

Fauquier Free Clinic, Inc. - Notice of Privacy Practices

This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

If you have any questions about this notice, please contact:

Patient Care Coordinator at (540) 347-0394
35 Rock Pointe Lane, Warrenton VA 20186

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Bill for services
- Run our organization
- Comply with the law
- Help with public health and safety issues
- Participate in research
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends involved in your care
- Provide disaster relief
- Provide mental health care
- Market our services
- Raise funds

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Request corrections to your medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

The Fauquier Free Clinic creates a record of the care and services you receive that contains your health information. We need this record to provide you with quality care and to comply with certain legal requirements. 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; and follow the terms of the notice that is currently in effect.

We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time as well as any information we receive and produce in the future. We will post copies of the current notice in select areas of the clinic and on our website at <https://www.fauquierfreeclinic.org>. In addition, each time you are screened for eligibility we will make available a copy of the current notice. Additionally, we will mail you a paper copy of the Notice of Privacy Practices if asked to do so. We retain prior versions of the Notice of Privacy Practices for six (6) years from the revision date.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment:

We may use protected health information about you to provide you with treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, or other healthcare personnel who are involved in your treatment. For example, a clinician treating you for an infection may need to know if you have another condition that could affect your treatment plan and recovery. Different departments of FFC also may share protected health information about you in order to coordinate the different things you need, such as prescriptions, laboratory results or x-ray reports. We also may disclose protected health information about you to people outside the clinic who may be involved with your overall health care. We may use and disclose medical information about you in order to communicate with you, such as to sending you appointment or prescription refill notifications.

For Payment:

We may use and disclose protected health information about you so that the treatment and services you receive at our facility may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may use your protected health information from a procedure you received at the clinic so that the clinic can be reimbursed. We may 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 rest of the treatment. If you do not want your health plan to receive information about treatment for which you have paid in advance, see "Right to Request Restrictions" on page 4 of this notice.

For Health Care Operations:

We may use and disclose protected health information about you for health care operations. These uses and disclosures are necessary to make sure all patients receive quality care. For example, we may use protected health information to review your treatment and services and to evaluate the performance of the staff caring for you. We may also combine protected health information about many patients to decide what additional services should be covered, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, and other department personnel for review and learning purposes.

Appointment Reminders:

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the office.

Treatment Alternatives:

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services:

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Required by Law:

We may use or disclose your protected health information to the extent that the use or disclosure is required by federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

To Avert a Serious Threat to Health or Safety:

We may use or disclose your protected health information in an emergency case or situation where it is impractical to obtain your written authorization to prevent an immediate, serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Public Health:

We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also report births and deaths or endangering disabilities of drivers and pilots to the appropriate authorities. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases:

We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight:

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect:

We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration:

We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, biologic product deviations, product defects or problems; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required by law.

Legal Proceedings:

We may disclose protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative order and in certain conditions in response to a subpoena, search warrant, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement:

We may also disclose protected health information, so long as applicable federal and state legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and purposes required by law such as court order, subpoena, warrant, summons or similar process; (2) limited information requests for identification and location purposes; (3) evidence of a crime committed on our premises; (4) suspicion that death has occurred as a result of criminal conduct; (5) wounds made by certain weapons.

Military and Veterans:

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Criminal Activity:

Consistent with applicable federal and state laws, we may disclose your protected health information if you have communicated to your provider a specific and immediate threat to cause serious bodily injury or death to an identifiable person or persons, and your provider believes you have the intent and ability to carry out that threat imminently.

Coroners, Funeral Directors, and Organ Donation:

We may disclose protected health information to a coroner or medical examiner for identification purposes, cause of death determinations or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to funeral directors, as authorized by law, in order to carry out funeral-related duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research:

We may disclose your protected health information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information has approved their research.

Military Activity and National Security:

We may use or disclose protected health information as required or authorized by law of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command-authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to foreign military authority if you are a member of the foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation:

We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs that provides benefits for work-related injuries or illnesses.

Inmates:

We may disclose your protected health information to a correctional institution or in other law enforcement custodial situations if it is necessary for your care, or if the disclosure is required by state or federal law.

Immunization Registry:

We may disclose your immunization history with the Virginia Immunization Information System to help prevent you from receiving unnecessary vaccinations. The Virginia Immunization Information System may disclose child immunization proof to schools.

Business Associates:

Some of our services are provided through contracts or agreement with other public and private entities and some of these contracts or agreements requires that health information be disclosed to the contractor. These contractors are known as "business associates." Examples include physician consultants, laboratories, dentists and lawyers from the Office of the Attorney General. We may disclose your health information to these people so they can perform the job we have asked them to do. We require business associates to appropriately safeguard your information and to notify us of any breaches to your health information.

Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Other Care Providers:

We may disclose medical information to health care professionals who have cared, currently are caring, or will care for you, such as rescue squads, a hospital, or physicians, for them to use in treating you, seeking payment for treatment, and certain health care operations, such as evaluating the quality of their care and the performance of their staff, providing training, and licensing and accreditation reviews.

Someone Authorized to Make Decisions on Your Behalf:

We may disclose information to those authorized to make decisions on your behalf, such as a power of attorney or a guardian.

2. OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION-YOUR CHOICES

We may disclose information about you to a family member or friend who is involved in your care, or the payment for your care unless you object. We may disclose health 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.

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. In particular, most uses and disclosures of medical information for marketing purposes, fundraising, and most uses and disclosures of psychotherapy notes would require your authorization.

If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission. Also, we are required to retain our records of the care we provided to you.

3. YOUR RIGHTS

You have the following rights regarding protected health information we maintain about you:

Right to Inspect and Copy:

You have the right to inspect and copy protected health information that may be used to make decisions about your care, or to have a copy sent to another person or entity designated by you. Usually, this includes medical and billing records but does not include psychotherapy notes.

To inspect and copy your protected health information, you must submit your request using a signed authorization form to the Fauquier Free Clinic at the address on the top of this Notice. If you request a copy of information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to protected health information; you may request the denial be reviewed. The person conducting the review will not be the person who denied your request. For more information call (540) 347-0394 during business hours.

Right to Amend:

If you feel that protected health information about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for FFC. To request an amendment, your request must be made in writing and submitted to the clinic. You must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

- Is not part of the protected health information kept by or for FFC;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures:

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of protected health information about you. The accounting will not include disclosures: (1) for purposes of treatment, payment, or health care operations; (2) made to you; (3) made pursuant to your authorization; (4) made to friends of family in your presence or because of an emergency or disaster; (5) for national security or intelligence purposes; (6) to correctional institutions or law enforcement; (7) as part of a limited data set; or (8) incident to otherwise permissible disclosures. Your request must state a time period for the disclosures, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions:

You have the right to request a restriction or limitation on the protected health 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 protected health 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 can ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. We are required to agree to your request if you pay for treatment, services, supplies and prescriptions “out of pocket” and you request the information not be communicated to your health plan for payment or health care operations purposes. There may be instances where we are required to release this information if required by law.

To request restrictions, you must make your request in writing to the Fauquier Free Clinic. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications:

You have the right to request that we communicate with you about protected health matters in a certain way or at a certain location. FFC reminds you of upcoming appointments and missed appointments. You can ask that we do not contact you, that we send this correspondence to an address other than your home, or you can ask that we only contact you by phone. To request confidential communications, you must make your request in writing to the Fauquier Free Clinic. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to be Notified of a Breach:

You have the right to be notified by written notice in the event that we (or a Business Associate of ours) discover a breach of your unsecured protected health information.

Right to 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. To obtain a paper copy of this notice, call (540) 347-0394 during regular working hours.

4. SOCIAL SECURITY NUMBERS

The Fauquier Free Clinic may collect your social security number. We use social security numbers for identification and verifications (for example, to provide the right medical record when two patients have the same name). We also are required to collect social security numbers by Virginia law (Va. Code 58.1-521) for use if needed in the administrative offset program. Some other governmental programs, such as Medicaid, require social security numbers. Providing a social security number is voluntary, except for applicants to governmental programs that require it. The privacy practices in the Notice apply to your social security number.

5. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Fauquier Free Clinic, Privacy Officer, P.O. Box 3138, Warrenton, VA 20188, or by calling (540) 347-0394 and dialing option 3, or with the Secretary of the U.S. Department of Health and Human Services, Regional Manager, Office for Civil Rights, 150 S. Independence Mall West, Suite 372, Philadelphia, PA 19106-3499.

This notice was published and becomes effective on March 13, 2014, rev. January 2019, rev. September 2019.