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Patient Confidentiality Policy

Harrisonburg OBGYN collects information about your (patient) medical conditions, histories, medications and family illnesses. We understand the sensitive nature of this information and the importance to maintain confidentiality. We will not release or discuss patient-specific information with others unless it is necessary to serve you, the patient and proper authorization is obtained. This notice is to inform you how we may use and disclose medical information about you and the rights you have regarding medical information we maintain about you.

How we may use and disclose medical information about you:

For treatment: We may use information about you to provide you with medical treatment. We may disclose medical information about you to office staff and others involved in your care.

For Payment: We may use and disclose information about you for insurance and payment services.

For Health Care Operations: We may use and disclose information about you for practice operations to make sure that you receive quality care and for learning purposes.

Appointment Reminders: We may use and disclose information to contact you about appointments.

Phone Messages: We may call and leave messages on your voicemail unless directed otherwise.

Treatment Alternatives: We may use and disclose information to tell you about treatment options.

Individuals Involved in Your Care or Payment for Your Care: With your permission, we may release medical information about you to a friend or family member who is involved in your medical care. With your permission we may also give information to someone who helps pay for your care, unless otherwise directed by you or we are prohibited by law.

Disaster Relief Effort: 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.

As Required by Law: We will disclose information about you when required to do so by law.

To Avert a Serious Threat to Health or Safety: We may use and disclose information about you to prevent a serious threat to your health and safety.

Special Situations:

Organ and Tissue Donation: If you are an organ donor, we may release information to organ banks.

Military and Veterans: We may release information about military personnel as required.

Workers' Compensation: We may release information about you for workers' compensation.

Public Health Risks: We may disclose information to a public health agency as required by law.

Lawsuits and Disputes: We may disclose information about you in response to a court or administrative order, 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.

Law Enforcement: We may release information to law enforcement officials as required by law.

Coroners, Medical Examiners and Funeral Directors: We may release information to a coroner, medical examiner or funeral director as necessary.

National Security and Intelligence Activities and Protective Service for the President: We may release information about you to authorized federal officials for national security activities.

Inmates: We may release information about inmates to a correctional institution or law enforcement.

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 your medical information. This includes medical and billing records. This does not include psychotherapy notes. You must submit your request in writing to Harrisonburg OBGYN, Medical Records. You will be charged the allowable fee under Virginia law for this service. We may deny your request to inspect and copy. You may request that the denial be reviewed. Another neutral health care professional, not the person who denied your request will review your request and denial. We will comply with the outcome of the review.

Right to Amend: If you feel that your information is incorrect or incomplete, you may ask us to amend the information. You may request an amendment as long as the office has this information. Your request must include the reason, be made in writing and submitted to Harrisonburg OBGYN, Medical Records. We may deny your request to amend information not created by us, unless the person that created the information is no longer available; is not part of the information kept by the practice; is not information which you would be permitted to inspect and copy ; or is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request a list of the accounting of disclosures we made of your medical information. You must submit your request in writing to Harrisonburg OBGYN, Medical Records. Your request must state a time period, not longer than six years. Your first requested list within a year is free.

Right to Request Restrictions: You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment, and health care operations or to someone who is involved in your care or the payment of your care. **We are not required to agree to your request.** If we agree, we will comply with your request unless the information is needed in an emergency. You must make your request in writing to Harrisonburg OBGYN, Medical Records. You must tell us (1) what information you want to limit; (2) whether you wish to be contacted. We have the right to deny your request.

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.

Changes to This Notice: We reserve the right to change this notice and make the revised notice effective for information we already have about you as well as any future information. We will post a copy of the current notice in the office. Each time you register at the office you may ask and will be given a current copy.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with the office contact Harrisonburg OBGYN, Compliance Officer. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Other Uses of Medical Information: Other uses and disclosures of information not covered by this notice will be made only with your written permission. You may revoke that permission in writing at any time. Understand that we are unable to take back any permitted disclosures and that we are required to retain records of your care.

This notice is available in Spanish and will be supplied upon request.

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