

**Associates In Primary Care, P.C.**  
426 East Freemason Street, Norfolk, Virginia 23510  
**NOTICE OF PRIVACY PRACTICES SUMMARY**  
Effective April 14, 2003, Revised January 1, 2023

This is a summary of how your protected health information is used and disclosed and how you can obtain access to this information. Our full Notice of Privacy Practices is posted in the reception area for your review. Please see the front desk if you would like a full copy of our Notice of Privacy Practices.

**Uses and Disclosures of Health Information**

We use health information about you for treatment, to obtain payment for treatment, for health care operations and to evaluate the quality of care that you receive.

Subject to certain requirements, we may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area and in each examination room. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the Privacy Officer.

**Your Rights**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. Subject to certain restriction, you have the right to:

- request a restriction on certain uses and disclosures of your information
- obtain a paper copy of the notice of privacy practices upon request
- obtain an electronic copy of your Electronic Medical Record
- be notified in the event of a breach in your Protected Health Information
- inspect and obtain a copy of your health record
- request an amendment of your health record
- obtain an accounting of disclosures of your health information
- request communications of your health information by alternative means or at alternative locations

See the complete Notice of Privacy Practices for an explanation of your rights pertaining to your protected health information and a brief description of how you may exercise these rights.

**Affiliations**

We have entered into an agreement with Sentara Accountable Care Organization, LLC ("ACO") and/or Sentara Quality Care Network, LLC ("CIN") to participate in the ACO and/or CIN. Through our affiliation with the ACO and/or CIN, we and other participants in the ACO and/or CIN are designated as an Organized Health Care Arrangement ("OHCA"), as defined at 45 C.F.R. § 160.103. As a member of the OHCA, in addition to the other authorized uses and disclosures outlined in this notice, we may use and disclose your medical information/PHI (Protected Health Information) to the ACO and/or CIN and other ACO and/or CIN and OHCA participants for purposes of conducting quality assessment and improvement activities, conducting utilization review, carrying out treatment, payment, or health care operations relating to the OHCA, and performing other clinically integrated network activities. We are participating in CommonWell Health Alliance and CareQuality, services that allows a network of healthcare providers to identify patients, securely send and receive medical information to help ensure patients receive optimal care. For our Anthem and Anthem Medicare Advantage patients, we have entered into an agreement with Aledade Accountable Care 111, LLC and their vendor, HealthJump, Inc. This partnership is designed to send and receive medical information for the purpose of care coordination for our patients.

**Complaints**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the Privacy Officer at the address listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The entity listed below can provide you with the appropriate address upon request.

**Our Legal Duty**

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice. If you have any questions or complaints, please contact: Associates in Primacy Care, P.C., Privacy Officer, 426 East Freemason Street, Norfolk, Virginia 23510. Telephone: (757) 623-6072. Our office complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

WRITTEN ACKNOWLEDGEMENT

I acknowledge that I have reviewed the **Notice of Privacy Practices** which provides a description of information uses and disclosures.

<hr style="border-top: 1px solid black;"/>		<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>
<b>Signature of Patient or Legal Representative</b>	<b>Date</b>	<b>Witness</b>	<b>Date</b>
<b>For Associates In Primary Care, P.C. Official Use Only</b>			

Associates in Primary Care, P.C made a good faith effort to obtain patient's written acknowledgement of the *Notice of Privacy Practices* but was unable to do so for the reasons documented below:

- Patient or patient's personal representative refused to sign
- Patient or patient's personal representative unable to sign

Employee Name: \_\_\_\_\_ Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_