

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.

If you have any questions about this Notice, please contact the Privacy Officer at 540-741-7614.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our practice. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices (“Notice”) applies to all of the records of your care generated by Fredericksburg Anesthesia Associates, Inc.. This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- maintain the privacy of medical information that identifies you;
- give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the Notice that is currently in effect.

TO WHOM DOES THIS NOTICE APPLY?

This Notice applies to health information used or disclosed in connection with your treatment by Fredericksburg Anesthesia Associates, Inc..

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We might use your medical information to write a prescription for you, or we might disclose your medical information to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may disclose your medical information in order to treat you or to assist others in your treatment. Additionally, we may disclose your medical information to others who may assist in your care,

such as your spouse, children, or parents.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive by Fredericksburg Anesthesia Associates, Inc. may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits). We may also provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment.

For Health Care Operations. We may use and disclose medical information about you for Fredericksburg Anesthesia Associates, Inc. operations. These uses and disclosures are necessary to run the Fredericksburg Anesthesia Associates, Inc. and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. In addition, we may use your medical information to conduct cost-management and business planning activities for our practice. We may also remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning of the specific patients.

Business Associates. We are permitted by law to utilize Business Associates to carry out treatment, payment or health care operations functions that may involve the use and disclosure of some of your health information. For example, we may use a billing service or accounting service to handle some billing and payments functions. We may also use health care consultants to assist us in improving or upgrading services we offer to patients. We will only use such Business Associates when we believe it to be the most effective means of carrying out permissible treatment, payment or health care operations functions. However, in any such instance, unless the disclosure of health information is to another health care provider for the purpose of providing treatment to you, we will have entered into a formal agreement with the Business Associate that requires the Business Associate to maintain the confidentiality of any patient information received and generally requires the Business Associate to limit its use of such information to only the purpose for which it was disclosed by us.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at our practice.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family

or friends your condition as directed by you. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. Also, as part of the research process we may disclose medical information about you to individuals preparing to conduct the research project, for example, to help them look for patients with specific medical needs, but any such medical information will not be allowed to leave our practice.

Where consistent with the research goals and purposes, we will use or disclose only de-identified information, so that your identity cannot be ascertained from the information disclosed. When research cannot be conducted with such de-identified information, we will usually ask for your specific authorization for such use or disclosure.

However, some research projects that involve information gathering may be adversely affected by requiring prior patient authorization before confidential health information can be used or disclosed for research purposes. In those circumstances, the research projects will be subject to a specific and comprehensive approval process. This process evaluates the proposed research project and its use of medical information, balancing research needs with patients' right to privacy of medical information. Before we use or disclose medical information for research under such circumstances, the project will have been approved by an Institutional Review Board (IRB) or a specially designated Privacy Board, which will be required to determine whether the nature of the research is such that it could not properly be conducted if prior patient authorization was required. The IRB or Privacy Board will also be required to determine that adequate protections are in place to protect patient information from unauthorized use or disclosure.

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical 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. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

Organ and Tissue Donation. If you are an organ donor, we may release medical 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.

Military and Veterans. If you are a member of the armed forces, we may release medical

information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include 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. We will only make this disclosure if you agree or when required or authorized by law.

Worker's Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Health Oversight Activities. We may disclose medical 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 medical information about you in response to a court or administrative order. We may also disclose medical 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 medical information 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;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at our practice; 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 medical 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 medical information about patients of our practice to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release medical 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 medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or 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 medical 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 MEDICAL INFORMATION ABOUT YOU.

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

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your records.

Right to Request an Amendment. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our practice. We may deny your request for certain specific reasons, and if denied, we will provide you with information regarding further rights you would have at that point.

Right to an Accounting of Disclosures. You have the right to an "accounting of disclosures" at your request. This is a list of disclosures we made of medical information about you for purposes other than treatment, payment, or health care operations.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care. For example, you could ask that we not use or disclose information about a surgery that you had performed.

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 emergency treatment. Regardless, it is our policy not to release your medical information to others outside of you and your legal surrogate without your permission unless it is medically necessary for your care.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location

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.

In order to request, to inspect, or copy medical records, to obtain a paper copy of this Notice, please contact the Privacy Officer at Fredericksburg Anesthesia Associates, Inc. 1001 Sam Perry Boulevard, Fredericksburg, VA 22401

ALCOHOL AND DRUG ABUSE PATIENT RECORDS

In addition to the protection described above, the confidentiality of alcohol and drug abuse patient records maintained by certain treatment programs are protected by Federal laws and regulations.

OTHER USES OF MEDICAL INFORMATION

Other uses or disclosure of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization.

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 medical 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 in our practice. The Notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the the Privacy Officer at Fredericksburg Anesthesia Associates, Inc. 1001 Sam Perry Boulevard, Fredericksburg, VA 22401. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.