

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you may get access to this information. Please read it carefully.

The VCU Health System Authority, MCV Physicians (Health Care Providers), Virginia Premier (a Health Plan), Carolina Crescent (a Health Plan) and VCU (a hybrid entity) are each legally separate covered entities and are under common ownership and control. For the purposes of this notice these four entities have elected to become a single Affiliated Covered Entity (ACE) that will be referred to as the VCU Medical Center (VCUMC). This Affiliated Covered Entity also includes the administrative and business activities associated with these programs. This Notice describes the privacy practices of the VCUMC which include:

- All departments and units of all hospitals and clinics associated or affiliated with the VCUMC.
- All employees, staff and other personnel under the direction of the VCUMC.
- All residents, fellows, students and graduate students who are part of the education programs of the Health Science Campus of Virginia Commonwealth University.
- All volunteer groups authorized by the VCUMC.

The VCUMC is committed to protecting your health information. We are required by law to maintain the privacy of your Protected Health Information (PHI), and to abide by the current terms of this notice. The VCUMC will not use or disclose your PHI without your written permission except as described in this Notice. Once your permission has been given, you may revoke your permission, in writing, at any time. The VCUMC reserves the right to change the terms of this Notice, making any revision applicable to all of your PHI maintained by the VCUMC. If the VCUMC changes the terms of this Notice, we will post a revised notice in appropriate locations and will make paper copies of the new Notice available upon request.

How Your Health Information May Be Used and Disclosed Without Your Permission:

We May Use Your PHI For Treatment Purposes

The VCUMC will use your health information as part of providing you with patient care. For example, the health care professionals treating you, nurses and other health care workers as needed may use your health information for your diagnosis or treatment. In certain circumstances this may involve discussions with health care professionals who are not members of the VCUMC. We may also share your health care information with non-health care personnel in an emergency situation. In addition, we may contact you to remind you that you have an upcoming appointment, to tell you about alternative treatments, or communicate other health-related benefits and services that may be of interest to you.

We May Use Your PHI For Payment Purposes

We may share your health information so that the treatment and services you receive may be billed and payment received from you, an insurance company or other third party. We may also need to share your health information to receive prior approval of services or to determine if your insurance will cover the cost of treatment and whether your treatment was appropriate.

We May Use Your PHI For Our Operations and Other Purposes Permitted/Required By Law

The following list includes examples of the VCUMC's normal operations for which the use of disclosure of your PHI may be made without your permission:

- To review and improve the quality, efficiency and cost of care that we provide to you.
- To evaluate the skills, qualifications and performance of health care professionals.
- To provide educational programs for present and future health care providers or non-health care providers such as administrative programs or business office training.
- For public health activities, including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and/or intervention.
- For health oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings to include compliance with laws.
- For certain judicial or administrative proceedings and for law enforcement purposes, military or other specialized governmental functions as required by regulations.
- For research purposes there are circumstances when your health information may be released. All such research is subject to a special approval process and before we use or disclose any information the project will have been approved through this process. Information about you may be used in preparation for research such as looking for patients with specific characteristics or illnesses. The information reviewed in preparation for research will remain under VCUMC control.
- For public health risks as defined by laws or administrative proceeding.
- For lawsuits and disputes that result in court order, subpoena, discovery request or other lawful process.
- To disclose your health information to a public or private entity for the purpose of coordinating disaster relief efforts.
- To release your health information to a coroner, medical examiner or a funeral director.
- To organizations that obtain or coordinate gathering organs if you have chosen to become an organ donor.
- To workers' compensation or similar programs as authorized by law.
- To prevent or lessen a threat to the health or safety of another person or the public.
- To authorized persons protecting the President of the United States or other authorized persons or foreign heads of state or to conduct special investigations.
- For compliance with federal, state and local laws.
- For fundraising activities to expand and support health care services, education and research.
- To individuals and organizations that assist in health care, payment and operations such as consultants and attorneys who assist the VCUMC in its activities.
- For national security issues as authorized by law.
- For inmates of a jail or prison or in the custody of a law enforcement official there may be circumstances requiring the release of health information.

Unless you object, and with the exception of mental health patients, the VCUMC:

- Will include general information, including your name, location in the hospital, your condition described in general terms and your religious affiliation in a directory of individuals located in the MCV Hospitals. The directory information, except for your religious affiliation, will be released to people who ask for you by name. Your religious affiliation may be given to members of the clergy, even if they do not ask for you by name.
- May disclose to family members, other relatives or close personal friends the health information directly relevant to that person's involvement with your care.
- May use or disclose your PHI information to notify a family member, a personal representative or another person responsible for your care of your location or general condition.

Your Rights Regarding Your Health Information

You have the following rights with respect to your health information:

- The right to inspect and copy your health information. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your records.
- The right to request an amendment of your health information. This request must be in writing and you must include a reason to support the request. The VCUMC may deny your request for certain specific reasons, and, if denied, you will be provided with a written explanation for the denial and information regarding further rights you would have at that point.
- The right to request an addendum (supplement) to your record. The addendum cannot be longer than 250 words and must be in writing.
- The right to receive an accounting of the disclosures of your health information made by the VCUMC, except for disclosures for treatment, payment or health care operational purposes, and for certain other specific disclosure types as noted above as "Disclosures Without Your Permission." One accounting of disclosures, per 12-month period, is provided free of charge. Reasonable charges will be made for more than one disclosure per 12-month period.
- The right to request restrictions on certain uses and disclosures of your health information. The VCUMC will make every effort to comply with your request. However, it is not required to agree to any requested restrictions.
- The right to receive communications from the VCUMC in a confidential manner such as an alternate address or telephone number.
- The right to request a paper copy of this Notice.
- The right to complain to the VCUMC and/or to the United States Department of Health and Human Services if you believe that your privacy rights have been violated. To complain to the VCUMC, please contact the VCUMC Privacy Officer at (804) 828-0500 or by writing to P.O. Box 980471, Richmond, VA 23298-0471. If you choose to file a complaint, you will not be retaliated against in any way.

If you would like further information regarding your rights or regarding the uses and disclosures of your PHI, you may contact the VCUMC, Privacy Officer at (804) 828-0500 or by writing to PO. Box 980471, Richmond, VA 23298-0471. This Notice Is Effective as of March 17, 2008.