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*Wellness You Can Feel.*

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## HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT OU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW I CAREFULLY.

The terms of this Notice of Privacy Practices apply to CHOVA its affiliates, and its employees. This disclosure describes how CHOVA may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

We are required by law to maintain the privacy of our patients' protected health information and to provide patients with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this Notice for as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make a new notice of privacy practices effective for all protected health information maintained by CHOVA We are required to notify you in the event of a breach of your unsecured protected health information. We are also required to inform you that there may be a provision of state law that relates to the privacy of your health information that may be more stringent than a standard or requirement under the Federal Health Insurance Portability and Accountability Act ("HIPAA"). A copy of any revised Notice of Privacy Practices or information pertaining to a specific State law may be obtained by request.

I. **Uses and Disclosures of Protected Health Information** Your PHI may be used and disclosed by your provider, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing your care and treatment for the purpose of providing health services to you, to pay your health care bills, to support the operation of the provider's practice, and any other use required by law.

**A. Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary, to a third party provider to whom you have been referred to ensure that the provider has the necessary information to diagnose or treat you.

**B. Payment:** Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for services or procedures may require that your relevant PHI be disclosed to the health plan to obtain approval for said services.

**C. Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of your provider's practice. These activities may include, but are not limited to, clinical improvement, professional peer review, licensing and accreditation, and conducting or arranging for other business activities.

We may use or disclose your PHI in the following situations without your authorization: as required by law, public health issues (as required by law), abuse or neglect, legal proceedings, law enforcement, and/or danger to self or others. Under the law, we must

make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance.

- D. **Other permitted and required Uses and Disclosures** will be made only with your consent, authorization, or opportunity to object unless required by law.
- E. **You may revoke this authorization** at any time, in writing, except to the extent that your provider or provider's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

## II. Your Rights

- A. **You have the right to inspect and copy your PHI.** Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI.
- B. **You have the right to request a restriction of your PHI.** This means that you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHE not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this notice of Privacy Practices. Your request must state the specific restrictions and to whom you want the restrictions to apply.  
Your provider is not required to agree to a restriction that you may request. If the provider believes it is in your best interest to permit use and disclosure of your PHI, your PHI may not be restricted. You then have the right to use another Healthcare Professional.
- C. **You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice** from us upon request, even if you have agreed to accept this notice electronically.
- D. **You have the right to Notice of Breach:** We take the confidentiality of our patients' information very seriously, and we are required by law to protect the privacy and security of your protected health information through appropriate safeguards. We will notify you in the event a breach occurs involving or potentially involving your unsecured health information and inform you of what steps you may need to take to protect yourself.
- E. **You have the right to have your provider amend your PHI.** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any material.
- F. **You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.**

## III. Complaints

- IV. You may complain to us or to the Secretary of health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for filing a complaint.**

If you have any objections to this form or would like to submit a request pursuant to this notice you may contact our HIPAA Compliance officer by phone at our main phone number or write to us at the address above.