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**NOTICE OF PRIVACY PRACTICES – EFFECTIVE DATE 7/1/13**

**WE ARE REQUIRED BY LAW TO MAINTAIN THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION. WE ARE ALSO REQUIRED TO PROVIDE YOU WITH OUR LEGAL DUTIES AND PRACTICES AS IT PERTAINS TO YOUR PROTECTED HEALTH INFORMATION. THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This notice describes Tidewater Family Medical Care’s (TFMC) privacy practices, those of our medical staff while practicing at TFMC, and those of any TFMC health care professional, staff member, or trainee authorized to manage your information. This notice applies to your designated record set, which is defined as (i) The medical records and billing records about individuals maintained by or for a covered health care provider; (ii) The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (iii) Used, in whole or in part, by or for the covered entity to make decisions about individuals. The term record means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity. Non-TFMC physicians involved in your care may have different policies or notices regarding the use and disclosure of your information they maintain outside of TFMC.

TFMC prohibits the use of any waiver of HIPAA regulations and rights as a condition of the provision of treatment, payment, enrollment in a health plan or eligibility for benefits.

**WAYS WE MAY USE AND SHARE INFORMATION ABOUT YOU**

The following categories describe ways that we use and share your information. Not every use or disclosure in a category is listed. However, all of the ways we are permitted to use and disclose information without a signed medical release will fall within one of the categories.

***ROUTINE SITUATIONS***

**For Treatment.** We may use information about you to provide you with medical treatment or services. We may disclose information about you to doctors, nurses, technicians, or other staff in order to coordinate the care that you need, such as consultations, prescriptions, lab work and testing.

**For Payment.** We may use and disclose information about you so that the treatment and services you receive at TFMC may be billed and payment may be collected from you, an insurance company or a third party – including a collection agency if necessary. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also allow your health plan to review your records to make sure that they have paid the correct amount to TFMC.

**Communicating with You and Others Involved in Your Care:** Appointment Reminders, Notices About New Services, Other Health News. We may try to contact you to remind you of an appointment you have with a TFMC provider. We may also use or share your information to recommend possible treatment options or health-related services or to provide information that may be of interest to you. We will not communicate any information about you to any spouse or family member without your signed written consent.

### ***SPECIAL SITUATIONS***

**As Required By Law.** We will disclose information about you when required to do so by federal, state or local law. For example, we may release information about you in response to a valid subpoena or for communicable disease reporting.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would share this information only with someone able to help prevent the threat and/or action. These disclosures may be to law enforcement officials to respond to a violent crime, or to protect the target of a violent crime. For example, threat of harming another individual may be reported to appropriate authorities.

**Organ and Tissue Donation.** If you are an organ donor or recipient, we may release your information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Companies subject to FDA jurisdiction.** A person subject to the jurisdiction of the Food and Drug Administration (FDA) with respect to an FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety or effectiveness of such FDA-regulated product or activity.

Such purposes include:

- To collect or report adverse events (or similar activities with respect to food or dietary supplements), product defects or problems (including problems with the use or labeling of a product), or biological product deviations;
- To track FDA-regulated products;
- To enable product recalls, repairs, or replacement, or look back (including locating and notifying individuals who have received products that have been recalled, withdrawn, or are the subject of look back);

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

**Public Health Risks.** We may disclose information about you for public health activities. These activities generally include, but are not limited to, the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

**Health Oversight Activities.** We may disclose information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release information about you if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- If you are suspected to be a victim of a crime, generally with your permission;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the TFMC office; and,
- In emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release information about patients of the practice to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release 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 your information to authorized federal officials so they may provide protection to the President, other authorized persons, and foreign heads of state, or to conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

#### **YOUR RIGHTS REGARDING INFORMATION ABOUT YOU**

You have the following rights regarding information we maintain about you:

**Right to Inspect and Obtain Copies.** You have the right to review and obtain copies of information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain limited circumstances. For example, if your provider believes that in their professional judgment, that access is reasonably likely to endanger the life or physical safety of you or another person. If denied, you will be provided with a written notification. To inspect and copy information that may be used to make decisions about you, you must submit your request in writing to TFMC management. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. If your request only concerns billing information, you may call our billing department.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or sharing of information about you for treatment, payment, administrative functions, or with individuals involved in your care.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to TFMC management. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice upon request.

**Right to Amend Your PHI.** You have the right to have TFMC amend your protected health information or record in a designated record set for as long as the protected health information is maintained in the designated record set. TFMC may deny your request for amendment, if it is determined that the protected health information or record that is the subject of the request:

- Was not created by TFMC, unless you provide a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment;
- Is not part of the designated record set;
- Would not be available for inspection under 45 CFR 164.524 or;
- Is accurate and complete.

#### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for information we already have about you as well as any information we receive in the future. We will post a copy of the current notice throughout TFMC. The notice will contain the effective date on the first page.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with TFMC or with the Secretary of the Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint. All complaints must be submitted or verified in writing. All complaints being submitted to TFMC should be mailed to:

Tidewater Family Medical Care, PC  
Attn: Laura Dove, CFPC  
516 Innovation Drive, Ste 103  
Chesapeake, VA 23320

#### **OTHER USES OF INFORMATION**

Other uses and disclosures of information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us specific permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

#### **QUESTIONS REGARDING TFMC'S PRIVACY PRACTICES**

Please contact TFMC's Operations Manager, Laura Dove, CFPC, with any questions or concerns regarding our practice's privacy policies. You can reach Laura during our regular business hours at 495-0606 or via email at [frontdesk@tfmcpc.com](mailto:frontdesk@tfmcpc.com).

**You will be asked to sign that you have read and understand this document on your financial agreement.**