

**Effective Date: February 1, 2026**

This notice describes:

- How your health information may be used and disclosed.
- Your rights with respect to your health information.
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information.

You have a right to a copy of this notice in paper or electronic form and to discuss it with Inova's Chief Privacy Officer at 571-472-8187 or [compliance@inova.org](mailto:compliance@inova.org), if you have any questions.

### **REVIEW THIS NOTICE CAREFULLY**

Each time you visit a hospital, physician, or other health care 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 PHI may be used or disclosed and your rights concerning that information. PHI disclosed pursuant to HIPAA may be subject to redisclosure by the recipient and no longer protected by HIPAA. We are required by law to maintain the privacy of PHI. This notice applies to all the records of your care generated by and as part of the care furnished to you in an Inova facility or through an Inova service, whether made by Inova personnel, agents of Inova and its affiliated facilities, or by your personal doctor. 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 also applies to Substance Use Disorder (SUD) treatment information that is protected under 42 C.F.R. Part 2.

### **Inova's Responsibilities**

We are required to abide by 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 PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised copy by accessing our web site [www.inova.org](http://www.inova.org), calling 571-472-8187 and requesting that a revised copy be sent to you in the mail, or asking for one at the time of your next appointment. If any major change is made to this Notice, it will automatically be provided to you at the time of your next visit to an Inova facility. It will also be posted on our website at the time of the change.

### **Uses and Disclosures - How We May Use and Disclose Medical Information About You**

The following categories describe examples of the way we use and disclose medical information, subject to the requirements in 42 C.F.R. Part 2, as applicable, and other more strict applicable laws.

**For Treatment:** We may use medical information about you to provide you with treatment or services. We may disclose medical information about you to 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 hospital with information regarding your prior treatment at an Inova

facility if it might have bearing on the current condition for which you are being treated. Different Inova departments also may share medical information about you in order to coordinate your care, such as prescriptions, lab work, meals, and x-rays.

We may disclose medical information about you to people outside of Inova who provide services that are related to your care. We may also provide your physician or a subsequent health care provider with copies of various reports that should assist him/her in treating you once you are discharged from an Inova facility. We may also release your information under certain medical emergency circumstances.

**Payment:** Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the 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, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** We may use or disclose your PHI to support the business activities of Inova. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fund-raising activities, certain audits, and conducting or arranging for other business activities.

For example, we may disclose your PHI to medical school students that see patients at our facilities. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when we are ready to assist you. We may use or disclose your PHI as necessary to contact you to remind you of your appointment.

For treatment, payment, and healthcare operations subject to 42 C.F.R. Part 2, you will first be provided with a clear and conspicuous opportunity to consent to disclosure.

**Fundraising:** We may use certain information to contact you in the future to raise money for Inova. We may also provide this information to our Inova Health System Foundation for the same purpose. 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, general information about the department in which you received care, the identity of your treating physician, and general outcome of your treatment.

If you do not wish to be contacted for fundraising efforts, notify the Inova Health System Foundation, at 8095 Innovation Park Drive, Fairfax, VA 22031, or by calling 703-289-2072.

If we maintain and seek to use and disclose records about you that are subject to 42 C.F.R. Part 2 for fundraising purposes, you will first be provided with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

**Business Associates:** Some services provided by Inova are provided through contracts with business associates, or as applicable, Qualified Service Organizations. Examples may include transcription services or outside billing services. When these services are contracted, we may disclose your health information to our business associate so that they can perform contracted tasks. To protect your health information, however, we require the business associate to appropriately safeguard your information. Inova's requirements for safeguarding your information are included in Business Associate Agreements with each entity. In addition, all business associates are subject to oversight by the Secretary of Health and Human Services (HHS) and must adhere to all requirements of the HIPAA Privacy and Security Rules.

**Directory:** We may include certain limited information about you in a facility directory while you are a patient at the facility. The information may include your name, location in the facility, your general condition (e.g., good, fair, etc.) and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you would prefer not to be included in the facility directory, request **“Election to be Listed in or Excluded from the Facility Directory”** (form #31268) from registration staff or the Chief Privacy Officer.

**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 or who helps pay for your care. 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. If you desire to limit disclosure of such information to friends or family members, we will ask that you designate one individual to whom we may make such disclosures. It will then be up to you to instruct that individual as to how they may disseminate information about you to other interested parties. To designate a preferred contact, request **“Patient Record of Disclosure-Preferred Contacts”** (form #30749) from registration staff.

**Research:** Your medical information may be used or disclosed for research purposes without your permission if an Institutional Review Board (IRB) approves such use or disclosure. We may disclose medical information about you to researchers preparing to conduct a research project. In addition, researchers may contact you directly about participation in a study. The researcher will inform you about the study and give you an opportunity to ask questions. You will only be enrolled in a study if you agree and sign a consent form indicating your willingness to participate in the study.

**Future Communications:** We may communicate to you via newsletters, mailings, or other means regarding treatment options, health-related information, disease management programs, wellness programs, or other community-based initiatives or activities in which our facilities are participating.

**Organized Health Care Arrangement:** Inova’s facilities, including but not limited to its hospitals, deliver care in clinically integrated settings. In these settings, individuals typically 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
- Other health care entities affiliated with Inova

These are all part of Inova’s Organized Health Care Arrangement (OHCA) and may utilize a shared electronic health record database. We are presenting you with this document as a joint notice for these purposes. Information will be shared as necessary to carry out treatment, payment, and health care operations. Physicians and caregivers may have access to PHI in their offices to assist in reviewing past treatment as it may affect current treatment.

**Health Information Exchange:** We may make your PHI available through an electronic information exchange service to other health care providers that request your information. Participation in

information exchange services also lets us see health care information about you from other health care providers who participate in the exchange. If you do not wish to participate in health information exchanges, visit the Medical Records Request page on our website and complete the “**Epic Care Everywhere Patient Opt-Out/Opt In**” (form #31649) or contact the Compliance Department at 571-452-8187 or [compliance@inova.org](mailto:compliance@inova.org).

**Single Covered Entity:** For purposes of HIPAA only, all covered entities that are owned or controlled by Inova shall be considered to be a Single Covered Entity. PHI will be made available to personnel at other facilities included in this Single Covered Entity, as necessary to carry out treatment, payment, and health care operations. Caregivers at other facilities may have access to PHI at their locations to assist in reviewing past treatment information as it may affect current treatment. Contact the Chief Privacy Officer for further information on the specific sites included in this affiliated covered entity.

**As required by law,** we may also use and disclose health information for the following types of entities, including but not limited to:

- 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; and
- protective services for the President and others.

**Law Enforcement/Legal Proceedings:** We may disclose health 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.

Substance use disorder treatment records received from programs subject to 42 C.F.R. Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on written consent or a court order. Prior to any use of 42 C.F.R. Part 2 record, you or the holder of the record must be notified and given an opportunity to be heard. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

## **Instances Where We May Share Information With Your Consent**

Any sharing of your health information, other than as explained above, requires your written authorization or written consent. For example:

- Disclosure of any of your psychotherapy notes, if they exist, with a third party who is not part of your care.
- Use of your PHI for activities that would be considered marketing or disclosures that would constitute the sale of PHI may not be made without signed authorization from you. If you do not want to receive the marketing materials described, visit <https://www.inova.org/unsubscribe> or contact our Chief Privacy Officer by calling our Compliance Department at 571-472-8187.
- As provided under 42 C.F.R. Part 2, a patient in a Part 2 Program may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. Part 2 records we receive or maintain pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by us without your written consent, to the extent the HIPAA regulations permit such disclosure.

If you authorize us to share your health information but then change your mind, you may do so as provided by applicable law, including 42 C.F.R. Part 2, but you must notify us in writing that you revoke the authorization. We will honor your revocation, but we will not be able to get back the health information that you authorized us to send before your revocation.

**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 stringent than Federal privacy laws, Virginia law preempts the Federal law.

**Authorization to Request/Disclose PHI:** Uses or disclosures of your PHI not described in this notice will be made solely upon written authorization from you or your personal representative. Written authorizations may be revoked by contacting the department originally authorized to use/disclose the information. Visit the Medical Records Request page on our website and use either the “**Request Your Records Online**” link or the “**Authorization to Request/Disclose Protected Health Information**” (form #31247).

## **Your Health Information Rights**

Although your health record is the physical property of the health care practitioner or facility that compiled it, you have the right to:

- **Inspect and Copy:** You have the right to inspect and copy medical information in our possession that may be used to make decisions about your care. As a rule, this includes medical and billing records but does not include psychotherapy notes. You may request an electronic copy of your PHI maintained in Inova’s electronic health record (EHR). Access to your records must be provided within 15 days of receipt of your request. We may deny your request to inspect and copy your records in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. A licensed health care professional not involved in the original denial of your request will be chosen by Inova to review your request and the denial. We will comply with the outcome of the review.

- **Request an Amendment of Your Information:** If you feel that your medical information which we have on file is incorrect or incomplete, you may ask us to amend that information. You have the right to request an amendment as long as Inova retains the information. We may deny your request for an amendment and, if this occurs, you will be notified of the reason for the denial and will be provided with your options as defined in the HIPAA Privacy Rule.
- **Request an Accounting of Disclosures:** You have the right to request an accounting of any disclosures we make of your medical information for purposes other than treatment, payment, or health care operations. In the case of records subject to 42 C.F.R. Part 2, you may request an accounting of: (1) when your records are shared based on your written consent; and (2) when your records are shared for treatment, payment, and health care operations through an electronic health record. You may also request a list of disclosures of such Part 2 records by an intermediary. Visit the Medical Records Request page on our website and use either the **“Request Your Records Online”** link or the **“Authorization to Request/Disclose Protected Health Information”** (form #31247).
- **Right to Restrict Release of Information for Certain Services:**
  - You have the right to request a restriction on disclosure of health information about services you paid for out of pocket in full. This request should be made prior to the service being provided and applies only if the disclosure is to a health plan for purposes of payment or health care operations. You may obtain a copy of **“Request for Restriction of Disclosure to Health Plan”** (form #30264) at the time you register for your service.
  - 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, like a family member or friend. For example, you could ask that we not disclose information about your surgical procedure.  
  
Restrictions should be requested in writing by completing a **“Request for Confidential Communication and/or Disclosure Restriction”** (form #31248). You may obtain a copy of this form at the time you register for your service or you may visit the Medical Records Request page on our website.
  - **With the exception of restrictions regarding services or procedures that you pay for out of pocket, we are not required to agree to your request.** Requests for restrictions or limitations on the medical information we use or disclose about you for treatment, payment, or health care operations must be forwarded to the Chief Privacy Officer. Only the Chief Privacy Officer or his/her designee can agree to such restrictions or limitations. If we do agree, we will comply with your request unless the information is needed to provide you with 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 mail. Such requests must be made in writing and must include a mailing address where bills for services and related correspondence will be received. It is important that you note that Inova reserves the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

- **Breach Notification:** You have a right to be notified following a breach of your unsecured PHI.
- **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 may obtain a copy of this notice at our web site <http://www.inova.org>.

To exercise any of your rights under this notice, obtain the required forms from the Registration Department in the facility where you received your services and submit your request in writing. You may also access these forms at our web site <http://www.inova.org>.

### **Changes to This Notice**

We reserve the right to change this notice at any time. The revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in Inova's facilities and will include the effective date. In addition, each time you register or are admitted to Inova for treatment or health care services as an inpatient or outpatient, we will provide access to the most recent version. You may always access the most recent version at our web site <http://www.inova.org>, or you may call 571-472-8187 and request to have a copy of the most recent version mailed to you.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with Inova by contacting the Inova Compliance Department at 8095 Innovation Park Drive, Fairfax, VA 22031, Attention: Chief 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](http://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 Medical Information**

We are required to retain our records of the care that we provide to you. Inova will make other uses and disclosures of medical information not covered by this notice or the laws that apply to us only with your written permission. If you provide permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If we receive written revocation of your permission, we will cease the use or disclosure of medical information originally authorized. We would not be able to take back any disclosures already made with your permission.

### **Chief Privacy Officer**

Telephone Number: 571-472-8187

### **Inova Website**

<https://www.inova.org>

### **Inova Medical Records**

<https://www.inova.org/patient-and-visitor-information/medical-records-request>