

Notice of Privacy Practices (NPP)

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

Introduction

At Southern Dominion Health Systems, Inc., we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit Southern Dominion Health Systems, Inc., a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- **Basis for planning your care and treatment,**
- **Means of communication among the many health professionals who contribute to your care,**
- **Legal document describing the care you received,**
- **Means by which you or a third-party payer can verify that services billed were actually provided,**
- **A tool in educating health professionals,**
- **A source of data for medical research,**
- **A source of information for public health officials charged with improving the health of this state and the nation,**
- **A source of data for our planning and marketing,**
- **A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve,**

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health information is the physical property of Southern Dominion Health Systems, Inc., you have the following rights as permitted by federal regulations:

- **Obtain a paper copy of this Notice of Privacy Practices (NPP) upon request,**
- **Inspect and copy your health record,**
- **Amend your health record,**
- **Obtain an accounting of disclosures of your health information, as described by federal law,**
- **Request communications of your health information by alternative means or at alternative locations,**
- **Request a restriction on certain uses and disclosures of your information and**
- **Revoke your authorization to use or disclose health information except to the extent that action has already been taken.**

Our Responsibilities

Southern Dominion Health Systems, Inc., is required to:

- **Maintain the privacy of your health information,**
- **Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,**
- **Abide by the terms of this Notice,**
- **Notify you if we are unable to agree to a requested restriction, and**
- **Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.**

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will make a revised Notice available to you.

We will not use or disclose your health information without your authorization, except as described in this Notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Privacy Officer, Charlene Robins at (434) 696-2165.

If you believe your privacy rights have been violated, you can file a complaint with Southern Dominion Health Systems, Inc. Privacy Officer, or with the Secretary of the Department of Health and Human Services (DHHS). All complaints must be in writing and sent to Charlene Robins, Privacy Officer; Southern Dominion Health Systems, Inc., 1508 K-V Road, Victoria, VA 23974. There will be no retaliation for filing a complaint with either the Privacy Officer or the DHHS.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you.

We will use your health information for payment.

For Example: A bill may be sent to you or a third-party payer (Insurance Company, Medicare, Medicaid, etc.). The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use you health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our Center through contacts with business associates. Examples include services such as billing claims for us, typing medical record information, and a copy service we may use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for service rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Appointment Reminders: Unless you notify us that you object, we may use or disclose your health information to remind you of an appointment or to make an appointment with your health care provider. We may send you a reminder in the mail or may leave a telephone message for you.

Treatment Alternatives: We may use or disclose your health information to tell you about other treatments or services that may benefit you. For example, if a patient of Southern Dominion Health Systems, Inc., required in-home nursing care, we may contact several home care agencies to see if they could provide those services.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

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

Funeral directors: We may disclose health information to funeral directors consistent with application law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

As Required By Law: We will disclose health information about you when required to do so by federal, state, or local law.

Military and National Security: If you are or have been a member of the armed forces, we may disclose health information about as required by military authorities or the Department of Veteran Affairs. We may also disclose your health information to authorized federal authorities for national security and intelligence activities.

Marketing: 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.

Fund Raising: We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: we may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Notice of Privacy Policies Revision Number_____.