



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. What This Is

This notice describes the privacy practices of New River Dermatology and New River Aesthetics and their physicians and other personnel (“we” or “us”).

II. Our Privacy Obligations

We are required by law to maintain the privacy of medical and health information about you (“Protected Health Information” or “PHI”) and provide you with this Notice of our legal duties and privacy practices with respect to PHI. When we disclose PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

III. Permissible Uses and Disclosures Without Your Written Authorization

In certain situations we will describe in Section IV below, we must obtain your written authorization in order to use / disclose your PHI. However, unless the PHI is Highly Confidential Information (as defined in Section IV.C. below) and the applicable law regulating such information imposes special restrictions on us, we may use and disclose your PHI without your written authorization for the following purposes.

A. Use and Disclosure For Treatment, Payment and Health Care Operations.

We may use and disclose PHI, in order to treat you, obtain payment for services provided to you, and conduct our health care operations as detailed below:

Treatment. We use and disclose the PHI to provide treatment and other services to you—for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment.

Payment. We may use and disclose PHI to obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care (“Your Payor”), or to verify that Your Payor will pay for the health care.

Health Care Operations. We may use or disclose PHI for our health care operations, which includes internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our physicians, nurses, and other health care workers. We may disclose PHI to our office manager in order to resolve any complaints you may have and ensure that you have a pleasant visit with us. We may also disclose PHI to your other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse and detection or compliance.

B. Disclosure to Relatives, Close Friends, and Other Caregivers.

We may use or disclose PHI (except Highly Confidential Information) to a family member, other relative, a close personal friend, or any other person identified by you when you are present for, or otherwise available prior to, the disclosure. If you object to such uses or disclosures, please notify the Office Manager. If you are not present, you are incapacitated, or in an emergency circumstance, we may exercise our professional judgement to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose PHI in order to notify (or assist in notifying) such persons of your location, general condition, or death.

C. Public Health Activities.

We may disclose PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

D. Victims of Abuse, Neglect, or Domestic Violence.

If we reasonably believe that you are a victim of abuse, neglect or domestic violence, we may disclose PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

E. Health Oversight Activities.

We may disclose PHI to a health oversight agency that oversees the healthcare system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

F. Judicial and Administrative Proceedings.

We may disclose PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

G. Law Enforcement Officials.

We may disclose PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

H. Decedents.

We may disclose PHI to a coroner or medical examiner as authorized by law.

I. Organ and Tissue Procurement.

We may disclose PHI to organizations that facilitate organ, eye, or tissue procurement, banking, or transplant.

J. Research.

We may use or disclose PHI without your consent or authorization if an Institutional Review Board/Privacy Board approves a waiver of authorization for disclosure.

K. Health or Safety.

We may use or disclose PHI to prevent or lessen a serious and imminent threat to a person's or the public's health and safety.

L. Specialized Government Functions.

We may use or disclose PHI to units of the government with special functions, such as the U.S. Military or the Department of State under certain circumstances required by law.

M. Workers' Compensation.

We may use or disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

N. As Required by Law.

We may use or disclose PHI when required to do so by any other law not already referred to in the preceding categories.

IV. Use and Disclosure Requiring Your Written Authorization.

A. Use and Disclosure Requiring Your Authorization.

For any purpose other than the ones described in Section III, we only may use or disclose PHI when (1) you give us your authorization on our authorization form ("Your Authorization"). For instance, you will need to execute an authorization form before we can send PHI to your life insurance company, to your child's camp or school, or to the attorney representing the other party in litigation in which you are involved.

B. Marketing Communications.

We must also obtain your written authorization ("Your Marketing Authorization") prior to using PHI to send you any marketing materials. (We can, however, provide you with marketing materials in a face-to-face encounter, without obtaining Your Marketing Authorization. We are also permitted to give you a promotional gift of nominal value, if we choose, without obtaining Your Marketing Authorization.) In addition, we may communicate with you about products or services relating to your treatment, case management, or care coordination, or alternative treatments, therapies, providers, or care settings. We may use or disclose PHI to identify health-related services and products that may be beneficial to your health and then contact you about the services and products.

C. Uses and Disclosures of Your Highly Confidential Information.

In addition, federal and Virginia law imposes special privacy protections for "Highly Confidential Information," which is Psychotherapy Notes and the subset of Protected Health Information that is related to: (1) treatment or evaluation of mental illness; (2) alcohol and drug abuse treatment program services; (3) HIV/AIDS testing; (4) child abuse and neglect; (5) sexual assault; and (6) in the case of a patient who is a minor, birth control, prenatal, drug rehabilitation or related services, and venereal disease. In order for us to disclose your Highly Confidential Information for a purpose other than those permitted by laws regulating Highly Confidential Information, we must obtain your written authorization.

V. Your Individual Rights

A. For Further Information; Complaints.

If you desire further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to PHI, you may contact our Office

Manager. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of the Health and Human Services. Upon request, the Office Manager will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

B. Right to Request Additional Restrictions.

You may request restrictions on our use and disclosure of PHI (1) for treatment, payment, and health care operations, (2) to individuals (such as a family member, other relative, close personal friend, or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. All requests for such restrictions must be made in writing. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from our Office Manager and submit the completed form to the Office Manager. We will send you a written response.

C. Right to Receive Confidential Communications.

You may request, and we will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.

D. Right to Inspect and Copy Your Health Information.

You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form from the Privacy Office and submit the completed form to the Privacy Office. If you request copies, we will charge you \$0.75 (75 cents) for each page. We will also charge you for our postage costs, if you request that we mail the copies to you. (164.524; 164.520(b)(1)(iv)(C))

E. Right to Revoke Your Authorization.

You may revoke Your Authorization, Your Marketing Authorization, or any written authorization obtained in connection with your Highly Confidential Information, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Office Manager identified below. A form of Written Revocation is available upon request from the Office Manager.

F. Right to Amend Your Records.

You have the right to request that we amend PHI maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Office Manager and submit the completed form to the Officer Manager. All requests for amendments must be in writing. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

G. Right to Receive An Accounting of Disclosures.

Upon written request, you may obtain an accounting of certain disclosures of PHI made by us during any period of time prior to the date of your request, provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, we will charge you \$0.75 per page of the accounting statement.

H. Right to Receive Paper Copy of This Notice.

Upon written request, you may obtain a paper copy of this Notice, even if you agreed to receive such notice electronically.

VI. Effective Date and Duration of this Notice

A. Effective Date.

This Notice is effective on April 14, 2003.

B. Right to Change Terms of This Notice.

We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the revised notice in our waiting area. You may also obtain any revised notices by contacting the Office Manager.

VII. Office Manager

You may contact the Office Manger at:

New River Dermatology, P.L.C. / New River Aesthetics
2612 Sheffield Drive
Blacksburg, VA 24060
540-953-2210
540-951-9112 Fax