

Notice Of Privacy Practices

Loudoun Healthcare Inc. and affiliates* and its contracted providers understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements.

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.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research, public health officials charged with improving the health of the nation, and facility planning
- A tool with which we can assess and continually work to improve the care we render, and outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Obtain a paper copy of this Notice of Privacy Practices upon request
- Inspect and copy your health record for a reasonable fee
- Amend your health record

- Obtain an accounting of disclosures of your health information;
- Request that we communicate with you about medical matters in a certain way or at a certain location
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

This organization is required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this Notice:
- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to revise our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will update our web site, post updated notices in our public areas, and/or update you at the time of your next treatment contact.

We may use health information about you for treatment, to obtain payment for treatment, and for evaluation of healthcare operations as permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact our Privacy Officer at 703-858-8096. Or you may write to our Privacy Officer at:

*Loudoun Hospital
44045 Riverside Pkwy,
Leesburg, Virginia 20176*

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the:

*Office for Civil Rights U.S. Department of Health and Human Services
150 S. Independence Mall West Suite 372*

*Public Ledger Building
Philadelphia, PA 19106-9111
Phone 215-861-4441 / 800-368-1019*

There will be no retaliation for filing a complaint.

How We May Use and Disclose Information About You

We may use and disclose protected health information about you in different ways. All of the ways in which we may use and disclose information will fall within one of the following categories, but not every use or disclosure in a category will be listed.

For Treatment: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will provide your physician or a subsequent healthcare provider with copies of various reports and films that should assist him or her in treating you once you're discharged from the Loudoun Healthcare system. We may also use and disclose your health information to contact you as a reminder that you have an appointment or that you should schedule an appointment.

For Payment: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

For Healthcare Operations: Members of the medical staff, the risk or quality improvement manager or members of the improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business Associates: There are some services provided in our organization through contracts with business associates. A business associate is a person or organization that performs a function or activity on our behalf, but is not part of our workforce. Examples include: an ambulance service; a data aggregation service; a medical waste contractor; or a software supplier. To protect your health information, we require the business associate to appropriately safeguard your information.

Directory: Unless you notify us that you object, we will use your name, location in the facility, general condition and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Communicable Diseases: We may disclose your health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law Enforcement: We may disclose health information for law enforcement purposes as required by federal, state or local law, or in response to a valid subpoena, discovery request, or other lawful process. Examples include: 1) requirements for reporting certain types of wounds or physical injuries; 2) in response to a grand jury subpoena; 3) for the purposes of identifying or locating a suspect, fugitive, or material witness, or missing person; 4) in response to a law enforcement official about an individual who is suspected to be a victim of a crime; 5) where a crime has occurred on the premises; 6) suspicion that death has occurred as a result of criminal conduct; or 7) in response to a medical emergency if necessary to alert law enforcement to the commission and nature of a crime, the location or the victim(s) of such crime, and other appropriate information including the identity, description, or location of the perpetrator of such crime.

Health Oversight Activities: We may disclose health information to a health oversight agency for certain activities authorized by law including audits, civil, administrative, or criminal investigations, inspections, licensure or other activities necessary for appropriate oversight of the health care system.

Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence Activities: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care, your location and general condition.

Communication with Family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral Directors, Coroners, Medical Examiners: We may disclose health information to these entities consistent with applicable law to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Fund Raising: We may use certain information (name, address, telephone number, date of service, age, and gender) to contact you in the future to raise money for the Loudoun Healthcare Foundation. The money raised will be used to expand and improve the services and programs we provide the community. If you do not wish to be contacted for fund-raising efforts, please notify the Executive Director of the Loudoun Healthcare Foundation, in writing, at PO Box 1913, Leesburg, VA 20177.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. We may also report births and deaths, and child and elderly abuse and neglect to a social service or protective service agency.

Effective Date: April 2003

Loudoun Healthcare, Inc. Affiliates

Loudoun Hospital Center - Lansdowne and Cornwall campuses - Leesburg

Loudoun Nursing & Rehabilitation Center – Leesburg

Loudoun Health Services – Sterling

(DBA Countryside Ambulatory Surgery Center)

Loudoun Cancer Care Center – Sterling

Physical Medicine & Rehabilitation – Lansdowne and Cornwall campuses - Leesburg