

NOTICE OF PRIVACY PRACTICES

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Get a copy of this privacy notice
- File a complaint if you feel your privacy rights were violated
 - Tell us your choices in the way that we use and share information as we answer questions from your family and friends
- Request confidential communication
- Ask us to limit the information we share
- Choose someone to act for you
- Get a list of who we've shared your information

Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Address workers' compensation, law enforcement, and other government requests
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to lawsuits and legal action

Your Rights and some of our Responsibilities

You may:

- **Get a copy** of health and claims records and other health information we have about you, *except for psychotherapy notes*. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee. You can ask us to correct health and claims records if you think they are incorrect or incomplete. We may deny your request, but we'll tell you why in writing within 60 days.
- **Request confidential communication.** You can ask us to contact you in a specific way (i.e., home or office phone) or to send mail to a different address. We will consider all reasonable requests, and must agree if you tell us you would be in danger if we do not.
- **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 may say "no" if it would affect your care.
- **Get a list of those with whom we've shared information** for six years prior to the date you ask, who we shared it with, and why. We will include all 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 for another one within 12 months.
- **Get a paper copy of this privacy notice** at any time.
- **If someone acts for you**, for example, if you've 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 ensure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated** by contacting us via the information at the end of this notice.

Your Choices

You can tell us your preference, regarding certain health information, about what we share.

- If you have a clear preference for how we share your information with your family, close friends, or others involved in payment for your care, tell us your preferences.
- 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.
- We never share your information for marketing purposes, unless you give us written permission,.
- **We never sell your information.**

Our Uses and Disclosures

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

- **Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you .

(For example, A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.)

- **We can use and disclose your information to run our organization and to contact you when necessary.**

Example: We use health information about you to develop better services for you.

- **Administer your plan** We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

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.

- **Help with public health and safety issues** We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recall
 - Reporting adverse reactions to medication
 - Preventing or reducing a serious threat to anyone's health or safety
 - Reporting suspected abuse, neglect, or domestic violence
- **Do 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.
- **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
- For special government functions such as military, national security, and presidential protective services

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.

Our Responsibilities

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

- We are required by law to maintain the privacy and security of your protected health information.
- 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.

Changes to these Terms

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, on our web site, and we will mail a copy to you.

Privacy official: Joan Ordmandy email: biofeedbackworksva@gmail.com Phone: 703-689-0449

Complaints

If you have any complaints or questions regarding these procedures, please contact us. We will get back to you in a timely manner. You may also submit a complaint to the U.S. Dept. of Health and Human Services and/or the Commonwealth of Virginia Department of Health Care Professionals. If you file a complaint we will not retaliate in any way.

Correspondence and questions should be directed to: Joan Ordmandy, 38669 Eudora Lane, Hamilton, VA 20158

Phone: 703-689-0449

Email: biofeedbackworksva@gmail.com

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