

Prized Health, PLLC

NOTICE OF PRIVACY PRACTICES

Effective Date: March 14, 2022

This notice describes how medical information about you may be used and disclosed at Prized Health and how you can get access to this information.

Please review it carefully.

Contact for Questions

If you have any questions about this notice, please contact:

Office Manager (Compliance Officer)
1800 Town Center Drive, Suite 311
Reston, VA 20190
(703) 763-2705

Prized Health's responsibilities

We are required by law to maintain the privacy and security of your protected health information (PHI). We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. 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. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Our Uses and Disclosures

How we may use and disclose Medical Information about you.

For Treatment: We can use your health information and share it with other professionals who are treating you. For example, we may treat you for an injury and refer you to another doctor about your injury. That referring provider may need to ask about your overall health and health condition. We also may share medical information about you to coordinate the different things you may need, such as prescriptions, x-rays, and lab work.

For Payment: We can use and share your health information to bill and get payment from health plans or other entities. For example, we may give information about you to your health insurance plan so it will pay for your services.

For Healthcare Operations: We can use and share your health information to run our practice, improve your care, and contact you when necessary. Other examples include but are not limited to, using health information about you to manage your treatment and services and training students.

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 must 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.

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 and preventing or reducing a serious threat to anyone’s health or safety.

For research: We can use or share your information for health research.

Comply with the law: 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.

Respond to organ and tissue donation requests: We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director: We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other “government requests”: We can use or share health information about you: For workers’ compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law and for special government functions such as military, national security, and presidential protective services.

Business Associates: Your health information may be disclosed to business associates that provide services for us such as billing and medical practice credentialing services with which we contract.

Respond to lawsuits and legal actions: We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Other Uses and Disclosures: Prized Health will obtain your written authorization for uses and disclosures that are not described by this notice or otherwise required or permitted by applicable law. Any other authorization you provide regarding the use and disclosure of your health information may be revoked at any time. It must be in writing and it is not effective until we receive it. We are unable to take back any disclosures of health information we have already made. For more information see:

www.hhs.gov/hipaa/for-professionals/faq/474/can-an-individual-revoke-his-or-her-authorization/index.html.

Your Health Information Rights

Right to get a copy of your paper or electronic medical record: 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. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Right to correct your paper or electronic medical record: You may make a written request to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Right to request confidential communication: 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, we will say “yes” to all reasonable requests. If we are unable to contact you using the requested ways or locations, we may contact you using any information we have.

Right to request restrictions: 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. We may require a written request. 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.

Right to an account of disclosures: You can get a list of those with whom we’ve shared information. You can ask 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’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Right to a paper copy of this notice: You can ask for a paper copy of this notice at any time.

Right to have 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.

Right to be notified in the event of a breach: We will notify you if your medical information has been “breached,” which means that your medical information has been used or disclosed in a way that is inconsistent with law and results in it being compromised.

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.

In these cases, you have both the right and choice to tell us to: Share information with your family, close friends, or others involved in your care, share information in a disaster relief situation, and include your information in a hospital directory. *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.*

In these cases, we never share your information unless you give us written permission: Marketing purposes, sale of your information, and most sharing of psychotherapy notes.

In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

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.

Complaints: You can complain if you feel we have violated your rights by contacting us:

Office Manager (Compliance Officer)
1800 Town Center Drive, Suite 311
Reston, VA 20190
(703) 763-2705

You can 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, or visiting [**www.hhs.gov/ocr/privacy/hipaa/complaints/**](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

We will not retaliate against you for filing a complaint.