# NOVA NEUROLOGY CENTER
# 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.**

This Notice of Privacy Practices explains how NOVA Neurology Center may use and disclose your protected health information (PHI) to treat you, obtain payment for the care we provide, and conduct our health care operations. It also explains other circumstances in which we may use or disclose PHI as permitted or required by law and describes your rights regarding your health information.

PHI is individually identifiable health information, including demographic and genetic information, that relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or payment for health care. We are required by law to maintain the privacy and security of your PHI, provide you with this Notice, follow the Notice currently in effect, and notify you following a breach of unsecured PHI when notification is required by law.

We reserve the right to change this Notice and make the revised Notice effective for all PHI we maintain, including PHI created or received before the change. The current Notice will be available in our office, on our website, and upon request.

## 1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your PHI may be used and disclosed by our physicians, staff, and other persons involved in your care and treatment. It may also be used and disclosed for payment and to support the operation of our practice. When the HIPAA minimum-necessary standard applies, we will make reasonable efforts to limit uses, disclosures, and requests for PHI to the minimum necessary to accomplish the intended purpose. The minimum-necessary standard does not apply to certain uses and disclosures, including disclosures to or requests by health care providers for treatment.

### Treatment

We may use and disclose your PHI to provide, coordinate, or manage your health care and related services. We may share PHI, including electronically, with physicians, pharmacies, laboratories, hospitals, therapists, and other health care professionals who provide treatment or services to you. We may use and disclose PHI for electronic prescribing and medication-history purposes as permitted by law. For example, we may disclose relevant information to a physician to whom you have been referred so that the physician has information necessary to diagnose or treat you.

We may call you by name in the waiting room when your physician or other health care professional is ready to see you. We use reasonable safeguards to limit incidental disclosures of health information.

### Payment

We may use and disclose your PHI to bill and obtain payment from you, your insurance company, governmental programs, or other responsible parties for health care services provided by NOVA Neurology Center. This may include determining eligibility or coverage, obtaining prior authorization, reviewing medical necessity, conducting utilization review, and providing documentation necessary to support payment for services.

### Health Care Operations

We may use and disclose your PHI to support the business and clinical operations of our practice. These activities may include maintaining electronic medical records; quality assessment and improvement; patient-safety activities; activities designed to improve health or reduce health care costs; protocol development; case management and care coordination; employee review; accreditation, licensing, and credentialing; compliance reviews and auditing; legal services; business development and planning; and other business-management and administrative activities.

### Training and education

Health care operations may include lawful training and educational activities involving medical students, residents, health care professionals, staff, and other persons participating in authorized training activities. If a student or trainee will participate in or observe your clinical encounter, we will inform you as appropriate, and you may tell us if you do not want a student or trainee present.

We may disclose PHI to other health care entities for certain health care operations when permitted by law, such as quality review and audit activities. We may also disclose PHI to third-party business associates that perform services for us, such as billing, information technology, testing, transcription, or other administrative services. When required, our business associates are subject to written agreements requiring appropriate safeguards for PHI.

### Family, Friends, Caregivers, and Others Involved in Your Health Care

Unless you object, we may share PHI directly relevant to your care or payment for your care with a family member, relative, close friend, caregiver, or other person you identify as involved in your care or payment. If you are present and able to make decisions, we will give you an opportunity to agree or object when required. If you are unavailable, incapacitated, or in an emergency, we may disclose relevant information when, in our professional judgment, doing so is in your best interest and is permitted by law.

We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or other person responsible for your care about your location, general condition, or death. We may also disclose relevant PHI to an authorized public or private entity assisting in disaster-relief efforts.

### Appointment Reminders and Health-Related Communications

We may use and disclose your PHI to remind you of scheduled appointments or recommended services and to communicate with you about treatment alternatives, health-related benefits, or services as permitted by law.

### Electronic Health Information Exchange (HIE)

We may participate in secure electronic Health Information Exchanges (HIEs) and interoperability networks available through our electronic health record system. These networks may allow authorized health care providers and other permitted participants to securely access and exchange your health information electronically for treatment and other purposes permitted or required by law. Electronic exchange can help coordinate your care, reduce unnecessary duplication of services, and make relevant health information available to authorized providers when needed. If you wish to opt out of an HIE or interoperability network for which an opt-out option is available, you must complete and submit a signed HIE Opt-Out Form to our Privacy Officer. You may obtain the HIE Opt-Out Form from our office. We will process your request in accordance with the requirements and limitations of the applicable HIE, interoperability network, and applicable law. Opting out of a particular HIE or interoperability network does not prevent NOVA Neurology Center from using or disclosing your health information through other methods when permitted or required by law, including disclosures for treatment, payment, health care operations, or other legally authorized purposes.

### OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES FOR PUBLIC POLICY PURPOSES

**Required by Law.** We may use or disclose PHI to the extent required by federal, state, or local law.

**Public Health.** We may disclose PHI for public-health activities to public-health authorities or other persons authorized by law, including disease prevention or control and other legally authorized activities.

**Communicable Diseases.** When authorized by law, we may disclose PHI to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

**Health Oversight.** We may disclose PHI to health-oversight agencies for activities authorized by law, such as audits, investigations, inspections, licensing, and disciplinary actions.

**Abuse, Neglect, or Domestic Violence.** We may disclose PHI to governmental or other authorized entities concerning suspected child abuse or neglect, or when permitted or required by law concerning abuse, neglect, or domestic violence.

**Food and Drug Administration.** We may disclose PHI to persons subject to FDA jurisdiction for legally authorized activities such as reporting adverse events, product defects or problems, biologic-product deviations, product tracking, recalls, repairs or replacements, and post-marketing surveillance.

**Legal Proceedings.** We may disclose PHI in judicial or administrative proceedings in response to a court or administrative order or, when applicable legal requirements have been satisfied, in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement.** We may disclose PHI for law-enforcement purposes when permitted or required by law, including in response to certain legal processes, concerning certain victims of crime, deaths suspected to result from criminal conduct, crimes occurring on our premises, or certain medical emergencies in which criminal conduct may have occurred.

**Coroners, Medical Examiners, Funeral Directors, and Organ Donation.** We may disclose PHI to coroners, medical examiners, funeral directors, and organizations involved in organ, eye, or tissue donation as permitted by law.

**Research.** We may use or disclose PHI for research when permitted by law, including research approved through an Institutional Review Board or Privacy Board process or otherwise meeting applicable HIPAA requirements. When a specific authorization is required for research, we will obtain it.

**Serious and Imminent Threats.** Consistent with applicable federal and state law and standards of ethical conduct, we may use or disclose PHI when we believe in good faith that disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Military, National Security, and Protective Services.** When applicable legal conditions are met, we may disclose PHI for certain military, veterans, national-security, intelligence, or protective-service activities.

**Workers' Compensation.** We may disclose PHI as authorized by and to the extent necessary to comply with workers' compensation and similar programs established by law.

**Inmates and Persons in Custody.** If you are an inmate of a correctional institution or in the custody of a law-enforcement official, we may disclose PHI to the institution or official as permitted by law.

**Disclosures to the U.S. Department of Health and Human Services.** We must disclose PHI to the Secretary of HHS when required for HIPAA compliance investigations, reviews, or enforcement.

### SUBSTANCE USE DISORDER RECORDS (42 CFR PART 2)

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

### OTHER USES AND DISCLOSURES REQUIRING AUTHORIZATION

Uses and disclosures of PHI not otherwise permitted or required by law or described in this Notice will be made only with your written authorization when authorization is required. This includes most uses and disclosures of psychotherapy notes, marketing communications for which authorization is required, and the sale of PHI. We do not use or disclose your PHI for fundraising purposes. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on the authorization or as otherwise provided by law.

## 2. YOUR RIGHTS

**Right to Access.** You have the right to inspect and obtain copies of PHI in a designated record set, subject to limited exceptions permitted by law. You may request the form and format you prefer, including an electronic copy when readily producible. If we cannot readily produce the requested format, we will work with you to provide an agreed alternative. We will respond within the time required by applicable law. We may charge only fees permitted by federal and Virginia law. Certain records are excluded from the HIPAA right of access, including psychotherapy notes and information compiled in reasonable anticipation of, or for use in, certain civil, criminal, or administrative proceedings. Additional access rights may be available under Virginia law.

**Right to Request Restrictions.** You may ask us to restrict certain uses or disclosures of PHI for treatment, payment, or health care operations or disclosures to persons involved in your care. We generally are not required to agree to a requested restriction. If you pay in full out of pocket for a health care item or service and ask us not to disclose information about that item or service to your health plan for payment or health care operations, we will honor the request unless disclosure is required by law. Please contact our Privacy Officer using contact information below to request a restriction. For restriction requests that we are not required by law to honor, we will notify you whether we agree to or deny your request. Any such restriction will become effective when we notify you that we have agreed to it.

**Right to Request Confidential Communications.** You may ask us in writing to communicate with you about health matters in a particular way or at a particular location. We will accommodate reasonable requests as required by law.

**Right to Request Amendment.** You may ask us in writing to amend PHI you believe is incorrect or incomplete. Your request should explain why you believe the information should be amended. We may deny a request under circumstances permitted by law and will provide the required explanation.

**Right to an Accounting of Disclosures.** You may request, in writing, an accounting of certain disclosures of your PHI made during the six years prior to the date of your request. The accounting does not include disclosures for treatment, payment, or health care operations and certain other disclosures for which an accounting is not required by law.

**Right to a Paper Copy of this Notice.** You may obtain a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

**Personal Representatives.** If another person has legal authority to act as your personal representative regarding health care matters, we will recognize that person's rights as required by law after appropriate verification.

## 3. QUESTIONS AND COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with NOVA Neurology Center or with the U.S. Department of Health and Human Services, Office for Civil Rights. To file a complaint with the practice, contact our Privacy Officer below. We will not penalize or retaliate against you for filing a complaint. If you have questions about this Notice or our privacy practices, please contact our Privacy Officer.

### PRIVACY OFFICER / HOW TO CONTACT US

**NOVA Neurology Center - Privacy Officer**
2296 Opitz Blvd, Suite 260, Woodbridge, VA 22191
Phone: 571-989-3090 Fax: 571-234-6721
Email: info@novaneurology.com Website: www.novaneurology.com

**This Notice was last updated and effective as of 08/19/2026.**