

Notice of Privacy Practices

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.

What is this Notice

This notice is required by law to inform you of how your health information will be protected, how our office may use or disclose your health information, and about your rights regarding your health information.

Our Responsibilities

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of our workforce and businesses associates, and provide this notice about our privacy practices.

Understanding Your Health Information

Each time you visit a physician, healthcare provider or hospital, a record of your visit is made. Typically, this record contains a description of your symptoms, medical history, examination and test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a basis for planning your care and treatment, for updating other healthcare professionals who treat you, for verifying accurate billing, and as a legal document of the care you receive.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

Your Rights

You have the following rights related to your medical and billing records kept by us:

Obtain a copy of this notice. You will receive a copy of this notice at your first visit after its publication. Thereafter you may request a copy of this notice from our staff.

Authorization to use your health information. Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.

Access to your health information. You may request a copy of your health information at any time. Your first copy of saliva or blood test results is provided free at your appointment. Thereafter, we charge a nominal amount for the copies.

Lisa J. Roberts, CNM
Femme Care Inc.
18 Haggerty Lane, Suite 103
Staunton, VA 24401
P: 540-414-8585
F: 540-414-8597

Amend your health information. If you believe the information we have about you is incorrect or incomplete, you may request that we correct the existing information or add the missing information. We reserve the right to accept or reject your request and will notify you of our decision.

Limit our use or disclosure of your health information. You may request in writing that we restrict the use or disclosure your health information for treatment, payment, health care operations, or any other purpose except when specifically authorized by you, when we are required by law, or in an emergency situation in order to treat you. We will consider your request and respond, but we are not legally required to agree if we believe your request would interfere with our ability to treat you or collect payment for our services.

Accounting of disclosures. You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment, or healthcare operations. Disclosures that we make with your authorization will not be listed.

Examples

The following examples will help you understand the ways in which we may use or disclosure you health information:

- **To facilitate your medical treatment.**
- **To collect payment for health care services that we provide.**
- **To facilitate routine healthcare operations.**
- **To notify your family and friends about your condition. (with your consent)**
- **To inform persons about your death.**
- **To remind you about appointments.**
- **To inform you about our healthcare services.**
- **To solicit your participation in research studies.**
- **To comply with workers compensation laws.**
- **To comply with other laws such as public health, abuse and crime reporting, or health registry reporting.**
- **Billing Purposes**

We reserve the right to change our policies and procedures for protecting health information. When we do so we will also change this notice.