



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.

Originally effective: 4/14/2004

Revised: 6/01/2011

Pursuant to the Federal Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”) and its regulations issued at 45 C.F.R. Parts 160 through 164 (the “Privacy Regulations”), and also as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (“HITECH Act”), this *Notice of Privacy Practices* (“Notice”) describes the uses and disclosures of protected health information (“PHI”) by Fairfax Neonatal Associates, P.C., its business subsidiary, Management Consultants for Affiliated Physicians, Inc., and all of FNA’s outpatient divisions and subdivisions, including:

- The Pediatric Lung Center
- Pediatric Allergy
- Pediatric Infectious Disease Group
- Pediatric Sleep Center
- Pediatric Surgical Group

Throughout this Notice, the above entities will be referred collectively as “FNA.” These entities may also share PHI with each other as described in this Notice.

A. Purpose of this Notice

FNA is required by law to maintain the privacy of your protected health information (or “PHI”) and to provide you with this Notice about your rights and FNA’s legal duties and privacy practices with respect to your PHI.

B. Uses and Disclosures of PHI to Carry Out Treatment, Payment and Health Care Operations

The following describes how FNA may use or disclose your PHI to carry out treatment, payment and health care operations.

- **Treatment.** Your PHI may be used by staff members, or disclosed to other health care professionals, for the purpose of evaluating your health, diagnosing medical conditions and/or planning for your care and treatment. Some of the individuals at FNA who may use your PHI include staff physicians, registered nurses, clinical nurse assistants, respiratory therapists, registered dietitians, social workers, residents/medical/other students and FNA’s administrative support staff. Your PHI may be communicated to the many health care professionals who contribute to your care, including, but not limited to your referring doctor, hospitals, and other health care specialists, translators, and ancillary services.

Example: Results of laboratory tests and procedures will be available in your medical record to all health care providers who may provide treatment to you or who may be consulted by staff members.

- **Payment.** Your PHI may be used to seek payment from your health plan carrier, from other sources of coverage such as an automobile insurer, or from credit card companies you may use to pay for services. FNA may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others who process the health care claims.

Example: FNA may need to give your health plan carrier information about your visit, diagnosis, procedures, and supplies used, so that FNA may receive payment for the health care services provided to you. FNA may tell your health plan carrier about treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.

- **Health Care Operations.** FNA may use and disclose your PHI in order to run necessary administrative, educational, quality assurance, and business functions.

Example: FNA may use and disclose your PHI to evaluate the performance of its staff in caring for you. It may also use or disclose your PHI in order to manage its programs and activities.

C. Other Permitted Uses and Disclosures of PHI

Additionally, use and disclosure of your PHI is permitted under the following circumstances:

- **Appointment Reminders.** FNA may use and disclose your PHI to remind you of an appointment. FNA may contact you by mail, telephone or email. FNA may leave voice messages at the telephone number you provide us, and we may respond to your email.
- **Treatment Alternatives and Health-Related Products or Services.** FNA may use and disclose your PHI to tell you about, or recommend, possible treatment options, alternatives and health-related benefits, or services that may be of interest to you.
- **Research.** Under certain circumstances, FNA may disclose your PHI to researchers, provided the research has been approved by an Institutional Review Board and certain measures have been taken to protect your privacy.
- **Limited Data Set Information.** FNA may disclose “limited data set” information to third parties for purposes of research, public

health, or health care operations.. This limited data set will not include information which could be used to identify you directly (such as your name, street address, social security number, etc.). It may include information such as admission, discharge, and service dates, date of birth/death, age, and your five digit zip code.

- **As Required by Law.** FNA will disclose your PHI when required to do so by federal, state or local law. For example, your PHI may be disclosed to law enforcement agencies, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting. Uses and disclosures of your PHI may be required by the Secretary of the Department of Health and Human Services to investigate or determine FNA’s compliance with the Privacy Regulations.
- **Incidental Disclosures.** Certain disclosures of your PHI may occur incidental to another lawful, permitted use and/or disclosure of your PHI.
- **Business Associates.** FNA contracts with outside companies who perform business services for it, such as attorneys, accountants, or software vendors. In certain circumstances, FNA may need to share your PHI with a business associate so it can perform a service for FNA or on FNA’s behalf. FNA will limit the disclosure of your information to a business associate, to the minimum amount of information necessary, for the company to perform services for FNA. FNA will have a written contract in place with the business associate requiring it to protect the privacy and security of your PHI.
- **Organ and Tissue Donation.** FNA may disclose your PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank, as necessary, to facilitate a donation and transplantation.
- **Public Health Activities.** FNA may disclose your health information to public health agencies as required or authorized by law to support

public health activities. This generally includes, but is not limited to, the following:

- to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report reactions to medications or product defects and to enable product recalls, repairs or replacement, and conduct post-marketing surveillance;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
 - to notify the appropriate government authority if FNA believes a patient has been the victim of abuse, neglect or domestic violence. FNA will only make this disclosure if the patient agrees, or when required or authorized by law.
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- **Serious or Imminent Threat to Health or Safety.** FNA may use and disclose PHI about you, with some limitations, when necessary to prevent a serious or imminent threat to your health and safety or the health and safety of the public or another person.
 - **Health Oversight Activities.** FNA may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure.
 - **Lawful Subpoena or Court Order.** FNA may disclose PHI in response to a court or administrative order. FNA may also disclose PHI about you in certain cases in response to a subpoena, discovery request, if you are involved in a lawsuit or a dispute, or in response to a warrant, summons or similar process, if asked to do so by law enforcement. In such cases, prior to making the disclosure, FNA will ensure that the requesting party has made a good faith attempt to provide written notice to you, the notice contained sufficient information about the proceeding to permit you to raise an objection, and that no objections were raised (or if any objections were raised, they were resolved by the court in favor of disclosure).

- **Coroners, Medical Examiners and Funeral Directors.** FNA may disclose your PHI to a coroner or medical examiner, as necessary, (for example, to identify a deceased person or determine the cause of death) or to a funeral director, as necessary to allow him/her to carry out his/her duties.
- **Special Government Functions.** FNA may disclose PHI as required by military authorities or to authorized Federal officials for national security and intelligence activities.
- **Workers' Compensation.** FNA may disclose PHI to the extent necessary to comply with state law for workers' compensation programs or similar programs established by law.

D. Uses and Disclosures You May Limit

- **To Your Family Member, Other Relative, or Close Personal Friend.** FNA may disclose your PHI to your family member, other relative, or close personal friend who are involved in your care or who help pay for your care, provided such PHI is directly relevant to such person's involvement in your health care, or to notify such person of your location, general condition, or death. FNA will not make any such disclosure unless you are given a reasonable opportunity under the circumstances to object and did, in fact, not object. If you are not present or able to agree to these disclosures of your PHI, then using professional judgment, FNA may determine whether the disclosure is in your best interest.

E. When Written Authorization is Required

Other than for those purposes identified in this Notice, FNA will not use or disclose your PHI for any purpose unless you give us specific written authorization to do so. If you change your mind after authorizing a use or disclosure of your PHI, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not undo any use or disclosure of information that occurred before you

notified us of this decision. Your revocation will be effective upon FNA's receipt of your written notice of cancellation or modification of the authorization.

The "Authorization to Use and/or Disclose Protected Health Information" and the "Revocation of Authorization to Use and/or Disclose Protected Health Information" forms are available from our reception staff, office administrator, or Privacy Officer identified at the end of this Notice.

FNA will not condition treatment or payment of services on your willingness to sign an authorization, except for research-related treatment or health care that is solely for the purpose of creating PHI for disclosure to a third party.

F. Your Rights Regarding Your PHI

Federal privacy standards provide you with the following rights:

- **Right to Notification.** In the event of a breach of your unsecured PHI (e.g., PHI that has not been encrypted), you have the right to be notified of any impermissible acquisition, access, use or disclosure of your unsecured PHI that poses a significant risk of financial, reputation or other harm to you. Should such a breach of your unsecured PHI occur, FNA, or its authorized representative, will notify you without unreasonable delay and in no case later than sixty (60) days after the date FNA discovered the breach.
- **Right to Inspect and Copy.** With limited exceptions, you have the right to inspect and obtain copies of your PHI used by or for FNA to make decisions about your care or payment for your care.

To inspect and obtain copies of your PHI contained in a designated record set, contact the medical records department at the location you received care. You must make your request in writing. There may be a charge for the cost of copying, mailing or other supplies associated with your request.

For any portion of your PHI maintained in FNA's electronic medical record, you may request it be provided to, or for, you in an electronic format.

FNA may deny your request to inspect and obtain copies of your PHI under limited circumstances. If access is denied, you will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights, and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

- **Right to Amend.** If you feel your PHI is incorrect or incomplete, you may ask FNA to amend the information. You have the right to request an amendment from FNA as long as the information is kept by, or for, FNA. An amendment is not necessary to correct clerical errors.

To request an amendment, contact the Privacy Officer identified at the end of this Notice. Your request must be submitted in writing and you must provide a reason supporting your request. FNA 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, FNA may deny your request if you ask it to amend information which:

- was not created by FNA;
- is not part of the information which you would be permitted to inspect and/or copy; or
- is already accurate and complete.

If the request is denied in whole or part, you will receive a written denial that explains the basis for the denial. You may then submit a written statement of disagreement with FNA's decision and have that statement included with any future disclosures of your PHI.

- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures, which includes a list and description of certain disclosures made by FNA regarding your PHI,

other than those made for the purposes of treatment, payment, or health care operations or pursuant to your authorization.

Requests for accounting of disclosures must be made in writing and must state the desired time period for the accounting. This time period may not be longer than six (6) years and may not include dates before FNA's adoption of its privacy procedures. You may obtain a form from the Privacy Officer identified at the end of this Notice.

The first accounting that you request within a twelve (12) month-period will be free. For additional accountings within the same time period, you may be charged.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on how FNA uses or discloses your PHI:
 1. for treatment, payment, or health care operations purposes;
 2. to someone who is involved in your care or the payment for it, such as a family member or friend;
 3. or disclosures to a health plan carrier for payment of health care operations purposes when you have paid for the item or service for which the health care provider involved has been paid out-of-pocket in full.

For example, you could ask that FNA not use or disclose information about a surgical procedure you had or a laboratory test ordered for you. FNA is not required to agree to your request, except for the request noted in item three (3) above.

Anytime FNA agrees to such a restriction, it must be approved in writing by the Privacy Officer.

To request a restriction, you must submit your request in writing. Please contact the Privacy Officer identified at the end of this Notice. You will be provided with a form.

- **Right to Request Confidential Communications.** You have the right to request FNA communicate with you involving PHI in a certain manner or at a certain location. For example, you may ask that FNA only contact you at work or by mail. To request confidential communications, contact the Privacy Officer identified at the end of this Notice. Your request must be in writing. FNA will accommodate reasonable requests.
- **Right to a Paper Copy of This Notice.** You have a right at any time to request a paper copy of this Notice, even if you had previously agreed to receive an electronic copy. To request a paper copy of this Notice, contact the Privacy Officer identified at the end of this Notice, FNA's reception staff, or office administrator at any time.

G. Personal Representatives

You may exercise your rights through a personal representative. Such representative must produce evidence of her/his authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- a power of attorney for health care purposes, notarized by a notary public;
- a court order of appointment of the person as the conservator or guardian of the individual; or
- the parent of a minor child.

FNA retains discretion to deny access to your PHI to a personal representative under certain circumstances (e.g., to protect those who may be subject to abuse or neglect, including minors).

H. Changes to this Notice

FNA reserves the right to change the terms of this Notice at any time for any reason to the extent permitted by law, effective for PHI it already has about you, as well as any information FNA receives in the future.

This Notice, or any material revisions, will be posted in locations where patients receive services as well as on FNA’s website, www.fnapc.com.

I. Questions or Concerns

If you would like to submit a question or concern about FNA’s privacy practices, or obtain more information about your patient rights, you may do so by contacting the Privacy Officer:

Fairfax Neonatal Associates, P.C.
ATTN: Privacy Officer
2730-B Prosperity Avenue
Fairfax, VA 22031
Phone Number (703) 289-1400

If you believe your privacy rights have been violated, you may submit your complaint in writing to the Privacy Officer. You may also contact the Privacy Officer by telephone. If FNA cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint.

J. Patient Records Retention and Destruction

FNA will retain patient health records for the time periods required by the Commonwealth of Virginia. FNA will destroy such patient health records in a manner that protects patient confidentiality, after the appropriate retention period has elapsed.

Form #: HIPAA-211