

FAIRFAX COLON & RECTAL SURGERY, P.C.
FAIRFAX COLON & RECTAL SURGICAL CENTER, L.L.C.

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PRIVACY FORM (HIPPA)

This notice describes how medical information about you may be used and disclosed and how you can get access to this Information. Please review it carefully. You may ask for a copy of this notice at any time, and a copy is available on the web at www.fairfaxcolorectal.com.

Patient Health Information: Under federal law, your patient health information is protected and confidential. This information includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information includes payment, billing, and insurance information.

How we use your Health Information: We use health information about you for treatment, to obtain payment, and for healthcare operations including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances we may be required to use or disclose the information without your permission.

Examples of Care, Payment, and Healthcare Operations: Treatment—We will use and disclose your health information to provide your medical treatment. For example, nurses, physicians, and other members of your treatment team will record and use it to determine your care. We may also disclose information to other healthcare providers who are helping in your treatment, to pharmacists filling your prescriptions, and to family members helping with your care. **Payment**—We will disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain your records of payment. **Health Care Operations**—We will use and disclose your health information to conduct our standard internal operations, including the administration of records, the evaluation of the quality of treatment, and the assessment of outcomes. **Special use:** We may use your information to contact you with appointment reminders. We may also contact you to provide information about different treatment options.

Other Uses and Disclosures: We may use or disclose health information about you for other purposes. Subject to certain requirements, we are permitted disclosure for the following purposes: **Required by Law**—We may be required by law to report gunshot wounds, suspected abuse, suspected neglect, or similar events. **Research**—We may use or disclose information for approved medical research. **Public Health Activities**—As required by law, we may disclose vital statistics, disease, information related to recalls of products, and similar information to health authorities. **Health Oversight**—We may disclose information to assist in investigation and audits, and eligibility for government programs. **Judicial Proceedings**—We will disclose information in response to subpoena or court order. **Law Enforcement Purposes**—We may disclose information subject to certain restrictions. **Workers' Compensation**—We may release information about your workers' compensation or other programs providing benefits for work-related injuries or illness. **Military or Special Government Functions**—If a member of the armed forces, we will release information as military authorities or correctional facilities command, or for national security. **Death**—We must report information regarding deaths to the coroner, medical examiner, funeral directors, and organ donation programs. **Serious Threat to Health and Safety**—We may share information when needed to prevent a serious threat to your health, safety, and/or to the public.

Individual Rights: You have the following rights with your health information. **Request Restrictions**—You may request restrictions on some uses of this information, although we are not required to agree with this request. **Confidential Communications**—You may request that we communicate with only you. You may request a special address or phone number. **Inspect and Obtain Copies**—In most cases you have the right to look and receive a copy of your information. **Amend Information**—If you believe there are errors in your information, or information is missing, you may request that it be modified. **Accounting of Disclosure**—You may request a history of the disclosure of the information about you for reasons OTHER than treatment, payment, or operations.

Our Legal Requirement: We are required to provide you with this notice, to protect your information, and to abide by the terms of this notice.

Changes in a Privacy Practice: We may change these terms at any time. We will change our notice to reflect the terms that we change. We will also post the terms changes in our waiting room. You may request a copy of this notice and/or the changes at any time. You may contact us to answer any questions.

Release of Information: I authorize the facility to release all or part of my medical records when required for the submission of any insurance claims for payment to the Centers for Medicare and Medicaid Services and their agents, my insurance company(s), or to my employer (if this is a workers compensation claim).

I also authorize reports of my evaluation, treatments, and any follow up evaluations to be sent to or discussed with my referring Doctor, the Doctor requesting the consultation, my family Physician(s), as well as any other healthcare providers, hospitals, or outpatient facilities that I have or will identify to you. I permit a copy/fax of this form to serve as an original signature of authorization.

Complaints: If you have a complaint that may reveal we have violated this privacy statement, or do not agree with a decision that we made in regard to your information, please contact us. You may also contact the US Department of Health and Human Services. We will provide you with the correct address upon request.