

## **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. During your treatment with Agile Providers, we may gather information about your medical history and current health. This Notice of Privacy Practices explains how that information may be used and shared with others. It also explains your privacy rights regarding this information.

### **Privacy Practices**

Federal regulations require that we make every patient aware of our privacy practices. The confidentiality of your health information is very important to us. We are also required to notify you in the event there is a breach of your health information.

### **Our pledge To You:**

- Ensure that medical information that identifies you is kept private.
- Give you notice of our legal duties and privacy practices with respect to health information about you.
- Follow the terms of the Notice of Privacy Practices that is currently in effect.

### **How do we use or disclose your medical information?**

#### **Treatment, Payment and Health Care Operations:**

We may use health information about you in order to provide you with medical treatment or services and to coordinate your care. We may disclose health information about you to physicians, nurses, technicians, medical students, or other facility personnel who are involved in taking care of you at Agile Providers. We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company, or a third party payer. We may use and disclose health information about you for our health care operations purposes. These uses and disclosures help us run our facility and to make sure that all of our patients receive quality care.

#### **Contacting You About Services:**

We may use your health information to contact you to:

- Send an appointment reminder.
- Tell you about possible treatment options or alternatives.
- Tell you about health-related benefits or services.
- Assess your satisfaction with our services.
- Communicate with you via newsletters, mailings or other means regarding treatment options or alternatives, health related information, disease management, wellness programs, products or services offered by our facility, or other community based initiatives or activities in which our facility is participating.

#### **Individuals involved in your care or payment for your care:**

We may release health information about you to your legally authorized personal representative or to a designated family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, 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 may use or disclose our health information:**

We may disclose medical information about you when required or authorized by federal, state, or local law.

We may disclose health information about you in response to a court or administrative order, or subpoena, discovery request, or other lawful process in accordance with applicable law.

We may use and disclose health information about you when necessary to prevent a serious threat to the health and safety of the public, to you, or to another person, such as to report neglect or abuse as consistent with applicable law and standards. Other reports may include the reporting of exposure to a communicable disease or risk of spreading a disease or condition.

We may use and disclose health information about you for judicial or administrative proceedings, in response to a valid court order, administrative order, a grand jury subpoena or with your written consent.

We may use and disclose health information about you for research purposes, with your written authorization or as permitted by law.

We may use and disclose health information about you to support health oversight activities that are authorized by law, such as administrative or criminal investigations, inspections, licensure or disciplinary actions and other similar activities necessary for appropriate oversight of government benefit programs or functions.

We may use and disclose health information about you when required by a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as required by law.

We may use and disclose health information about you if you are an unemancipated minor under Virginia law, there may be circumstances in which we disclose medical information about you to a parent, guardian, or other person acting in loco parentis, in accordance with our legal responsibilities.

**Uses or Disclosures for Other Purposes Only with Your Authorization**

Your written authorization to use and disclose your health information is required in order for us to: use and disclose psychotherapy notes containing your health information to the extent we may hold any; send marketing communications to you (if we will receive payment for making a marketing communication, we will state this in the authorization); and receive payment in exchange for your health information. In addition to the above situations, any other uses and disclosures of your health information not describes elsewhere in this Notice will be made only with your prior written authorization.

State laws may be more stringent and may prohibit certain uses and disclosures identified above. When state law is more protective of your privacy, we will follow that state law. For example, some state laws require additional protection for records related to mental health treatment, drug and alcohol treatment and HIV related information.

**Revocation:** If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time by giving us notice.

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## **What are your information privacy rights?**

**Right to Inspect and Copy:** You have the right to inspect and copy health information we maintain about you that may be used to make decisions about your care for as long as Agile Providers maintains the information. If you request a copy of your health information, we may charge a cost-based fee for producing copies, including the cost of retrieving, copying, mailing, and use of supplies associated with your request. Requests for access to your health information to be sent to another person should be made in writing and signed by you. You must clearly identify the person to whom you want us to send the copy and must state where the copy is to be sent. If you are denied access, you will be provided with a written explanation that sets forth the basis for the denial, and a description of how you may appeal the decision.

**Right to Amend:** You may ask us to amend information that you think is incomplete or inaccurate. A request for amendment of information should be made in writing to Agile Providers and you must provide a reason that supports your request to have the information changed. We may deny your request if: we do not receive a written request signed by you; information was not created by Agile Providers; it is not part of the medical information kept by Agile Providers; it is not part of the information you would be permitted to inspect or copy; or is accurate and complete.

**Right to An Accounting of Disclosures:** You have the right to request an accounting of disclosures of your health information during the six years prior to the date of your request. However, such accounting will not include certain disclosures, such as those made: to carry out treatment, payment or health care operations; directly to you or your personal representatives; or based on your written authorization. If you request more than one accounting within a 12 month period, Agile Providers will charge a reasonable, cost based fee for each subsequent accounting. Requests for a request of an accounting of disclosures should be made in writing to Agile Providers.

**Right to Request a General Restriction:** A general restriction is one that restricts or limits our use or disclosure of your health information. To request a general restriction, you must identify in this request: 1. What particular information you would like to limit; 2. Whether you want to limit use, disclosure or both; 3. To whom you want the limits to apply. We will consider your request but are not required to agree. We have the right to terminate the restriction if: (a) you agree verbally or in writing to terminate the restriction, or (b) if we inform you of the termination, which becomes effective only for your health information created or received after we inform you of the termination. These requests should be made in writing to Agile Providers.

**Request Communications by Alternative Means or at Alternative Locations:** You have the right to request confidential communications by alternative means or at alternative locations. For example, you may request that we communicate with you only by mail. We will accommodate all reasonable requests, but your request must specify how or where you wish to be contacted, and we may require you to provide information about how payment will be handled. You must request confidential communications in writing.

**Right to Request a Plan Restriction:** A plan restriction is one that meets the following three conditions: (1) it is to restrict disclosure of your health information to a health plan for purposes of payment or health care operations; (2) the health information relates solely to a health care item or service for which you, or someone on your behalf, has paid us in full; and (3) the disclosure is not otherwise required by law. If you wish to request a plan restriction, you must do so separately for each service visit, and must make your request at Agile Providers before your visit. Otherwise, we will

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automatically submit the claim to your health plan on record, if any, for payment. We will not agree to a plan restriction if by law we are required to submit your health information to the plan. If we do agree to a restriction, we will not apply the restriction in the event of an emergency.

**Exercise your rights through a personal representative as permitted or required by applicable law.** Your personal representative may be required to produce evidence of authority to act on your behalf before that person will be given access to your information or allowed to take any action for you.

**Complaints:** If you believe your privacy rights have been violated, you may complain to Agile Providers. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. All complaints should be submitted in writing. You will not be penalized in any way for filing a complaint.

This Notice is effective beginning *August 01, 2019*. However, Agile Providers reserves the right to change its privacy practices and this Notice, and to apply the changes to any health information received or maintained by us prior to the date of changes. If the terms of this Notice are changed, a revised version will be available upon request and will be posted in a clear and prominent location.

### **Complaints, Questions and Requests**

You may direct your questions about this Notice or the privacy practices of Agile Providers, requests regarding your information or other privacy or confidentiality concerns to:

Agile Providers  
3330 Washington Blvd #150  
Arlington, VA 22201  
571-492-4453

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