

# NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

*(Pursuant to the US Department of Health and Human Services regulatory changes of the Omnibus Rule)*

## PATIENT'S RIGHTS

You have the right to:

- **Get a copy of your medical record**
  - You can ask to see or get a copy of your medical record and other health information Dr Serghi has about you. According to the Virginia Code, and the request for copies of medical records must be in writing, dated and signed by you, and include a reasonable description of the records sought. If someone is making a request on your behalf, he or she must provide evidence of the authority to receive the records (such as a power of attorney). Dr Serghi will accept a photocopy, facsimile, or other copy of the original signed by the requester as if it were an original. The doctor will provide a copy or a summary of your health information, usually within seven days of your request, and will charge the current cost-based fee allowed by the Code of Virginia.
- **Correct your medical record**
  - You can ask Dr Serghi to correct health information about you that you think is incorrect or incomplete. The doctor may say “no” to your request, and he will tell you why in writing within 30 days.
- **Request confidential communication**
  - You can ask Dr Serghi to contact you in a specific way (for example, home or office phone or by email only) or to send mail to a different address than for example home address. The doctor will say “yes” to all reasonable requests.
- **Ask the doctor to limit the information shared**
  - You can ask Dr Serghi not to use or share certain health information for treatment, payment, or my operations, as stipulated in your Authorization for Release of Protected Health Information. Because you pay for his services out-of-pocket in full, Dr Serghi does not have to share that information with your health insurer. The doctor will say “yes” unless the law requires me to share that information.
- **Get a list of those with whom the doctor has shared your information**
  - You can ask for a list of the times the doctor has shared your health information for up to six years prior to the date you ask, whom he has shared it with, and why. Dr Serghi will include all the disclosures made in accordance with your Authorization for Release of Protected Health Information.
- **Get a copy of this privacy notice**
  - You can ask for a paper copy of this notice at any time. Dr Serghi will provide it to you promptly. You can always and at any time find this privacy notice posted on the practice website.
- **Choose someone to act for you**
  - If you have 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. Dr Serghi will make sure the person has this authority and can act for you before he takes any action.
- **File a complaint if you believe your privacy rights have been violated**
  - You can complain if you believe that Dr Serghi has violated your rights by contacting his office using the contact information of the doctor’s practice. You can file a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **[www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)**. Dr Serghi will not retaliate against you for filing a complaint.

## PATIENT'S CHOICES

You have some choices in the way the doctor uses and shares your information as the doctor:

- **Tells your family and friends about your condition**
- **Provides disaster relief**
- **Includes you in a hospital directory**
- **Provides mental health care**
  - As previously stipulated in Patient's Rights section, your protected health information can only be disclosed with your prior written agreement, according to your Authorization for Release of Protected Health Information. This applies to family members as well, in cases of disaster relief, inclusion in a hospital directory or in the process of providing mental health care (for example communicating with other health providers involved in your care currently or previously for your benefit only).
- **Markets his services and sells your information**
  - Dr Serghi never markets or sells any patient information
- **Raises funds**
  - Dr Serghi never fundraises

## THE DOCTOR'S USES AND DISCLOSURES

Dr. Serghi may use and share your information as he:

- **Treats you**
  - Dr Serghi can use your health information and share it with other professionals who are treating you.
- **Runs his practice**
  - Dr Serghi can use and share your health information to run my practice, improve your care, and contact you when necessary.
- **Bills for services provided**
  - Dr Serghi does not share information with health insurance companies, as he is out-of-network with all health insurance companies in his private practice.
- **Helps with public health and safety issues**
  - Dr Serghi can share health information about you for certain situations and in accordance with the Virginia Code such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety.
- **Does research**
  - Dr Serghi can use or share your information for health research.
- **Complies with the law**
  - Dr Serghi must share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to verify that the doctor is complying with federal privacy law.
- **Responds to organ and tissue donation requests** (Not applicable to this practice)
- **Works with a medical examiner or funeral director**
  - Dr Serghi can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Address workers' compensation, law enforcement, and other government requests**
  - Dr Serghi 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 the law, for special government functions such as military, national security, and presidential protective services
- **Responds to lawsuits and legal actions**
  - Dr Serghi can share health information about you in response to a Court or administrative order, or in response to a subpoena.

### **The Doctor's Responsibilities**

- Dr Serghi is required by law to maintain the privacy and security of your protected health information.
- Dr Serghi will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- Dr Serghi must follow the duties and privacy practices described in this notice and give you a copy of it.
- Dr Serghi will not use or share your information other than as described here unless you tell him that he may, in writing. In that case you may change your mind at any time, and let the doctor know in writing that you changed your mind. You can find more information about this here:  
[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Conflicts Between State and Federal Privacy Laws**

Federal requirements preempt State laws that are contrary to the HIPAA Privacy Rule except where State law provides more stringent privacy rights, or requires reporting for public health safety or auditing health plans. The Commonwealth of Virginia had previously conducted an analysis to examine the interplay between the HIPAA Privacy Rule and Virginia laws that govern healthcare providers and confidentiality. The analysis concluded that Virginia law and the HIPAA Privacy Rule are generally consistent.

### **Changes to the Terms of this Notice**

The terms of this notice can change in response to new Federal laws, and the changes will apply to all information Dr Serghi has about you. If this occurs, the updated notice will be available upon request, in the doctor's office, and posted on his practice website.

## ACKNOWLEDGMENT

I acknowledge that I have received a copy of the Notice of Privacy Practices for Protected Health Information at the time of my first clinical appointment with Dr Alexandru Serghi, M.D., at Nova Neuropsychiatry, PLLC.

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date