submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:
You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy - You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to Virginia Ear, Nose & Throat Associates, ATTENTION: Medical Records, 3450 Mayland Court, Richmond, VA 23233. We have up to 30 days to make your Protected Health Information available to you and we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request. You may charge a fee if you need the information for a claim for benefits under the Social Security Act or any other state of federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records - If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your request will be provided in an alternative readable standard electronic format or if you do not want this form or format, a readable hard copy format. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach - You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend - If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to Virginia Ear, Nose & Throat, ATTENTION: Security Officer, 161 Wadsworth Drive, Richmond, VA 23236.

Right to an Accounting of Disclosures - You have the right to request an accounting of disclosures, you must make your request, in writing, to Virginia Ear, Nose & Throat Associates, ATTENTION: Privacy Officer, 3450 Mayland Court, Richmond, VA 23233.

Right to Request Restrictions - You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. To request a restriction, you must make your request, in writing, to Virginia Ear, Nose & Throat Associates, ATTENTION: Privacy Officer, 3450 Mayland Court, Richmond, VA 23233. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information in the list of certain circumstances where we are required by law to make a disclosure.

Out-of-Pocket-Payments - If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request except where we are required by law to make a disclosure.

Right to Request Confidential Communications - You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail. To request confidential communications, you must make your request, in writing, to Virginia Ear, Nose & Throat Associates, ATTENTION: Privacy Officer, 3450 Mayland Court, Richmond, VA 23233. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

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 the notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, www.virginiaent.com. To obtain a paper copy of this notice, please contact our Privacy Officer, 161 Wadsworth Drive, Richmond, VA 23236.

Changes to This Notice:
We reserve the right to change this notice and make the new notice apply to Health Information we already maintain and to Health Information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

Complaints:
If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact our Privacy Officer. All complaints must be made in writing to the above address. In your complaint, you may request a copy of the notice that we maintain. To request a copy of the notice, please contact our Privacy Officer, 161 Wadsworth Drive, Richmond, VA 23236.

For Treatment - We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment - We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received.

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.

If you have any questions about this notice, please contact our Privacy Officer:
Kathy McMillion
804-484-3733

Our Obligations:
We are required by law to:
• Maintain the privacy of protected health information
• Give you this notice of our legal duties and privacy practices regarding health information about you
• Follow the terms of our notice that is currently in effect

How We May Use and Disclose Health Information:
The following describes the ways we may use and disclose Health Information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by contacting our practice Privacy Officer.

For Treatment - We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment - We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received.

Effective: Sept. 2013, Rev. April 2018
To Avert a Serious Threat to Health or Safety - We may use and disclose Health Information when necessary to prevent or lessen a serious threat to health or safety; and we may disclose Health Information that is necessary to prevent or lessen the threat.

Business Associates - We may disclose Health Information to our business associates that perform functions or services on our behalf or with another entity. These disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our offices. For example, we may use and disclose information to ensure that you receive the benefits of our patient assistance programs. We may use and disclose information for the purpose of making sure that we receive funds from a third party to pay for your treatment. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our offices.

Military and Veterans - If you are a member of the armed forces, or if we received your Health Information in the course of providing you with medical treatment, we will use or disclose your Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers’ Compensation - We may release Health Information for workers’ compensation or similar programs.

Public Health Risks - We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report teen pregnancy; or notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities - We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and quality evaluations. We may disclose Health Information that is necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes - We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access or disclosure of your Health Information. We may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement - We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) information about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person’s agreement; (4) about a death we believe may involve a crime; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Religious Or Spiritual Activities - We may use and disclose Health Information for religious or spiritual activities if you agree or when required or authorized by law.

Disaster Relief - We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure, we may disclose your Protected Health Information that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose your Protected Health Information if it is in your best interest based on our professional judgment.

Inmates or Individuals in Custody - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

Uses and Disclosures that Require You to Give Us an Opportunity to Object and Opt Out - If you are in a correctional institution or under the custody of a law enforcement official, we may give you an opportunity to object to the use or disclose of your Protected Health Information. If you object, we may not use or disclose your Health Information for the purpose of which you objected, unless we are required or authorized by law to do so.

Your Written Authorization is Required for Other Uses and Disclosures - The following uses and disclosures of your Protected Health Information are not made unless you have given us written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the law, not otherwise authorized by you, will be made only with your written authorization. If you do not give us an authorization, you may revoke it at any time by...