



Family Focus, Inc.  
2727 Enterprise Parkway, Suite 202  
Henrico, VA 23294  
804-261-2090 | [www.familyfocusinc.com](http://www.familyfocusinc.com)

## **NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Family Focus, Inc is required by law to provide you with this Notice so that you will understand how we may use or share your information from your Designated Record Set. The Designated Record Set includes financial and health information referred to in this Notice as “Protected Health Information” (“PHI”) or simply “health information.” We are required to adhere to the terms outlined in this Notice.

If you have any questions about this Notice, please contact our HIPAA Compliance Officer, Carrie Hoge at 804.261.2090.

### **UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION**

Each time you visit a hospital, a physician, or another healthcare provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnosis, treatment, and plan for future care or treatment. This information, often referred to as your medical record, serves as the following:

- plan your care and treatment
- communicate with other health professionals involved in your care
- document the care you receive
- Means by which you or a third-party payer can verify that you actually received the services billed for
- educate health professionals
- provide information for medical research
- provide information to public health officials
- evaluate and improve the care we provide
- obtain payment for the care we provide

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**Understanding what is in your record and how your health information is used helps you to:**

- ensure it is accurate and complete
- better understand who may access your health information
- make more informed decisions when authorizing disclosure to others

**Written Acknowledgement:**

You will be asked to sign a written statement acknowledging that you have received and reviewed a copy of this notice.

**HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU**

The following categories describe the ways that we use and disclose health information. 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 into one of the categories.

- **For Treatment.** We may use and disclose your PHI for the purpose of providing treatment to you or for another health care provider providing treatment to you. Example: A physician, a physician's assistant, a therapist or counselor, a nurse, or another member of your health care team will record information in your record to diagnose your condition to determine the best course of treatment for you. The primary caregiver will give treatment orders and document what he or she expects other members of the health care team to do to treat you. Those other members will then document the actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment. We will also provide your physician, other health care professionals, or subsequent health care providers copies of your records to assist them in treating you once we are no longer treating you. Note that some health information, such as substance abuse treatment information, may not be disclosed without your consent.
- **For Payment.** We may use and disclose health information about you so that the treatment and services you receive may be billed to you, an insurance company or a third party. For example, in order to be paid, we may need to share information with your health plan about services provided to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose health information about you for to support our daily operations. These healthcare operations include, but are not limited to, quality assessment activities, employee review activities, training, licensing, or to determine where we can improve the services and care we offer.
- **For Appointment Reminder and Scheduling.** We may use or disclose your protected health information to contact you to remind you of your appointment by mail, telephone, or email. Our message will include the name of our practice or the name of our provider as well as the date and

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time of your appointment. We may also leave you information regarding referral names and numbers.

- **Minors.** We may disclose PHI of minor information to their parents or guardians unless such disclosure is otherwise prohibited by law.

#### **OTHER ALLOWABLE USES OF YOUR HEALTH INFORMATION**

- **Business Associates.** We may use or disclose your protected health information to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. To protect your health information, however, we require the business associate to appropriately safeguard your information.

- **Health-Related Benefits and Services.** We may use or disclose your protected health information to provide you with treatment alternatives or other health-related benefits and services that may be of interest to you.

- **Communication with Family.** Unless you object, we as healthcare professionals, using our best judgement, may disclose to a family member, another relative, a close personal friend, or any other person that you identify health information relevant to that person's involvement in your care or payment related to your care. In addition, we may disclose health 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 health 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 health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.

- **Military and Veterans.** If you are a member of the armed forces, we may disclose health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

- **Research.** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

- **Workers' Compensation.** We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **Reporting Federal and state laws** may require or permit FAMILY FOCUS, INC. to disclose certain health information related to the following:

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- Public Health Risks. We may disclose health information about you for public health purposes, including: Prevention or control of disease, injury or disability
  - Reporting births and deaths;
  - Reporting child abuse or neglect;
  - Reporting reactions to medications or problems with products;
  - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease;
  - Notifying the appropriate government authority if we believe a resident 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.
  - **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include 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.
  - **Judicial and Administrative Proceedings:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health 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.
  - Reporting Abuse, Neglect or Domestic Violence: Notifying the appropriate government agency if we believe a resident has been the victim of abuse, neglect or domestic violence.
- Law Enforcement. We may disclose health information when requested 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 you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at the Facility; 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.
  - Data Breach Notification Purposes: We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.

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- Coroners, Medical Examiners and Funeral Directors. We may disclose medical information to a coroner, medical examiner or funeral director so that they can carry out their duties.
- National Security and Intelligence Activities. We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- Correctional Institution: Should you be an inmate of a correctional institution; we may disclose to the institution or its agent's health information necessary for your health and the health and safety of others.

### **OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

Although your health record is the property of FAMILY FOCUS, INC., the information belongs to you. You have the following rights regarding your health information:

- **Right to Inspect and Copy.** With some exceptions, you have the right to review and copy your health information. You must submit your request in writing to Family Focus, Inc. 2727 Enterprise Parkway, Suite 202, Henrico, VA 23294, Attn: Carrie Hoge. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- **Right to Amend.** If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by FAMILY FOCUS, INC. You must submit your request in writing to Family Focus, Inc. 2727 Enterprise Parkway, Suite 202, Henrico, VA 23294 Attn: Carrie Hoge. In addition, you must provide a reason for your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.
  - In addition, we may deny your request if you ask us to amend information that:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the health information kept by or by Family Focus, Inc.; or
  - Is accurate and complete.

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• **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures". This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations. You must submit your request in writing to Family Focus, Inc. 2727 Enterprise Parkway, Suite 202, Henrico, VA 23294, Attn: Carrie Hoge. Your request must state a time period which may not be longer than six years from the date the request is submitted and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

• **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you may request that we limit the health information we disclose to someone who is involved in your care or the payment for your care. 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. You must submit your request in writing to Family Focus, Inc. 2727 Enterprise Parkway, Suite 202, Henrico, VA 23294, Attn: Carrie Hoge. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

• **Right to Request Alternate Communications.** You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box. You must submit your request in writing to Family Focus, Inc. 2727 Enterprise Parkway, Suite 202, Henrico, VA 23294, Attn: Carrie Hoge. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

• **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.

You may obtain a copy of this Notice at our website, [www.familyfocusinc.com](http://www.familyfocusinc.com). To obtain a paper copy of this Notice, contact 804-261-2090.

#### **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 health 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 at the Family Focus, Inc. location on the website. The Notice will specify the effective date on the first page, in the top right-hand corner. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions and copies can be obtained by contacting FAMILY FOCUS, INC.'s administrator.

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## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with FAMILY FOCUS, INC. or with the Secretary of the Department of Health and Human Services.

To file a complaint with FAMILY FOCUS, INC., contact:

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All complaints must be submitted in writing. You will not be penalized for filing a complaint.