HIPAA NOTICE OF PRIVACY PRACTICES

Hampton Roads Gastroenterology

Effective Date: April 13, 2013

Revised June 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.

Hampton Roads Gastroenterology ("we," "our," or "the Practice") is committed to protecting the privacy of your health information. This Notice of Privacy Practices describes how we may use and disclose your protected health information ("PHI"), as permitted by law, and describes your rights regarding your health information.

We are required by law to maintain the privacy of your PHI; provide you with this Notice describing our privacy practices and legal duties; follow the terms of the Notice currently in effect; and notify you following a breach of unsecured PHI as required by law.

If you have questions regarding this Notice, please contact our Privacy Office.

A. How We May Use or Disclose Your Health Information

We may use or disclose your PHI without your written authorization for the following purposes:

1. Treatment. We may use and disclose your health information to provide, coordinate, or manage your medical care. For example, we may share information with physicians, specialists, laboratories, pharmacies, hospitals, or other healthcare providers involved in your treatment.
2. Payment. We may use and disclose your health information to bill and collect payment for services provided. This may include sharing information with insurance companies, Medicare, Medicaid, clearinghouses, or other entities involved in payment processing.
3. Healthcare Operations. We may use and disclose your health information for our healthcare operations, including quality assessment and improvement activities; reviewing provider performance; compliance activities; audits; credentialing and licensing; medical review; training; business planning; and administrative activities. We may share PHI with our business associates who perform services for us, such as billing, electronic health record services, IT support, or other administrative services. These companies are required to protect your information through written agreements.
4. Appointment Reminders and Communications. We may contact you using the contact information you provide, including by phone, voicemail, text message, email, or patient portal, regarding: appointments; procedure instructions; follow-up care; billing matters; prescription-related communications; and other healthcare-related information. You may request restrictions on certain communications as described below.
5. Individuals Involved in Your Care. Unless you object, we may share relevant information with family members, friends, caregivers, or other individuals involved in your care or payment for your care.
6. Sale of Health Information. We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.
7. Required by Law. We may use or disclose your PHI when required by federal, state, or local law.
8. Public Health Activities. We may disclose PHI for public health activities, including reporting diseases or conditions; preventing or controlling illness; reporting adverse events involving medications or medical products; reporting abuse, neglect, or domestic violence when required by law.
9. Health Oversight Activities. We may disclose PHI to government agencies authorized to conduct audits, investigations, inspections, licensing activities, and other oversight functions.
10. Legal Proceedings and Law Enforcement. We may disclose PHI when permitted or required by law, including court orders; subpoenas; law enforcement requests; investigations; identification of individuals involved in legal proceedings.

11. Serious Threats to Health or Safety. We may disclose PHI when necessary to prevent or reduce a serious threat to the health or safety of a person or the public.
12. Specialized Government Functions. We may disclose PHI for certain military, national security, correctional institutions, or government functions as permitted by law.

B. Uses and Disclosures Requiring Authorization

Most uses and disclosures of psychotherapy notes, certain uses and disclosures for marketing purposes, and disclosures that constitute a sale of PHI require your written authorization. If you authorize us to use or disclose your PHI, you may revoke that authorization in writing at any time, except to the extent we have already relied on it.

C. Your Health Information Rights

1. Right to Request Restrictions. You may request limits on how we use or disclose your PHI. Requests must be submitted in writing. If you request that we not disclose information to your health plan regarding services you paid for completely out-of-pocket, we will honor that request unless disclosure is required by law.
2. Right to Confidential Communications. You may request that we communicate with you in a specific way or location, such as a different phone number, mailing address, or other method.
3. Right to Access Your Health Information. You have the right to inspect and obtain copies of your health information, subject to certain legal limitations. Requests must be submitted in writing. We may charge a reasonable cost-based fee as permitted by law.
4. Right to Request an Amendment. You may request correction of information you believe is incorrect or incomplete. Requests must be submitted in writing.
5. Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures of your PHI made by us, as permitted by law.
6. Right to Receive a Copy of This Notice. You have the right to receive a paper copy of this Notice at any time, even if you agreed to receive it electronically.

D. Special Privacy Protections

Certain types of information may have additional protections under federal or state law, including information related to substance use disorder treatment records, mental health information, reproductive healthcare information, and other specially protected categories.

We will comply with all applicable privacy requirements.

E. Our Responsibilities

We are required to: protect your PHI; provide this Notice describing our privacy practices; notify you of certain breaches involving unsecured PHI; follow the privacy practices described in this Notice.

We reserve the right to change this Notice. Any revised Notice will apply to all PHI maintained by the Practice. Updated versions will be available in our office and on our website.

F. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services Office for Civil Rights.

You will not be retaliated against for filing a complaint.

To file a complaint with the Office for Civil Rights:
U.S. Department of Health and Human Services
Office for Civil Rights
Website: https://www.hhs.gov/ocr/privacy/hipaa/complaints/