Patient Privacy Notice

Document History	
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Your Information. Your Rights. Our Responsibilities.

EFFECTIVE DATE OF THIS NOTICE: 2/9/2026

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. If you have any questions about this notice, please contact the Urology of Virginia Privacy Officer at #757-457-5100, ext 3694.**

Our Pledge Regarding Medical Information:

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. We create a record of the care and services you receive at Urology of Virginia. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated here at Urology of Virginia. Whether made by Urology of Virginia personnel or your personal physician. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

Your Rights

You have the right to:

- Obtain a copy of your paper or electronic medical record
- Request a correction be made to your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Obtain a list of those with whom we've shared your information
- Obtain a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share your information to:

- Tell family and friends about your condition
- Provide disaster relief
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information to:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government request
- Respond to lawsuits and legal actions
- Train medical students

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Obtain an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Request a correction be made to your paper or electronic medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Obtain a list of those with whom we've shared your information

- You can ask for a list (accounting) of the times we've shared your health information, who we shared it with, and why for six years prior to the date you ask.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Obtain a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you believe your privacy rights have been violated

- You can file a complaint if you feel we have violated your rights by contacting our privacy officer at #757-452-3694, by asking one of our staff for a HIPAA complaint form, or by writing a letter to HIPAA Privacy Officer, 225 Clearfield Ave., Virginia Beach, VA 23462. Forms and letters can be dropped off at our office in a sealed envelope or mailed anonymously, if desired.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In this case, we never share your information unless you give us written permission to do so:

- Sale of your information

In the case of fundraising and marketing purposes:

- We may contact you, but you can tell us not to contact you again and we will honor that request.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary, such as reminding you that you have an upcoming appointment. Our contact with you may be written or verbal and can include contact by electronic medical record (Mychart), mailings, phone, fax, or email.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities. We can contact you to discuss your bill or ask questions about your health insurance coverage.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the privacy practices described in this notice and provide you a copy of this notice, if requested.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

To Contact Our Privacy Officer Call or Write:

Cedric Jones, Clinical Coordinator
225 Clearfield Ave, Virginia Beach, VA 23462
#757-452-3694