



Dr. Glenda Thomas, DNP, FNP-C

611 S. Carlin Springs Rd. Suite 412

Arlington, VA 22204 Telephone: (703) 344-2004 Fax: (703) 931-1819 Email: office@venesaludpc.com

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.

Your Rights. When it comes to your health information, you have certain rights under the Health Insurance Portability and Accountability Act (HIPAA) and Virginia State law. This notice explains your rights and some of our responsibilities.

You can get an electronic or paper copy of your medical record. You can ask to see or get a copy of your medical record and other health information we have about you. Ask us how to do this. We will typically provide you with a copy of your health information within 15 days of your request. We may charge you reasonable copying and mailing costs for this service. We will not charge you if you only request access to your records.

You can ask us to correct your medical record. You can ask us to correct health information about you that you think is incorrect or incomplete. You can ask us how to do this. We may say "no" to your request, but we will tell you why in writing within 60 days of your request.

You can request confidential communications. You can ask us to contact you in a specific way, for example, if you ask us to contact you at home or office or to send mail to a different address. We will agree to comply with all reasonable requests.

You can ask us to limit what we use or share. You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if we determine that it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. Unless a law requires us to share that information, we will comply with your request not to disclose this information.

You can get a list of those with whom we have shared your information. You can ask for a list (an accounting) of the times we have shared your health information. You can request an accounting of the disclosures that we made for the six years prior to the date you make your request. You can request an accounting of who we shared your information with and the reason why we shared it. We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting per year but will charge a reasonable fee for each additional request made within 12-months.

You can get a copy of this privacy notice. We will provide you with a paper copy promptly upon your request. You can ask for a paper copy of this notice at any time, even if you have already agreed to receive the notice electronically. You can choose someone to act on your behalf. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health care and your health information. We will take steps to ensure that the person has the appropriate authority and can act for you before we take any action.

You can file a complaint if you feel your rights have been violated. You can complain if you feel we have violated your rights by contacting us using the information on page 1 of this brochure. You can file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights, doing any one of the following:

- Sending a letter to 200 Independence Avenue S.W., Washington, D.C. 20201;
- Calling 1-877-696-6775; or
- Visiting <http://www.hhs.gov/hipaa/filing-a-complaint/index.html>

You can also file a complaint with Virginia Department of Health. We will not retaliate against you for filing a Complaint.



Your Choices. When it comes to certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

You have both the right and choice to tell us to share your health information with your family, close friends, or others involved in your care. We may share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We never share your information for marketing purposes, to sell your information, or usually when asked to share psychotherapy notes, unless you give us written permission. We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures. How do we typically use or share your health information?

We typically use or share your health information to treat you and we can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and to provide services.

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

Help with public health and safety issues

We can share health information about you for certain situations such as Preventing disease, Helping with product recalls, Reporting adverse reactions to medications, Reporting suspected abuse, neglect, or domestic violence, Preventing or reducing a serious threat to anyone's health or safety.

Do research: We can use or share your information for health research.

Comply with the law: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests: We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director: We can share health information with a coroner, medical examiner, or funeral director when an individual dies. Address workers' compensation, law enforcement, and other government requests. We can use or share health information about you: For workers' compensation claims, For law enforcement purposes or with a law enforcement official, With health oversight agencies for activities authorized by law, For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions: We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Your Responsibilities. Giving your clinician correct, up-to-date and complete health history information, e.g. allergies, past and present illnesses, hospitalizations and medications, including alternative supplements, i.e. herbal and/or other therapies, or over-the-counter medications you take. If possible bring the bottles to your appointment.

Providing staff with correct and complete name, address, telephone, and emergency contact information each time you see your clinician so we can reach you in the event of a schedule change or to give medical instructions; please provide any existing advance directives and/or MPOA information.

"Release of information" in order for the practice to obtain your medical records from other providers.

Following your clinician's advice. If you refuse treatment or refuse to follow instructions given by your health care clinician, you are responsible for any medical consequences.

Our Responsibilities. We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.



We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html
Changes to the Terms of this Notice.

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Effective Date of this Notice: October 1, 2013