

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 :
Louise Lester 804-934 9344

1. Purpose

We understand that medical information about you and your health is personal and we are committed to protecting that information. We create a record of the care and services you receive at Jeffrey J. Zuravleff, M.D. in order to provide you with quality care and to comply with certain legal requirements.

This Notice of Privacy describes how we may use and disclose medical information about you, including demographic information that may identify you and your related health care services to carry out your treatment, obtain payment for our services, to perform the daily health care operations of this practice and for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your medical information.

We are required to abide by the terms of this Notice of Privacy Practices.

2. Written Acknowledgement

You will be asked to sign a written statement acknowledging that you have received a copy of this notice. The acknowledgement only serves to create a record that you have received a copy of this Notice.

3. Changes to this Notice

We may change the terms of our Notice, at any time. The new Notice will be effective for all medical information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. To request a revised copy, you may call our office and request that a revised copy be sent to you in the mail or you may ask for one at the time of your next appointment.

4. How We May Use And Disclose Medical Information About You

The following categories describe the different ways that Jeffrey J. Zuravleff, M.D. and staff may use and disclose your medical information and few examples of what we mean. These examples are not meant to describe every circumstance, but to give you an idea of the types of uses and disclosures that may be made by our office. Other uses and disclosures of your medical information that are not listed or described below will be

made only with your written authorization. You may revoke this authorization. At any time, in writing, but it will not apply to any actions we have already taken.

For your treatment : Your medical information may be used and disclosed by us for the purpose of providing medical treatment to you. Medical information may be provided to a referring physician to ensure necessary treatment and diagnosis.

To obtain payment for our services : Your medical information may be used and disclosed by us to obtain payment for your health care bills or to assist another health care provider in obtaining payment for their health care bills. For example we may disclose medical information to prove medical necessity as required by your health insurance plan in order to approve payment for your health care.

For our health care operations : Your medical information may be used and disclosed by us to support our daily operations. For example, we may use information to determine where we can make improvements in the services we offer.

For appointment reminders : We may use or disclose your medical information to contact you to remind you of your appointment, by mail or by telephone. Our messages include the name of our practice or the name of our physician as well as the date and time for your appointment or a reminder that an appointment needs to be scheduled.

To provide you with treatment alternatives : We may use or disclose your medical information to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you. For example, we may contact another provider to discuss the services they provide when we have a patient who needs services by this provider.

To our business associates : We will share your medical information with third party “business associates” that perform various activities (e.g. billing, anesthesia services) for the practice. For example, Jeffery J. Zuravleff, M.D. may hire a billing company to submit claims to your health care insurer. Your medical information will be disclosed to this billing company, but a written agreement between our office and the billing company will prohibit the billing company from using your medical information in any way other than what we allow.

Others involved in your health care : Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your medical information that directly relates to that person’s involvement in your health care.

As required by law : We may use or disclose your medical information to the extent that law requires the use or disclosure. You will be notified, as required by law, of any such uses or disclosures.

For public health activities : we may disclose your medical information for public health activities and purposes to a public health authority that is permitted by law to

collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability.

To your employer : We may disclose your medical information concerning a work related injury or illness to your employer if you are covered under your employer's policy in order to conduct an evaluation relating to medical surveillance of the work place or to evaluate whether you have a work-related injury, in accordance with the law.

For abuse or neglect : We may disclose your medical information to a public health authority that is authorized by law to receive reports of child or adult abuse or neglect.

In legal proceedings : We may disclose your medical information in the course of any judicial or administrative proceeding, in response to an order of a court, or in response to a subpoena or other lawful request.

For worker's compensation : Your medical information may be disclosed by us as authorized to comply with worker's compensation laws and other similar legally established programs.

5. Your Rights

You have the right to inspect and copy your medical information.

You have the right to request a restriction of your medical information.

You have the right to request that we accommodate you in communicating confidential medical information.

You may have the right to ask us to amend your medical information.

You have the right to receive an accounting of certain disclosures we have made, if any, of your medical information

You have the right to obtain a paper copy of this notice from us.

We may deny certain requests, if so, you have the right to file a disagreement (in writing) with us. We then would need to respond in writing explaining our denial of the request.

6. Complaints

You may complain to us if you believe we have violated your privacy rights. To file a complaint, please contact our Privacy Officer who will be happy to assist you. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint. If you do not wish to file a complaint with us, you may contact the Secretary of Health and Human Services.

7. Privacy Contact

If you have any questions about this Notice or require additional information, please contact our Privacy Officer, Louise Lester at 804-934 9344. Our privacy Officer is available during normal business hours to discuss your privacy questions, concerns or

complaints.

8. Effective Date

This Notice was published and becomes effective on April 14, 2003.