

INOVA NOTICE OF PRIVACY PRACTICES

Effective Date: September 15, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED AT INOVA AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact McLean Ambulatory Surgery, LLC Privacy Officer by calling 703-676-3133

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 information is considered protected health information (PHI). The Health Insurance Portability and Accountability Act (HIPAA) requires that we provide you with a notice regarding how your information may be used or shared and your rights concerning that information. This notice applies to records of your care in an Inova facility or through an Inova service, whether given by Inova personnel, individuals or organizations working with Inova, or by your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of information about you created in the doctor's office or clinic.

Inova's Responsibilities

We are required to follow the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all information about you that we maintain at that time. If any major change is made to this Notice, we will provide a copy to you the next time you visit an Inova facility. You may ask us for a copy of any revised Notice of Privacy Practices by going to our web site at www.mcleansc.com or by calling 703-676-3133, or you may ask for one at the time of your next appointment.

Uses and Disclosures

How we may use and share medical information about you.

The following categories describe examples of the way we use and share medical information about you:

For Treatment: We may use medical information about you to provide you treatment or services. We may share your information with doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at Inova. For example, we may provide a physician at an Inova Surgery Center with information regarding your past treatment at an Inova facility. Inova departments also may share information about you in order to provide the care you need, such as prescriptions, lab work, meals, and x-rays.

We may share information about you with people outside of Inova who provide or are involved in your care. We may also provide your physician or a future healthcare provider with copies of various reports to assist in your care.

Payment: Your information will be used, to obtain payment for your health care services. This may include certain activities that your health insurance plan may perform before it approves or pays for the health care services such as; making a decision about your coverage for insurance benefits, reviewing services provided to you to determine medical necessity, and performing utilization review activities. For example, we may share certain information about your care with your health plan to obtain approval for a procedure or a hospital stay.

Healthcare Operations: We may use or share your information in order to support the business activities of Inova. These activities include, but are not limited to, quality review activities, employee review activities, training of medical students, licensing, marketing and fundraising, and other business activities.

For example, we may share your health information with medical school students that see patients at our facilities. In addition, we may use a sign-in sheet at the registration desk where we ask you to sign your name and list your physician. We may also call you by name in the waiting room when we are ready to assist you. We may use or share your information to contact you to remind you of your appointment.

We may use your information to provide you with information about other treatments, health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about the services we offer or to send you information about products or services that we believe may be helpful to you. If you do not want to receive the materials described above, please contact the Privacy Officer by calling 703-676-3133.

Our fund raising foundation may contact you in the future to raise money for Inova. The money raised will be used to expand and improve services and programs we provide to the community.

Information that may be used about you for fundraising purposes includes your name, address, telephone number, dates of service, age, gender, the department in which you received care, the identity of your treating physician and the general outcome of your treatment.

If you do not want to be contacted for fundraising, please contact the Inova Health System Foundation, at 8110 Gatehouse Road, Falls Church, VA 22042, or call 703-676-3133.

Business Associates: Some services at Inova are provided through agreements with business associates. We may share your information with these third parties that perform various activities for Inova. When we share your information with a business associate, we will have a written agreement with them that requires them to protect the privacy of your information. An example of services they may provide is billing and collection services. All business associates may be reviewed by the Secretary of Health and Human Services (HHS) and must follow all requirements of the HIPAA Privacy and Security Rules.

Directory: We may include certain limited information about you in a directory while you are a patient at Inova. This information may include your name, your location in the facility and your general condition (e.g., good, fair, etc.). If someone contacts the facility and asks for you by name, that limited information would be shared with them. In addition, if you have provided your religious preference, that information would be provided to members of the clergy to allow them to visit you. If you do not want to be included in the directory please ask for the [Request for Confidential Communication and/or Disclosure Restriction](#) form when you register.

Individuals Involved in Your Care or Payment for Your Care: We may share information about you with a friend or family member who is involved in your medical care or who helps pay for your care. We also may share information about you with individuals assisting in a disaster relief effort so that your family can be notified about your condition and location.

Research: Your information may be used for research purposes without your permission if an Institutional Review Board (IRB) approves the use. We may share information about you with researchers preparing to conduct a research project. Researchers may contact you directly about participating in a study. The researcher will tell you about the study and give you a chance to ask questions. If you want to be part of a study you will be asked to sign a consent form.

Future Communications: We may send you information about treatment options, health related information, disease management programs, wellness programs, or other community activities in which Inova is participating.

Organized Health Care Arrangement: Inova delivers care in a variety of settings in which individuals receive care from more than one health care provider including Inova's workforce; physicians and allied health practitioners who are in private practice and have clinical privileges at Inova facilities; hospital-based physician groups such as anesthesia, radiology, pathology and emergency medicine; department chairs and medical directors. These are all part of Inova's Organized Health Care Arrangement (OHCA) and this notice applies to the services they provide at Inova.

Single Covered Entity: For purposes of HIPAA only, all covered entities that are owned or controlled by Inova will be considered a single covered entity. This notice applies to the entire single covered entity.

As required by law, we may also use and share information with the following types of entities:

- Food and Drug Administration
- Public Health or legal authorities charged with preventing or controlling disease, injury or disability
- Correctional institutions
- Workers Compensation agents
- Organ and tissue donation organizations
- Military command authorities
- Health oversight agencies
- Funeral directors, coroners and medical directors
- National Security and Intelligence Agencies

Protective Services for the President and Others

Law Enforcement/Legal Proceedings: We may share information for law enforcement purposes:

- in response to a court order, subpoena, warrant, summons or similar process;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at an Inova facility; and
- about wounds made by certain weapons.

State-Specific Requirements: Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If Virginia Law is more protective than Federal privacy laws, Virginia law is followed.

Your Information Rights:

Although your health record belongs to Inova, you have the **Right to:**

Review or Receive a Copy: You have the right to review or receive a copy of medical information in our possession. This includes medical and billing records, but does not include psychotherapy notes. You may request a paper or electronic copy of your Inova medical record. Copies must be provided within 15 days of your request. In very limited circumstances, we may deny your request to inspect and copy your records in. If this occurs, you may request that the denial be reviewed. A licensed health care professional not involved in the original denial will be chosen by Inova to review your request. We will comply with the outcome of the review.

Request an Amendment of Information in your Record: If you feel that the medical information we have on file is incorrect or incomplete, you may ask us to make changes. You have the right to ask for an amendment for as long as Inova keeps your record. We may deny your request under certain circumstances. If this occurs, you will be given the reason for the denial and we will explain your options for responding to the denial.

Request an Accounting of Disclosures: You have the right to request a report of disclosures of your information for purposes other than treatment, payment or health care operations.

Right to Restrict Release of PHI For Certain Services

- o If you pay for a service or procedure in full out of pocket, you have the right to ask us not to share information about that treatment with your insurance company. This restriction applies only if the disclosure to the health plan is for the purposes of payment or health care operations. You should let us know your wishes prior to receiving the service or procedure. You should complete the *Request for Restriction of Disclosure to Health Plan* when you register.
- o You also have the right to request a limit on the medical information we share about you with someone who is involved in your care or the payment for your

care, like a family member or friend. For example, you could ask that we not share information about your surgical procedure.

a You have the right to ask us to limit the medical information we use or share about you for treatment, payment or health care operations. **We are not required to agree to your request.** Your request will be forwarded to the Privacy Officer or his/her designee for consideration. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

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 at a location other than your home or by U.S. Mail. Such requests must be made in writing and must include a mailing address where bills for services and related correspondence regarding payment for services will be received. It is important that you note that Inova has the right to contact you by other means and at other locations if you do not respond to any communication from us that requires a response. If you wish to request confidential communications, please complete the *Request for Confidential Communication and/or Disclosure Restriction* form when you register.

Breach Notification: You have a right to be notified if there is a breach of your unsecured PHI.

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.

To exercise any of your rights under this notice, please obtain the required forms from the Registration Department in the facility where you received your services and submit your request in writing.

CHANGES TO THIS NOTICE

We have the right to change this notice at any time. The changed notice will be effective for PHI we already have about you as well as any PHI we receive in the future. The current notice will be posted in Inova's facilities and will include the effective date. Each time you register at or are admitted to Inova for treatment or health care services, we will provide access to the most recent version. You may always access the most recent version at our web site <http://www.mcleansc.com> or may call 703-676-3133 and ask for a copy of the most recent version.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Inova by contacting McLean Ambulatory Surgery LLC, 7601 Lewinsville Road, Suite 440 McLean, VA 22102 Attention: Privacy Officer. You may file a complaint with the Secretary of the Department of Health and Human Services. Instructions for filing a complaint with the

Secretary are found at: www.hhs.gov/ocr/privacy.

All complaints must be submitted in writing.

You will not be penalized for filing a complaint about Inova's Privacy practices.

OTHER USES OF PHI

We are required to retain records of the care we provided to you. Your written permission is required for Inova to use or share your information for reasons not covered by this notice. Your decision about whether to allow us to use or share your information will not affect your ability to receive treatment at Inova. If you give us permission to use or share information about you, you may cancel that permission, at any time by writing to the department to which you gave permission to use or share the information. If we receive written cancellation of your permission, we will stop using or sharing the information you originally allowed us to share. We will not be able to take back anything already shared.

PRIVACY OFFICER

Telephone Number: 703-676-3133