



**NOTICE OF PRIVACY PRACTICES  
EFFECTIVE APRIL 14, 2003**

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.

**Our Duties**

We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties and privacy practices. We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change those terms and any changes made will be effective for all medical information we maintain. A copy of a revised notice will be available at our office, from our Privacy Officer by calling 540-373-4900, or by writing to Central Virginia OB/GYN, Attention: Privacy Officer, 1011 Care Way Suite 200, Fredericksburg, Va. 22401. You may also address questions regarding our privacy practices, your privacy rights, or requests for additional information regarding your privacy to this person.

**Permitted Uses**

We may use and disclose information for specific reasons:

- **Treatment:** We may use and disclose protected health information about you to provide you with medical treatment or services. We may disclose this information to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you. For example, we may disclose information to people outside of our office when scheduling tests or surgeries, arranging consultations with other physicians, telephoning in prescriptions, etc.
- **Payment:** We may use and disclose protected health information to obtain reimbursement for the health care provided to you. We may also use this information to obtain prior authorization for proposed treatment or to determine whether your plan will cover the treatment. We will also share this information with our billing service as needed to facilitate their efforts towards reimbursement from you or your insurance company.
- **Healthcare Operations:** We may use and disclose protected health information to support functions of our practice related to treatment and payment, such as case management and quality assurance. In addition, we may use your health information to evaluate staff performance, to help us decide what additional services we offer, and other management and administrative activities.

**Disclosures without Authorization**

We may use and disclose medical information about you, without specific authorization as follows:

- **Disclosures Required by Law:** We may be required by federal, state, or local law to disclose your medical information.
- **Public Health Activities:** We may disclose your medical information to a public agency, such as the Food and Drug Administration, if you experience an adverse effect from any drugs, supplies or equipment we use.
- **Victims of Abuse, Neglect, or Domestic Violence:** We may be required to disclose your medical information if we feel that you have been abused or neglected.
- **Health Oversight Activities:** We may be required to disclose your medical information to Medicare or a related agency if they select your case for medical review. **Judicial and Administrative Proceedings:** We may have to disclose your medical information if we receive a valid subpoena or court order.
- **Law Enforcement:** We may have to disclose your medical information in conjunction with a criminal investigation by a federal, state, or law enforcement agency.
- **Serious Threats to Health or Safety:** We may be required to disclose your medical information if, in our opinion, doing so will help avert a serious threat to the public.
- **Military Personnel:** We may disclose your medical information to the appropriate command authorities.

**1011 Care Way, Suite 200 Fredericksburg, VA 22401  
Phone (540) 373-4900 Fax (540) 373-5195**