

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE ACCESSED, USED AND DISCLOSED
— PLEASE REVIEW CAREFULLY —

For questions, please contact CRH Privacy Officer at 757-312-6506.

Each time you visit a hospital, physician, or other health care provider a record of your visit is made. The record will contain your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment and billing-related information. This notice applies to all of the records of your care generated by Chesapeake Regional Healthcare (CRH), whether made by CRH personnel, agents of CRH or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. The notice also describes your rights with respect to protected health information. Protected health information (PHI) is the information about you, including basic demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

CRH will abide by the terms of this notice. We will not use or disclose your protected health information without your written permission, except as described in this notice. We reserve the right to change our practices and this notice and to make the new notice effective for all protected health information we maintain. The notice in effect at any given time will be posted on our web site, <https://chesapeakeregional.com/patients-visitors/privacy-notices-legal-information>, and in waiting areas throughout CRH. Upon your request, we will provide you with a revised notice.

USES AND DISCLOSURES: How your health information may be disclosed to others.

For Treatment: CRH may use health information about you to provide your treatment or services. We may disclose health information about you to doctors, nurses, technicians or other facility personnel who are involved in taking care of you at the facility. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the health process. Different CRH departments may share health information about you to coordinate the different services you may need, such as prescriptions, lab work, meals, and x-rays.

For Payment: We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company, or a third-party payer. We may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

For Health Care Operations: Members of the medical staff and/or Performance Improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. We may combine health information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purposes.

For Directory: We may include certain limited information about you in the Facility Directory while you are a patient at CRH. The information may include your name, location in CRH, your general condition (good, fair) and your religious affiliation. This information may be provided to members of the clergy and except for religious affiliation, to other people who ask for you by your name. If you would like to opt out of being in the Facility Directory, please request the Opt Out Form from the Hospital Registration staff or CRH Privacy Officer at 757-312-6506.

For Individuals Involved in Your Care or Payment for Your Care: We may release health information about you to a friend or family member who is legally authorized in your medical care or any other person you identify and provide authorization.

For Notification: We may use or disclose your PHI to notify or assist in notifying a family member, personal representative or another person responsible for your care, of your location and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that you or they have provided us.

For Research: We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research and granted a waiver of the authorization requirement.

For Future Communications: We may communicate to you via newsletters, mail outs, or other means regarding treatment options, health-related information, disease management programs, wellness programs or other community-based initiatives or activities CRH is participating in.

For Organized Health Care Arrangements: CRH and its medical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.

For Disaster Relief: We may use or disclose your PHI to an entity assisting in a disaster relief effort (such as the American Red Cross) for the purpose of coordinating with such entities to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition.

For Reproductive and Sexual Health Information: Virginia law requires that any individual seeking to obtain, disclose, sell or disseminate your personally identifiable reproductive or sexual health information may not do so without your consent.

For Substance Use: Substance Use Disorder (SUD) is a complex condition in which there is uncontrolled use of a substance despite harmful consequences. SUD information has the following confidentiality conditions:

- Patient may provide a single consent for all future uses and disclosures for treatment, payment, and health care operations.
- Covered entities and business associates may receive records under this consent to redisclose the records in accordance with the Health Insurance Portability and Accountability Act (HIPAA) regulations.
- Permits disclosure of a patient's medical records without patient consent to public health authorities, provided that the records disclosed are de-identified according to the standards established in the HIPAA Privacy Rule.
- Restricts the use of records and testimony in civil, criminal, administrative, and legislative proceedings against patient, absent patient's written consent or a court order.

For More information, please see: <https://www.hhs.gov/hipaa/for-professionals/regulatory-initiatives/fact-sheet-42-cfr-part-2-final-rule/index.html>

For Victims of Abuse, Neglect or Domestic Violence: We may disclose PHI about you to a government authority, if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by the law.

As required by law, healthcare providers may also use and disclose health information for the following types of entities, including but not limited to:

• **Food and Drug Administration (FDA).** We may disclose to the FDA or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to food, medicines, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

• **Public Health or Legal Authorities.** We may disclose relevant information to these authorities who are charged with preventing or controlling disease, injury, or disability and or charged with collecting data on births and deaths.

• **Correctional Institutions.** If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and the health and safety of other individuals.

• **Workers Compensation Agents.** We may disclose your PHI to the extent authorized by law and as necessary to comply with laws relating to worker's compensation.

• **Organ and Tissue Donation Organizations.** Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

• **Military Command Authorities.** If you are a member of the armed forces, we may release PHI about you as required by military command authorities.

• **Regulatory Compliance.** Federal law allows your PHI to be released to a health care oversight agency, public health authority or attorney, if a member of our work force or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

• **Funeral Directors, Coroners, and Medical Examiners.** We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable laws to enable them to carry out their duties.

• **National Security and Intelligence Agencies.**

We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Law Enforcement/Legal Proceedings. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. We will disclose your PHI when required to do so by federal, state or local law. If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order. Subject to applicable state law, we may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made, either by us or the requesting party, to tell you about the request or to obtain an order protecting the information requested.

OTHER USES AND DISCLOSURES OF PHI

We will obtain your written authorization before using or disclosing your PHI for purposes other than those provided for above or as otherwise permitted as required by law. You may revoke an authorization in writing at any time. Upon receipt of a written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

Health Information Exchange (HIE)

Chesapeake Regional Healthcare participates in the Med Virginia Health Information Exchange (HIE), a secure, Internet-based virtual health record that allows participating health care providers access to your health information.

Benefits to using an HIE include:

- A more complete and accurate health record
- Timely access for providers
- Better collaboration among providers
- More informed decisions made about your care
- A reduction in mistakes

Information that will be included in the HIE:

- Medications, allergies, present and past test results, summaries of past and current health problems, etc.

Information that will not be included in the HIE:

- Psychotherapy notes or other information that requires your specific authorization to release under federal law

What if I don't want my information shared with the HIE?

- Unless you inform Chesapeake Regional Healthcare that you opt out of sharing your information with the HIE, your health information will be submitted and visible to your providers through the HIE.
- If you would like to opt out, please ask the registrar for an Opt-Out Form or download one from our website at <https://ChesapeakeRegional.com/sites/default/files/2018-09/HIE%20Opt%20Out%20Form.pdf> or contact our Privacy Officer at 757-312-6506.
- Your choice to opt out of the HIE will not affect your ability to access medical care or prevent your providers from receiving your lab results, radiology reports and other test results they previously received by mail, fax or other electronic communication.
- Opting out of the HIE means your providers will not be able to search for your health information through the HIE while treating you.
- Opting out will not prevent your providers from sharing your health information when necessary for public health that is permitted and/or required by Virginia and federal law.

Who can I contact to ask questions? You can call the CRH Compliance Hotline at 757-312-5267 or ask your questions online at <https://ChesapeakeRegionalHealthcarecompliance.com> to receive answers to your questions. **Your health records are the physical property of the healthcare provider or facility that compiled the records, you have the Right to the following:**

Inspect and Obtain a Copy of Your Information: You have the right to inspect and obtain a copy of the health information about you contained in your medical and billing records for as long as CRH maintains the information. If you request a copy of the information, we may charge you a fee for the costs of copying, mailing or other supplies that are necessary to grant your request. We may deny your request to read and copy your PHI in certain limited circumstances. If we deny your request, you can ask us to reconsider the denial. Depending on the reason for the denial, we may ask a licensed health care professional to review your request and the denial.

Amend Your Information: If you feel the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by CRH. Any request for an amendment must be sent in writing to the Privacy Officer. In addition, you must include a reason that supports your request. In certain cases, we may deny your request for amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement and we may provide you with a rebuttal to your statement.

Accounting of Disclosure: You have the right to request an accounting of disclosures we have made of your PHI for most purposes other than treatment, payment, or health care operations. The accounting will exclude disclosures we have made directly to you, disclosures to family members or friends involved in your care, disclosures made pursuant to a valid authorization, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit your request in writing to the Privacy Officer. Your request must specify the time period for which you are seeking an accounting of disclosure. The first accounting you request within a 12-month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

Restrictions on Certain Uses and Disclosures of Your Information: You have the right to request that we do not use or disclose your PHI for a particular purpose related to treatment, payment, or health care operations, and/or that we limit the information that we disclose to a particular family member, other relative or close personal friend, or any other person involved in your care or payment of your care. For example, you may request that we not notify a family member of your location or general condition, or you may request that we not use or disclose information about a medical procedure that you had. In addition, you may request that we not disclose your information to disaster relief organizations. However, we are not required to agree to your request. To request restrictions, you must send a written request to the Privacy Officer.

Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at certain location. You may ask that we contact you at work instead of home. CRH will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services provided by CRH and related correspondence regarding payment for services. Please realize we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may also print or view a copy of the notice by clicking on the Notice of Privacy Practices link: <https://ChesapeakeRegional.com/patients-visitors/privacy-notices-legal-information>. To exercise any of your rights, please obtain the required forms from the Privacy Officer at 757-312-6506 and submit your request in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and the revised/changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the facility and on our website and include the effective date. In addition, each time you register or are admitted to the facility for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with CRH by following the process outlined in the CRH's Patient Rights documentation. You may also file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to CRH will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care we provided to you.



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HEALTHCARE

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