



**Hampton Roads Community Health Center  
Notice of Privacy Practices  
Effective April 1, 2015**

This Notice of Privacy Practices describes the personal information we collect, how and when we may use or disclose this information. It also describes your rights and our responsibilities related to your protected health information.

**How will HRCHC use your Protected Health Information?**

1. We will use your health information for treatment. Information obtained by the staff will be recorded in your medical record and used to determine the course of treatment that should work best for you. This information may be disclosed to other health care providers involved in taking care of your health needs.
2. We will use your health information for payment. A bill may be sent to you or your insurance company. The information on or with the bill may include information that identifies you as well as your diagnosis, procedures and supplies used during your visit.
3. We will use your health information for regular health operations. Members of the quality improvement team may use information from your health record to assess the care and outcomes in your case and others like it. This information may then be used as we strive to continually improve the quality and effectiveness of the health care we provide.

**Additional ways we may use your health information:**

1. There are some services provided in our organization through contracts with business associates. We may disclose your health information to them. ie, lab
2. Unless you notify us that you object, we may use your name for directory purposes.
3. We may disclose information to notify a family member, a personal representative or another person responsible for your care of your location and general condition.
4. We may disclose your information for research purposes when researchers have established protocols to ensure your privacy.
5. We may disclose information to organ procurement organizations for the purposes of tissue donation or transplant or to funeral homes.
6. We may contact you to provide appointment reminders or information about treatment alternatives for you.
7. We may contact you as part of a fundraising effort.
8. We may use your information to enable product recall, repairs or replacement.
9. We may use your information to comply with laws such as workers compensation or similar programs.
10. We may disclose your information to public health or legal authorities charged with preventing or controlling disease, injury or disabilities.
11. We may disclose your information to correctional institutes or law enforcement.
12. We may disclose information as required by military command authorities or the Department of Veteran Affairs as may be applicable.
13. We may disclose health information about you necessary to prevent serious threat to your health and safety, or the health and safety of another person. Disclosure would be for someone able to prevent the threat.
14. We may disclose health information to a health oversight agency for activities authorized by law.
15. If you are involved in lawsuits and disputes, we may disclose health information about you in response to a subpoena, discovery request or other lawful process.

**Your health information rights:**

- Obtain a copy of this notice.
- Inspect and copy your health record.
- Amend your health record.
- Obtain an accounting of the disclosures of your health information.
- Request communications of your health information by alternative means.
- Request a restriction on certain uses and disclosure of the information.
- Revoke your authorization to use or disclose your health information.
- Confidential Communications as to when and where we discuss your medical information.

We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively impact the care that we provide you. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, amendment, or confidential communication you must make your request in writing to the Privacy Officer. In your request, you must tell what information you want to limit and to whom the limits apply.

**HRCHC is required to:**

- Maintain the privacy of your health information.
- Provide you with this notice describing our legal duties and privacy practices.
- Abide by this agreement.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means.

**Other uses of Health Information:**

Other uses and disclosures of health information not covered 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 health information about you, you may revoke that permission in writing, at any time. If you revoke your permissions, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with our permission, and that we are required to retain our records of the care that we provided to you.

HRCHC reserves the right to change our practices and to make the new provisions effective for all the protected health information we maintain. Should our privacy practices change, we will provide you with a copy of the revised notice. We will not disclose or use 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 receive your written request.

For more information or to report a problem, contact the HRCHC Privacy Officer at 757-397-0042 x 354. You may also file a complaint with the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, NE, Room 509 F, HHH Building, Washington DC, 20201. There will not be retaliation for filing a complaint with either the Privacy Officer or the Office of Civil Rights. If you would like a detailed description of each of the items covered, please contact our Privacy Officer, in writing, and a copy will be provided to you.

**Acknowledgement of Receipt of this Notice**

We will request that you sign a separate form or notice acknowledging that you have received a copy of this notice. If you choose, or are not able to sign, a staff member will sign their name and date. This will be filed with your records.