



-NOTICE OF PRIVACY PRACTICES-

This notice describes how health information about you may be used and disclosed, and how you can get access to this information. Please review this notice carefully. Your privacy is important to us.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your protected health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 3/8/2010 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain; including health information we created or received prior to the changes. Before we make a significant change in our privacy practices, we will change this Notice and provide the new Notice at our practice location. We will also distribute it upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices or additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you without authorization for the following purposes:

- **Treatment:** We may use or disclose your health information for your treatment. For example, we may disclose your health information to a physician or other healthcare provider providing treatment to you.
- **Payment:** We may use and disclose your health information in connection with our healthcare operations. For example, quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting

training programs, accreditation, certification, licensing, or credentialing services.

- **To You or Your Personal Representative:** We must disclose your health information to notify or assist in the notification (including identifying or locating) of a family member, your personal representative, or another person responsible for your care, to inform them of your location, your general condition, or death. If you are present, then prior to the disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your absence, incapacity, or in emergency circumstances, we will disclose health information based on a determination using our professional judgement. We will also use our professional judgement and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.
- **Disaster Relief:** We may use or disclose your health information to assist in disaster relief efforts
- **Marketing Health-Related Services:** We will NOT use or disclose your health information for marketing communications without your written authorization.
- **Required by Law:** We may use or disclose your health information when we are required to do so by law.
- **Public Health and Public Benefit:** We may use or disclose your health information to report abuse, neglect, or domestic violence; to report disease, injury, and vital statistics; to report certain information to the Food and Drug Administration (FDA); to alert someone who may be at risk of contracting or spreading a disease; for health oversight activities; for certain judicial and administrative proceedings; for certain law enforcement purposes; to avert a serious threat to health or safety; and to comply with worker's compensation or similar programs.
- **Decedents:** We may disclose information about a decedent as authorized or required by law.
- **National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials, health information required for lawful intelligence, counterintelligence, and other national security activities. We may also disclose the protected health information to correctional institutions or law enforcement officials having lawful custody of an inmate or patient under certain circumstances.
- **Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders

(such as voicemail messages, postcards, text messages, or letters).

PATIENT RIGHTS

- **Access:** You have the right to look at, or get copies of, your health information with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may make such a request by using the contact information listed at the end of this Notice to send us a letter or obtain an access form.
- **Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations, and certain other activities, for the last 6 years. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.
- **Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. In most cases, we are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in certain circumstances where disclosure is required or permitted, such as an emergency, for public health activities, or when disclosure is required by law). We must comply with a request to restrict the disclosure of protected health information to a health plan for purposes of carrying out payment of health care operations (as defined by HIPAA) if the protected health information pertains solely to a health care item or service for which we have been paid out of pocket in full.
- **Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or at alternative locations (you must make your request in writing). Your request must specify the alternative means or location and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.
- **Amendment:** You have the right to request that we amend your health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances.
- **Electronic Notice:** You may receive a paper copy of this Notice upon request, even if you agreed to receive this Notice electronically on our website or by e-mail.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you feel that:

- We may have violated your rights
- You disagree with a decision we made about access to your health information
- You disagree with a decision we made in response to a request you made to amend or restrict the use or disclosure of your health information, or to have us communicate with you by alternative means or at alternative locations

You may file a complaint using the contact information listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

CONTACT OFFICER

Dr. Damon B. Thompson

TELEPHONE

540.552.5433

FAX

540.552.2273

ADDRESS

250 South Main Street, Suite 212
Blacksburg, Virginia 24060