



7941 New Chipping Lane, New Kent, VA 23124

Phone: 757-969-5200 Fax: 757-969-5201

NOTICE OF PRIVACY PRACTICES

Effective October 1, 2018

This Notice of Privacy Practices describes how we may use and disclose your health information to carry out treatment, payment, or health care operations, or for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to your health information. Below is a summary of our obligations and your rights. Please review it carefully.

YOUR RIGHTS

You have the right to:

- Receive a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Receive a list of those with whom we've shared your information
- Receive 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 information as we:

- Tell your family and friends about your condition.
- Market our services. On a rare occasion APEX may ask you to be included in a marketing campaign, however it would never be done without your specific written consent at the time the campaign was created. We cannot use your name, information or likeness without your permission.

OUR USES AND DISCLOSURES

We may share your information as we:

- Run our organization
- Treat you
- Bill for your services
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

OUR RESPONSIBILITIES

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

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 website.

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