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:

Privacy Official
Health Information Department
Virginia Hospital System
1701 N. George Mason Drive, Arlington, VA 22205
Phone: 703.558.6116; Toll Free: 858.816.2446

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 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 medical 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 who is not otherwise employed.
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 certain other limited circumstances, such as a warrant or subpoena, to law enforcement officials, 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:
1. As required by law, including reporting certain wounds and physical injuries;
2. A court order, subpoena, warrant, summons or similar process;
3. To law enforcement officials to locate a suspect, missing person or person involved in a crime;
4. After a death occurs, we may disclose health information to law enforcement officials, including coroners or medical examiners, for identification purposes or to determine the cause or manner of death.

Right to Amend: You have the right to request that the denial be reviewed. Another licensed health care professional, chosen by us, will produce it another readable electronic form we agree to. We may charge a 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 uses and disclosures of all or part of your protected health information. For example, you may request restrictions on uses or disclosures to your health plan, if you pay the cost of your health care out of pocket in full. We will consider all requests for restrictions; however, we are not required to agree to your request. Your request must be in writing, and should specify the restriction you wish to impose on our uses and disclosures of your health information or the settings in which we will make the disclosures. If we agree to the request, we will accommodate it to the extent required by law. To make a request, contact the Privacy Official.

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 consider all requests for restrictions; however, we are not required to agree to your request. Your request must be in writing, and should specify the restriction you wish to impose on our uses and disclosures of your health information or the settings in which we will make the disclosures. If we agree to the request, we will accommodate it to the extent required by law. To make a request, contact the Privacy Official.

We participate in one or more electronic health information exchanges to share information with participating providers and health plans for our treatment, payment and 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.

Notice in the Case of Death. You have the right to receive notice of an access, acquisition, use or disclosure of information about you in your health information by a coroner or to a medical examiner as necessary for them to carry out their duties and to a health oversight agency for activities authorized by law.

To Avert a Serious Threat To Health or Safety: We will disclose health information to a person for purposes of Avert a Serious Threat To Health or Safety if, under certain limited circumstances, we reasonably believe disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of an individual or the public. Disclosures will be made only to individuals who are able to help prevent or lessen such threat.

Parents: 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.

There are certain incidental uses or disclosures of your health information that are not described above. Incidental uses and disclosures include, for example, the regularly occurring quality assessment and improvement activities of your providers, and the occurrence of a certain number of transactions in the limited use and disclose categories involved in the direct treatment of your health conditions. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

To the extent required by law, we may disclose health information about you to your child’s personal representative in order for your child to receive care from us, we may disclose health information about you to your child in order to protect your child’s health and to the extent you have expressed a contrary preference, we may also release your health information to your child’s personal representative.

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 the extent necessary to 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.

You have the right to request a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if we have agreed to provide your health information 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.

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 other referring physicians. It is in the best interest of patients to ensure that providers involved in your care will respect your request.

We may disclose health information about you in certain circumstances, such as 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 is voluntary, and unless you have expressed a contrary preference, we may also release your health information to your child’s personal representative.

Parents: 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.

You have the right to request a restriction or limitation on the uses and disclosures of your health information 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, we will let you know whether we have agreed to your request.

We will not be penalized for filing a complaint.

Changes to This Notice: We reserve the right to change this notice. We will provide such notice to you in writing. You will be given reasonable opportunity to reflect on the changes before they become effective.

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 provided on the back of this notice). You may file a complaint with 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, but are not limited to, the disclosures described above.

Psychotherapy Notes. These are notes made by 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 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.

Arlington Health System Facility. You must provide a reason for your request. You may deny your request for an amendment. If your request is denied, 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.

There are many uses and disclosures we will make only with your written authorization. These include, but are not limited to, the disclosures described above.