



# Notice of Privacy Practices

**Your Information.  
Your Rights.  
Our Responsibilities.**

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.**

<b><u>Our Responsibilities</u></b>	
<ul style="list-style-type: none"> <li>We are required by law to maintain the privacy and security of your protected health information (PHI).</li> </ul>	<ul style="list-style-type: none"> <li>We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.</li> </ul>
<ul style="list-style-type: none"> <li>We must follow the duties and privacy practices described in this notice and give you a copy of it.</li> </ul>	<ul style="list-style-type: none"> <li>We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. You must let us know in writing if you change your mind.</li> </ul>

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

<b><u>Your Rights</u></b>	
<p>When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.</p>	
<p><b>You have the right to get an electronic or paper copy of your medical records, billing records, and other records used to make a decision about you</b></p>	<ul style="list-style-type: none"> <li>You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.</li> <li>We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li> </ul>
<p><b>You have the right to request confidential communications</b></p>	<ul style="list-style-type: none"> <li>You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li> <li>We will say “yes” to all reasonable requests.</li> </ul>

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**You have the right to ask to correct or amend your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- Your request must be in writing and must explain the reason(s) for the request.
- Please contact our Privacy Officer with questions about how to do so (contact information is located on the last page of this brochure).
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- For more information, please see: [https://www.govregs.com/regulations/title45\\_chapterA-i1\\_part164\\_subpartE\\_section164.526](https://www.govregs.com/regulations/title45_chapterA-i1_part164_subpartE_section164.526)

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**You have the right to ask us to limit what we use or share.**

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - We will say “yes” unless a law requires us to share that information.

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**You have the right to get a list of those with whom we’ve shared information**

- You can ask us for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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**You have the right to choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - We will make sure the person has this authority and can act for you before we take any action.
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**You have the right to get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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**You have the right to file a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting our privacy officer (contact information is located on the last page of this brochure).
  - You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:
    - Sending a letter to:  
200 Independence Avenue, S.W.  
Washington, D.C. 20201
    - Calling: 1-877-696-6775
    - Visiting:  
<http://www.hhs.gov/ocr/privacy/hipaa/complaints>
  - All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation.
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**Your Choices**

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**Unless you object, we may:**

- Share information with your family, close friends, or others involved in your care, including PHI necessary to notify such individuals of your location, general condition, or death.
- Share information in a disaster relief situation

*If you are not able to tell us your preference (for example, if you are unconscious), we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

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**In these cases, we never share your information unless you give us written permission:**

- Marketing purposes
  - Most sharing of psychotherapy notes
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## **Our Uses and Disclosures**

We typically use or share your health information in the following ways.

<p><b>We may use and disclose your PHI to treat you</b></p>	<p>We can use your health information and share it with other professionals who are treating you.</p>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• A doctor treating you for an injury may disclose your PHI when she asks another doctor about your overall health condition.</li> <li>• We may disclose your PHI when you need a prescription, lab work, an x-ray, or other health care service.</li> <li>• We may use and disclose your PHI to contact you with a reminder about an appointment for treatment or medical care or to tell you about treatments, services, products, or other healthcare providers.</li> </ul>
<p><b>We may use and disclose your PHI for our healthcare operations and to run our organization</b></p>	<p>We can use and share your health information for our healthcare operations. This allows us to improve the quality of care we provide and reduce healthcare costs.</p> <p>We may use or disclose your PHI to cooperate with outside organizations, including government entities, that evaluate the quality of care we provide or that certify or license healthcare providers or facilities.</p> <p>We may use or disclose your PHI to non-medical professionals such as accountants, lawyers, and others who assist us in complying with applicable laws.</p>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• We may use your PHI to develop ways to assist our healthcare providers in deciding what medical treatment should be provided to others.</li> <li>• We may use your PHI to provide training for providers or non-healthcare professionals to help them practice or improve their skills.</li> <li>• We may use your PHI to conduct business management and general administrative activities and to plan for our organization’s future operations.</li> </ul>

<p><b>We may use and disclose your PHI to bill for services</b></p>	<p>We can use and share your health information, including before you receive scheduled services, to bill and get payment from health plans or other entities.</p>	<p>Example:</p> <ul style="list-style-type: none"> <li>We give information about you to your health insurance plan so it will pay for services.</li> </ul>
<p><b>We may disclose your PHI to our Business Associates</b></p>	<p>We can use and share your health information with our business associates (who perform services on our behalf) if the PHI is necessary for those services.</p> <p>All business associates are required to protect the privacy of your PHI.</p>	<p>Examples:</p> <ul style="list-style-type: none"> <li>We give your PHI to a health plan or company that reviews the care you received to check that it and the costs associated with it were appropriate for your illness or injury.</li> <li>We give your information to a billing department, collection agency, or consumer reporting agency.</li> </ul>

**How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

**We may disclose your PHI to help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

**We may disclose PHI when minors are involved**

We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

<p><b>We may disclose your PHI to do research</b></p>	<p>We can use or share your information for health research, but only if the research has been approved by an authorized institutional review board or privacy board (without such approval, we may permit researchers to look at PHI, but they may not remove or take a copy of it). We may also use and disclose a limited data set that does not contain specific readily identifiable information about you for research provided that we enter into a data use agreement with the recipient.</p>
<p><b>We may disclose your PHI to comply with the law</b></p>	<p>We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.</p>
<p><b>We may disclose your PHI to respond to organ and tissue donation requests</b></p>	<p>We can share health information about you with organ procurement organizations.</p>
<p><b>We may disclose your PHI to work with a medical examiner or funeral director</b></p>	<p>We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</p>
<p><b>We may disclose your PHI to address workers’ compensation, law enforcement, and other government requests</b></p>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> <li>• When use and/or disclosure is required by law. For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding.</li> <li>• For workers’ compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security, and presidential protective services</li> <li>• When it relates to correctional institutions and in other law enforcement custodial situations.</li> </ul>

<b>We may disclose your PHI to respond to lawsuits and legal actions</b>	We can share health information about you in response to a court or administrative order, or in response to a subpoena.
<b>We may disclose your PHI when a data breach has occurred</b>	We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your PHI.

**Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

If you have any questions or requests, please contact:

Sibby Wilson  
 Chief Operating Officer and Privacy Officer  
 Tidewater Medical Center  
 860 Omni Boulevard, Suite 401  
 Newport News, VA 23606  
 (757) 232-8764  
[Sibby.Wilson@tpmgpc.com](mailto:Sibby.Wilson@tpmgpc.com)

Effective: May 18, 2021

Reviewed: April 1, 2022