

Braley & Thompson, Inc.

NOTICE OF PRIVACY PRACTICES

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

WHO WILL FOLLOW THIS NOTICE:

This notice describes the practice of Braley & Thompson, Inc., and that of:

- Any physician or health care professional authorized to enter or access information in your medical records,
- All departments and units of this agency,
- All members of a volunteer group we allow to help you while you are receiving our services,
- Participants in affiliated health care education programs,
- All employees and associated health care personnel,
- Any affiliate engaged in the provision of health care services on behalf of this agency.

(In addition, these parties may share information with each other for health care services, payment or health care operations purposes described in this notice.)

OUR PLEDGE REGARDING CONSUMER INFORMATION:

We understand that information about you is personal. We are committed to protecting information about you. To provide you with quality care, and to comply with certain legal requirements, we create a record of the care and services you receive. This notice applies to all of the records of your care generated at or received by this agency.

WE ARE REQUIRED BY LAW TO:

- Make sure that information that identifies you is kept private,
- Give you this notice of our legal duties and privacy practices with respect to information about you, and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU:

The following categories describe different ways that we may use and disclose your information. *Not every use or disclosure in a category will be listed.*

- For Health Care Services. We may use information about you to provide you with necessary services. We may disclose information about you to physicians, nurses, social workers, technicians, medical students, and/or students participating in education and programs, or other personnel who are involved in taking care of you during your need for services. Our different departments may also share information about you in order to

coordinate the different things you need. In order to coordinate and continue your care, we may also disclose information about you to external entities that may be involved in your care after you leave our agency.

- For Payment. We may use and disclose information about you so that the services you receive from us may be billed, and payment may be collected from you, an insurance company, or a third party. We may also tell your health plan about health care services you are going to receive to obtain prior approval or to differentiate whether your plan will cover the necessary services.
- For Health Care Operations. We may use and disclose information about you for health care operations. For example, we may use information to review our services and to evaluate the performance of our staff in caring for you. We may use and disclose information to contact you as a reminder that you have an appointment for care services.
- Business Associates. Some services are contracted through external business associates. When this is necessary, we will require them to appropriately safeguard any information disclosed to them during the performance of their service.
- Health-Related Benefits and Services. We may use and disclose information to tell you about possible related benefits or services that may be of interest to you.
- Notification and Communication With Family. Using professional judgment, we may contact or assist in contacting a family member, personal representative or other person responsible for your care to advise them of your location and general condition. Depending on that person's involvement in your care or payment related to your care, additional information might be disclosed as deemed necessary.
- Research. Under certain circumstances, we may use and disclose information about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of information, trying to balance the research needs with the consumer's need for privacy of their information.
- As Required By Law. We will disclose information about you when required to do so by federal, state or local law, or in response to a valid subpoena.
- To Avert a Serious Threat to Health or Safety. We may use and disclose information about you when necessary to prevent a 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.
- Military and Veterans. If you are a member of the armed forces, we may release information about you as required by military command authorities. We may also release information about you as required by foreign military authority.

SPECIAL SITUATIONS:

- Workers' Compensation. We may release information about you for workers'

compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- Public Health Risks. We may disclose information about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability,
 - To report births and deaths,
 - To report child abuse or neglect,
 - To report reactions to medications or problems with products,
 - To notify people of recalls of products they may be using
 - 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.
 - To notify the appropriate government authority if we believe a consumer has been the victim of abuse, neglect, or domestic violence,
 - We will only make this disclosure if you agree or when we are required or authorized by law.

YOUR RIGHTS REGARDING INFORMATION ABOUT YOU:

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

- 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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.
- Right to Inspect and Copy. You have the right to inspect and copy information that may be used to make decisions about your care. Any request for access must be made in writing.
- Right to Amend. If you feel that information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. Any request to amend information must be made in writing.

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 information kept by or for us,
 - Is not part of the information which you would be permitted to inspect and copy,
 - 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 information about you.
 - Right to Request Confidential Communications. You have the right to request that we

communicate with you about matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

- **Right to Request Restriction.** You have the right to request a restriction or limitation on the information we use or disclose about you for services, payment, or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. To request restrictions, you must make your request in writing. 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.

We are not required to agree to your request, but if we do, we are bound by those restrictions to which we agree.

WHO TO CONTACT:

If you have questions or wish to inspect, amend, or restrict your information, you may phone our Privacy Officer in West Virginia at 1-800-969-4230 or in Virginia at 1-757-437-0360. You may also write to them at the following addresses:

WV Privacy Officer
P O Box 1396
St. Albans, WV 25177-1396

VA Privacy Officer
297 Independence Blvd. Suite 316
Virginia Beach, VA 23462

You may also file a complaint with the Secretary of the West Virginia Department of Health and Human Services or the Virginia Department of Medical Assistance Services.

There will be no retaliation for filing a complaint.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice in our agency. The notice will contain the effective date on the first page, in the top right corner. In addition, each time you register or are admitted to our agency for services, we will offer you a copy of the current notice in effect. You may request a copy of any changes to the current notice to be mailed to you.

OTHER USES OF INFORMATION:

Other uses and disclosures of information not addressed by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission for use and disclosure, we will no longer use or disclose information about you for the reasons covered by your written authorization. We are permitted to continue to use and disclose information already obtained by you, prior to revocation of authorization, for research only. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provide you.